



JOSEPH W. FARRELL  
Principal, High School

WILLIAM VAVERCHAK  
Principal, Elementary School

## **CARBONDALE AREA SCHOOL DISTRICT PROOF OF RESIDENCY POLICY**

UPON REGISTERING DURING THE PRESENT OR UPCOMING SCHOOL YEAR, PARENTS/GUARDIANS OR LEGAL CUSTODIAN OF ALL TRANSFER STUDENTS WILL BE REQUIRED TO PRESENT 2(TWO) PROOFS OF RESIDENCY DEMONSTRATING THAT THE CHILD'S PARENT/GUARDIAN OR LEGAL CUSTODIAN LIVES IN THE CARBONDALE AREA SCHOOL DISTRICT.

- DEED, MORTGAGE, OR LEASE AGREEMENT
- DRIVER'S LICENCE
- MOTOR VEHICLE REGISTRATION
- TWO UTILITY BILLS DATED WITHIN THE PAST 30 DAYS
- VOTER REGISTRATION
- TAX STATEMENT
- STUB FROM PAYCHECK, PUBLIC ASSISTANCE, SOCIAL SECURITY, OR OTHER VERIFIABLE FORMS OF INCOME DISPLAYING ADDRESS
- COURT ORDER





**CARBONDALE AREA**  
SCHOOL DISTRICT

101 Brooklyn Street  
Carbondale, Pennsylvania 18407

Telephone: 1-844-330-2273

Web: [www.carbondalearea.org](http://www.carbondalearea.org)

Fax: (570) 293-8919

JOSEPH W. FARRELL  
Principal, High School

WILLIAM VAVERCHAK  
Principal, Elementary School

**REQUEST TO RELEASE RECORDS**

Date: \_\_\_\_\_

Dear Ladies and Gentlemen:

I, \_\_\_\_\_, as  
PARENT/GUARDIAN'S NAME

Parent /guardian of, \_\_\_\_\_, \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_,  
STUDENT'S NAME GRADE DATE OF BIRTH

Give my permission for Carbondale Area School District (CAHS \_\_\_\_\_ CAES \_\_\_\_\_) to release and/or obtain information relative to my child, including health and attendance records, achievement and standardized test results, and any and all other permanent data pertinent to the students' regular and/or special education programming to/from \_\_\_\_\_.

Thank you,

Sincerely,

\_\_\_\_\_  
PARENT/GUARDIAN'S NAME



# CARBONDALE AREA SCHOOL DISTRICT

## STUDENT ENROLLMENT FORM



☐ Re-enrollment

### STUDENT INFORMATION

Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Building: ☐ CAHS ☐ CAES

Student's Name: \_\_\_\_\_ Gender: ☐ Female ☐ Male Grade: \_\_\_\_\_

First Middle (Full) Last (Legal)

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ State of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

State Entry Date: \_\_\_\_\_ US Entry Date: \_\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity:

Choose one of the following: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Choose one or more races: ☐ American Indian or Alaska Native ☐ Asian ☐ Black/ African American

(Check all that apply) ☐ Caucasian or ☐ Native Hawaiian or Pacific Islander

### PARENT INFORMATION

(PHONE NUMBERS: Order of PRIORITY) Example: 1- call first, 2- call second, 3- call third.... Etc.

Child resides with: ☐ Both Parents ☐ Mother ☐ Step-Mother ☐ Father ☐ Step-Father

☐ Guardian ☐ Foster Parent ☐ Relative

Parent 1:

☐ Mother ☐ Step-Mother Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Call order: 1 2 3 4 5 6

Circle No. 1 2 3 4 5 6

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Employer Name and Phone Number: \_\_\_\_\_

Parent 2:

☐ Father ☐ Step-Father Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Call order: 1 2 3 4 5 6

Circle No. 1 2 3 4 5 6

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Employer Name and Phone Number: \_\_\_\_\_

Parent 3:

☐ Guardian ☐ Relative ☐ Foster Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Call order: 1 2 3 4 5 6

Circle No. 1 2 3 4 5 6

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Employer Name and Phone Number: \_\_\_\_\_

**IS THERE A COURT ORDER INVOLVING CUSTODY OF THIS CHILD?** ☐ YES ☐ NO

**\*IF "YES" PLEASE PROVIDE A COPY OF COURT ORDER**

**OTHER EMERGENCY CONTACTS IF PARENT 1, 2, 3 CANNOT BE REACHED (In order)**

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**FAMILY INFORMATION**  
PLEASE LIST ALL CHILDREN RESIDING AT STUDENT'S ADDRESSFull Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_**PREVIOUS SCHOOL INFORMATION**

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Last School Phone: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

**HEALTH INFORMATION**

Does this student have any health problem? \_\_\_\_YES \_\_\_\_NO

If YES, please describe \_\_\_\_\_

Please list any medications \_\_\_\_\_

**EDUCATIONAL PLACEMENT**Regular Education: ....☐YES ☐NOIEP/ Special Education:.... ☐YES ☐NO

Has this student received any of the following services?

ESL (English as Second Language) ....☐YES ☐NOSection 504 Agreement ....☐YES ☐NO

Other (Please Specify) \_\_\_\_\_

Has this student ever been placed outside of his/her regular school?

LOCATION: \_\_\_\_\_

Was this student previously suspended from school for an offense involving weapons, drugs, alcohol, or violence? ☐YES ☐NO

EXPLAIN: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I attest that all the information on this form is true/accurate

Parent/Guardian Signature \_\_\_\_\_

→→→NO ADMITTANCE WITHOUT PROPER IMMUNIZATION←←←

## FOR SCHOOL USE ONLY

Date Entered/Re-Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID# \_\_\_\_\_ Homeroom/Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Foster Child: ☐YES ☐No

Referring Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Caseworker: \_\_\_\_\_

Proof of Residency: \_\_\_\_\_

Immunization \_\_\_\_ YES \_\_\_\_ NO Nurse's Signature \_\_\_\_\_

Bus # \_\_\_\_\_ PICK UP: \_\_\_\_\_ DROP OFF: \_\_\_\_\_

If this student is identified? (Please check disability)

- ☐ Gifted without Disability
- ☐ Gifted with Disability
- ☐ Autistic/ Autism Primary
- ☐ Deaf/Hearing Impairment
- ☐ Visual Impairment including Blindness
- ☐ Intellectual Disability
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairment
- ☐ Specific Learning Disability
- ☐ Speech or Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Other Health Impairment
- ☐ Emotional Disturbance
- ☐ Developmental Delay





# CARBONDALE AREA SCHOOL DISTRICT PUPIL EMERGENCY FORM

PLEASE PRINT ALL INFORMATION REQUESTED ON THIS FORM

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Automated Phone Call # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (This number is for "General Calls" Ex. delays and closings)

Automated Attendance Phone Call # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (This number is for Attendance Calls Only)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Father's Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Workplace \_\_\_\_\_ Workplace \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

With Whom Does Student Live \_\_\_\_\_

EXAMPLE: MOTHER, FATHER, BOTH PARENTS, OTHER FAMILY MEMBER-LIST NAME(S)

List 3 relatives/friends - in the order you would like them called - who can provide transportation and may be contacted in case of an accident or illness.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Male/Female (circle one) Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Male/Female (circle one) Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Male/Female (circle one) Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

May your child be given first aid treatment if needed? ..... YES \_\_\_\_\_ NO \_\_\_\_\_

Is your child taking any medication? ..... YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered YES, please list name(s) of medication(s) and reason(s) for taking it:

Does your child have any allergies? ..... YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered YES, please check the type of allergy: bee sting \_\_\_\_\_ drugs \_\_\_\_\_ food \_\_\_\_\_ other \_\_\_\_\_. Please describe the allergic reaction and any physician ordered treatment:

During the past year, has your child had any serious illnesses, accidents or surgeries?

YES \_\_\_\_\_ NO \_\_\_\_\_ If you answered YES, please explain \_\_\_\_\_

Please check and explain the following:

Any Physical Disabilities, such as;

\_\_\_\_\_ Speech Impairment

\_\_\_\_\_ Hearing Impairment

\_\_\_\_\_ Visual Impairment

\_\_\_\_\_ Walking Problem

\_\_\_\_\_ Other \_\_\_\_\_

Any Medical Problems, such as:

\_\_\_\_\_ Asthma

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Heart Condition

\_\_\_\_\_ Seizure Disorder

\_\_\_\_\_ Other \_\_\_\_\_

Please explain: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Health Insurance Coverage: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please contact the district if any student contact information changes during the school year.





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**JOSEPH W. FARRELL**  
Principal, High School

**WILLIAM VAVERCHAK**  
Principal, Elementary School

Dear Parent/Guardian,

In order for the Nursing/Medical Department of Carbondale Area School District to provide the best possible care for your child, I ask you to update his/her health records by completing this health history form. Please return the completed form to the school nurse. If you have any questions or concerns, please call me at 1-844-330-2273. Thank you for your cooperation.

Sincerely,  
Deborah A. Perri, R.N., BSN, Certified School Nurse(ES)  
Department Head  
&  
Janet Rusnak, R.N., Certified School Nurse (HS)

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**HEALTH HISTORY**

**SECTION I:**

STUDENT's NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

MOTHER's NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

FATHER's NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

PHYSICIAN's NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

Above named student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Step Parent

**SECTION II:**

**ALLERGIES**

Does your child have allergies? (food, bee stings, or medications) \_\_\_\_\_ YES \_\_\_\_\_ NO

If you've checked "YES", please list the allergies and describe any symptoms the child experiences, the name of required medications or other treatment (s) in the event of exposure to the allergen:

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**SECTION III:**

PAST MEDICAL HISTORY

- A. Has your child ever been in the hospital for a serious accident, illness or surgery?  
\_\_\_\_ YES \_\_\_\_ NO (If you checked "YES" please explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Has your child had any communicable childhood diseases? (example: chicken pox)  
\_\_\_\_ YES \_\_\_\_ NO (If you checked "YES" please list what childhood diseases and at what age the child had it/them) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Has your child received any immunizations since he/she was 10 years old?  
\_\_\_\_ YES \_\_\_\_ NO (If you checked "YES" please have your physician send a copy of the immunization record to the school nurse).
- D. Does your child have any health problems? (example: anemia, asthma, epilepsy/seizure disorder, cerebral palsy, or heart disease)  
\_\_\_\_ YES \_\_\_\_ NO (If you checked "YES" please list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Does your child take any medications on a daily basis?  
\_\_\_\_ YES \_\_\_\_ NO (If you checked "YES" please list all medications and reason for taking it/them and if he/she need to take them during school hours) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV:**

VISION/HEARING/BEHAVIORAL

- A. Does your child have any vision problems? \_\_\_\_ YES \_\_\_\_ NO (If you checked "YES" please explain the problem) \_\_\_\_\_  
\_\_\_\_\_
- \*If your child wears glasses, please indicate for:  
\_\_\_\_ READING ONLY \_\_\_\_ DISTANCE ONLY \_\_\_\_ WEARS ALL THE TIME  
\_\_\_\_ HE/SHE WEARS CONTACT LENSES

- B. Does your child have a known hearing loss, a past history of recurrent ear infections or ear surgery? \_\_\_\_\_ YES \_\_\_\_\_ NO (If you checked "YES" please explain the problem)

\_\_\_\_\_

\*Does your child wear a hearing aid or require special seating in the classroom? \_\_\_\_ YES \_\_\_\_ NO

- C. Does your child have any difficulty with his/her speech? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(If you checked "YES" please explain the problem)

\_\_\_\_\_

\_\_\_\_\_

- D. Does your child have any behavioral/ emotional problems? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(If you checked "YES" please explain the problem)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### SECTION V:

##### DENTAL CARE

- A. Is your child under regular dental care? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Is your child under regular orthodontic care? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Date of last exam: \_\_\_\_\_  
Name and Phone # of your child's dental/orthodontist \_\_\_\_\_

\_\_\_\_\_

#### SECTION VI:

##### FAMILY HISTORY

Please list any illnesses or health problems which you or your family physician feel should be known to the school authorities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*VERY IMPORTANT** that you keep the school nurse updated throughout the school year of any changes in your child's health history. All information will be strictly confidential.

Thank you for your time and cooperation in completing this health history.

PARENT'S/GURADIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT YOUR NAME(S) \_\_\_\_\_





JOSEPH W. FARRELL  
Principal, High School

WILLIAM VAVERCHAK  
Principal, Elementary School

**Parental Registration Statement**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone/ Cell Number: \_\_\_\_\_

Pennsylvania School Code 13-1304A States in part: "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any state for an act of offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

PLEASE COMPLETE THE FOLLOWING:

I hereby swear or affirm that my child, \_\_\_\_\_

WAS \_\_\_\_\_ (\*If child was, please fill out information below.) WAS NOT \_\_\_\_\_

previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 2P.S. 13-1304A (b) and 18 PS C.S.A 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief. Any willful false statement made regarding this form shall be a misdemeanor of the third degree. This form shall be maintained as part of the above named student's disciplinary record.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*Name of the school from which above named student was suspended or expelled. Please give reason for suspension/expulsion. If possible, please supply the dates of suspension/expulsion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







JOSEPH W. FARRELL  
Principal, High School

WILLIAM VAVERCHAK  
Principal, Elementary School

### Home Language Survey\*

The Civil Rights Act of 1964 Title VI, Language Minority Compliance procedures requires that school districts/charter schools identify limited English Proficient (LEP) students. Pennsylvania has selected this *Home Language Survey* as a method for identification. To assist the Carbondale Area School District, please complete the following survey:

STUDENTS NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. What is your son/daughter's primary language? \_\_\_\_\_

2. Does your son/daughter speak a language other than English? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered "yes" please specify language: \_\_\_\_\_  
(Please DO NOT INCLUDE languages learned in school)

3. What LANGUAGE(S) is/are spoken in your home? \_\_\_\_\_  
\_\_\_\_\_

Name of person completing the form (if other than parent or guardian)

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*This school district/charter has the responsibility under federal law to serve to serve students who are limited English proficient and need English Instructional services. Given this responsibility, the school district/ charter school had the right to ask for information it needs to identify English Language Learners (ELL). As part of the responsibility to locate and identify ELLs, the school district/charter school may conduct screenings or ask the related information about students who are already enrolled in the district as well as from students who enroll in the school district/ charter in the future.





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Fax: (570) 282-6988

**ROBERT F. MEHALICK**  
Superintendent of Schools

**DAVID M. CERRA**  
Business Manager

**FAITH ANN FARBER**  
Administrative Assistant  
Right to Know Officer

**KIMBERLY MICHALEK**  
Assistant Business Manager  
Transportation Coordinator

**ANNUAL NOTICE  
2018-2019 SCHOOL YEAR**

**TO PARENTS OF CHILDREN WHO RESIDE IN  
CARBONDALE AREA SCHOOL DISTRICT**

In compliance with state and federal law, notice is hereby given by the Carbondale Area School District that it conducts ongoing identification activities as part of its school program for the purpose of identifying students who may be in need of special education and related services. If your child is identified by the District as possibly being in need of such services, you will be notified of applicable procedures. Individualized services and programs are available for children who are determined to need specially designed instruction due to the following conditions:

1. Autism/pervasive development disorder
2. Blindness or visual impairment
3. Deafness or hearing impairment
4. Development delay
5. Mentally gifted
6. Mental retardation
7. Multi handicapped
8. Neurological impairments
9. Other physical impairments
10. Physically disability
11. Serous emotional disturbance
12. Specific learning disabilities
13. Speech and language impairment

If you believe that your school age child may be in need of special education services and related programs, or your child (age 3 to school age) may be in need of early intervention, screening, and evaluation processes designed to assess the need of the child and his/her eligibility are available to you at no cost, upon written request. You may request screening and evaluation at any time whether or not your child is enrolled in the district's public school program. Requests for evaluation and screening are to be made in writing to: **Mr. Robert Mehalick, Superintendent, Carbondale Area School District, 101 Brooklyn Street, Carbondale, PA 18407.**

For further information on the rights of parents and children, provisions of services, evaluation and screening (including purpose, time and location) you may contact in writing the person listed above or any building principal.

Confidentiality. All information about your child is subject to the confidentiality provisions contained in federal and state law. The District has policies and procedures in effect governing collection, maintenance, destruction, and disclosure to third parties of this information. For information about these policies and procedures, as well as rights of confidentiality and access to educational records, you may contact in writing the person named above or any building principal. PSSA, Keystone Exam, and PASA test booklets will be destroyed one year after student reports are delivered for the administration associated with the test booklets. PSSA and Keystone Exam answer booklets and PASA media recordings will be destroyed three years after completion of the assessment.

(over)

In compliance with state and federal law, the Carbondale Area School District will provide to each protected handicapped student, without discrimination or cost to the student or family, those related aids, services or accommodations which are needed to provide equal opportunity to participate in and obtain the benefits of the school program and extra-curricular activities to the maximum extent appropriate to the student's abilities. In order to qualify as a protected handicapped student, the child must be of school age with a physical or mental disability, which substantially limits or prohibits participation in or access to an aspect of the school program.

These services and protections for "protected handicapped students" are distinct from those applicable to all eligible or exceptional students enrolled (or seeking enrollment) in special education programs.

For further information on the evaluation procedures and provisions of services to protected handicapped students contact Mr. Robert Mehalick, Superintendent of Schools, at 570-282-2507.

# Carbondale Area School District, Rt -6 Brooklyn Street, Carbondale PA 18407 570 282 2507 570 282 6988 fax

Dear Parent/Guardian:

August 28, 2018

Children need healthy meals to learn. The **Carbondale Area School District** offers healthy meals every school day. Breakfast costs **\$0.00**; lunch costs **\$2.35**. **Your child(ren) may qualify for free meals or for reduced price meals.** Reduced price is **\$0.00** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

## 1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Your children may qualify for free or reduced price meals/milk if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2018-2019			
Household size	Annual	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, call or email [jeanne.nakonechni@carbondalearea.org](mailto:jeanne.nakonechni@carbondalearea.org), **570 282 4500 x1192**
3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** **No.** Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Delores Lasavage, Carbondale Area Elem School, Rt 6 103 Brooklyn St, Carbondale PA 18407, 570 282 5656, [delores.lasavage@carbondalearea.org](mailto:delores.lasavage@carbondalearea.org)**
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** **No,** but read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact **Delores Lasavage, Carbondale Area Elem School, Rt 6 103 Brooklyn St, Carbondale PA 18407, 570 282 5656, [delores.lasavage@carbondalearea.org](mailto:delores.lasavage@carbondalearea.org) immediately.**
5. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [www.carbondalearea.org](http://www.carbondalearea.org) or visit the PA Department of Human Services website at [www.compass.state.pa.us](http://www.compass.state.pa.us).

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and or reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **David M Cerra, Business Mgr., Carbondale Area SD, Rt 6 Brooklyn St, Carbondale PA 18407, 570 282 2507 x1223, david.cerra@carbondalearea.org**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact to **Delores Lasavage, Carbondale Area Elem School, Rt 6 103 Brooklyn St, Carbondale PA 18407, 570 282 5656, delores.lasavage@carbondalearea.org** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, visit [www.compass.state.pa.us](http://www.compass.state.pa.us), contact your local assistance office, or call 1-800-692-7462.

If you have other questions or need help, call **David Cerra, Bus Mgr, 570 282 2507 x1223**

Sincerely,



David M Cerra, Business Manager

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at, [http://www.ascr.usda.gov/complaint\\_filing\\_cust.htm](http://www.ascr.usda.gov/complaint_filing_cust.htm) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) Fax: (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## SHARING INFORMATION WITH MEDICAID/CHIP

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send to the address below (sending in this form will not change whether your children get free or reduced price meals).

---

☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked "No", fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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For more information, you may call David Cerra, Bus Mgr at 570 282 2507 x 1223 or email at [david.cerra@carbondalearea.org](mailto:david.cerra@carbondalearea.org) Carbondale Area SD ADMIN Office, Rt 6 Brooklyn St, Carbondale PA 18407

Return this form to: Delores Lasavage, Carbondale Area Elementary School, 103 Brooklyn St, Carbondale PA 18407 570 282 5656

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- 
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **TITLE I**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked "Yes" to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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For more information, you may call David Cerra, Bus Mgr at 570 282 2507 or email at [david.cerra@carbondalearea.org](mailto:david.cerra@carbondalearea.org), Carbondale Area SD Rt 6 Brooklyn St, Carbondale PA 18407

Return this form to: Delores Lasavage, Carbondale Area Elem School, Rt 6 – 103 Brooklyn St, Carbondale PA 18407

[Type text]

Free and Reduced Price School Meals Application  
Sharing Information with Other Programs

Page 1 of 1

Revised 5/9/2018



# 2018-2019 Pennsylvania Household Application for Free & Reduced Price School Meals and Special Milk Program (Complete one application per household. Use a pen.)

## STEP 1 List All Household Members Who are Infants, Children, and Students Up to and Including Grade 12 (If more spaces are required for additional names, attach additional sheets of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name

MI

Child's Last Name

Grade  
Enter HS for Head Start

Student?  
Yes No

Foster Child  
Runaway

Homeless  
Migrant  
Runaway

Check all that apply

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:  
Write only one nine (9) digit case number in this space.

## STEP 2 On any household member's (including you) birthday card, insert in the 97-member card, the program's number.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

Weekly	Bi-Weekly	2x Month	Monthly

\$

### B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only.

If no income is received from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income			How often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly

Total Household Members  
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of  
Primary Wage Earner or Other Adult Household Member

Check if no SSN

## STEP 4 Complete information and adult signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL

\*I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> <li>• Disability Payments</li> <li>• Survivor's Benefits</li> </ul>	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross Salary, wages, cash bonuses - Net income from self-employment (farm or business) • Reporting Annual Income is allowable for seasonal or self-employment If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food, and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

### OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino  
 Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiocassette, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 832-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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• All Household Applications must be returned to your child's school for processing.

### Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Monthly, ☐ Yearly.

Date Withdrawn: \_\_\_\_\_

Household Size: \_\_\_\_\_

Eligibility: ☐ Free

☐ Reduced ☐ Denied Reason: \_\_\_\_\_

☐ Categorically Eligible

☐ Other Source Categorically Eligible

Determining Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confirming Official's Signature (cannot be the Determining Official): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of School Employee Completing Verification: \_\_\_\_\_

Date: \_\_\_\_\_

## **Handbook Acknowledgement**

### **TO WHOM IT MAY CONCERN:**

I acknowledge that I am aware that the **2018-2019** Carbondale Area Junior-Senior High School Student Handbook can be found and accessed at the school web-site at ([www.carbondalearea.org](http://www.carbondalearea.org)). In addition, the policies and practices as stated in the handbook will be explained during homeroom and class assemblies. Included in this explanation have been the Bullying Policy, Drug and Alcohol Policy, Safe School Policy, Attendance Policy, Parking Regulations, General Discipline Guidelines, and Special Education Policy.

### **Student Media Permission Slip**

Students participate in classroom and school sponsored activities during the course of a school year. Certain classes and activities may be photographed, taped, videotaped, or posted to the school district website via twitter, by news media, district personnel, or other students. Likewise, live images may be relayed via cable or satellite connections to other district or to other classrooms within our district to allow for live interactions between students and teachers at separate locations. Distance learning videotapes may be used to educate others about distance learning at seminars and other public places. Any media interaction with students must be approved in advance by the administration. Photographs, tapes, or videotapes created for commercial use are not permitted by the Carbondale Area School District.

This involvement by students, and the sharing of educational techniques and experiences, is intended to enhance and enrich the educational opportunities of all students and staff. The school's experiences and involvement in these areas has been positive.

Student and parents are advised that students' voices, physical presence, participation in classroom/shop, and other activities may be transmitted to distant learning sites, videotaped, recorded, and/or photographed.

I/we acknowledge that the student is a minor, and certify that I/we have given consent to the Carbondale Area School District permission to properly use the aforementioned media format(s).

☐ ***I do NOT give permission***

Student's Name (***PRINT LEGIBLY***) \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note: Parent and student ***must*** sign this sheet

Student ***must*** return this sheet to his/her homeroom teacher.

***SIGNED AND RETURNED RECEIPT OF THIS PAGE WILL ALLOW STUDENT'S HALL PASSES TO BE ISSUED.***





JOSEPH W. FARRELL  
Principal

JEANNE NAKONECHNI  
Director of Curriculum and Instruction

**Carbondale Area High School checklist for Enrolling Students-PIAA eligibility**

1. When is your 19<sup>th</sup> birthday? Please state month, day, and year you turn 19 years of age.
2. Have you ever played on a school sports team prior to enrolling at Carbondale Area High School? (If YES, please provide details below on the school team, what grade level you were in at the time and any other information about the year and level you played such as junior varsity or varsity, etc.) Please list all school sports teams on which you played in junior high or middle school.
3. Have you ever failed a grade level at any time during your school career at any grade level? If so, Please indicate the details.
4. If YES to Question 3 above, if you failed a grade, did you attend summer school for the failed course(s) or grade level? If none, please leave blank. If YES, please provide the school, courses, and the approximate dates you attended summer school.
5. Have you ever attended an alternative school or cyber school, or have been home-schooled prior to enrolling at Carbondale Area High School? If YES, Please list details below.
6. Have you had PIAA sports physical examination at any other school prior to enrolling here at Carbondale Area High School? If YES, Please list time, date and place of sports physical.
7. What is the reason why you enrolled at Carbondale Area High School? (i.e. my family moved here, parents relocated, etc.)
8. Are you living with anyone in Carbondale Area School District other than your parents or guardians? Please provide details below. Use back of page if necessary.

Name: \_\_\_\_\_