



JOSEPH W. FARRELL
Principal, Jr./Sr. 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) OUT OF 4(FOUR) 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



JOSEPH W. FARRELL
Principal, Jr./Sr. High School

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REQUEST TO RELEASE RECORDS

Date: _____

Dear Ladies and Gentlemen:

I, _____, as

PARENT'S/GUARDIAN'S NAME

Parent/guardian of, _____ DOB ____/____/____,

STUDENT'S NAME

DATE OF BIRTH

Give 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, ESL information, and any and all other permanent data pertinent to the student's regular and/or special education programming, to/from _____.

Thank You.

Sincerely,

PARENT'S/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: _____ City of Birth: _____ State of Birth: _____

US Entry Date: _____ State Entry Date: * _____

***The first date that the student entered any public school in Pennsylvania. (Do not use student's date of birth). If a student left PA public education and then returned to any public school in PA, the date of the student's re-enrollment in that school.**

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 ADDRESS

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: _____	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 NO

IEP/ Special Education:.... YES NO

Has this student received any of the following services?

ESL (English as Second Language)YES NO

Section 504 AgreementYES 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 IMMUNIZATIONS←←←

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.



CARBONDALE AREA
SCHOOL DISTRICT

101 Brooklyn Street
Carbondale, Pennsylvania 18407

Telephone: 1-844-330-2273

Web: www.carbondalearea.org

Fax: (570) 293-8919

JOSEPH W. FARRELL
Principal, Jr./Sr. 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 in the appropriate building. 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

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:

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) _____

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 (ELP). 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.



JOSEPH W. FARRELL
Principal, High School

William Vaverchak
Principal, Elementary School

Handbook Acknowledgment

TO WHOM IT MAY CONCERN:

I acknowledge that I am aware that the 2019-2020 Carbondale Area School District Student Handbooks can be found and accessed at the school web-site at (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 we have the Bullying Policy, Drug and Alcohol Policy, Safe School Policy, Attendance Policy, Parking Regulations, General Discipline Guidelines, and Special education Policy (CAHS). Also included in the handbook for CAES are the Admission Requirements, Attendance Policy, and the General Discipline Guidelines.

If applicable, I have read and understand the District Level Parent and Family Engagement Policy, the Carbondale Area Elementary School Parent and Family Engagement Policy, the School/Parent/Student Compact, and the Parent Right to know letter, that are included in the CAES handbook.

STUDENT INVOLVEMENT WITH 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 the 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 student and staff. The school's experiences and involvement in these areas has been positive.

Students 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 _____
Please Print Signature Date

Parent/Guardian _____
Please Print Signature Date

Grade _____ Homeroom _____ Date _____

SIGNED AND RETURN SCHOOL. HIGH SCHOOL STUDENT'S HALL PASSES TO BE ISSUED WITH RETURNED RECEIPT OF THIS PAGE.



JOSEPH W. FARRELL
Principal, Jr./Sr. High School

William Vaverchak
Principal, Elementary School

STUDENT CONTRACT AGREEMENT FOR
CARBONDALE AREA SCHOOL DISTRICT INTERNET USE

This student contract **MUST** be signed/completed and returned to homeroom teacher.
EVERY student MUST read and sign below:

PART A – STUDENT

Last Name: _____ First Name: _____

Phone Number: _____ Grade: _____ Homeroom: _____

I have read, understand, and agree to abide by the terms of the Carbondale Area School District’s Acceptable Use Policy. Additionally, in consideration for the privilege of using and for having access to computer systems, the Internet, technology, and network systems, I hereby agree to indemnify and hold harmless the Carbondale Area School District, its employees, and any institutions with which it is affiliated from any and all claims and damages of any nature arising out of my use, or inability to use computer systems, the Internet, technology, and network systems including without limitation, liability for copyright violations. I further understand that any violation of the rules and policies may result in a loss of privileges related to the use of computers, the Internet, technology, and network systems. In addition, any violation of the rules and policies may result in disciplinary action, and that for serious offenses, appropriate legal action may also result.

Student’s Name (print): _____ **Date:** _____

Student’s Signature: _____

THIS SECTION IS TO BE READ AND SIGNED BY PARENTS OR LEGAL GUARDIANS:

PART B – PARENT/GUARDIAN

As a parent or legal guardian of this student I have read, understand, and agree that my child will comply with the terms of the Carbondale Area School District’s Acceptable Use Policy. I understand that this access is designed for educational purposes and not to access material of an offensive and/or controversial nature. However, I also understand it is impossible for the Carbondale Area School District to restrict access to ALL offensive and/or controversial materials and understand my child’s responsibility for abiding by the Carbondale Area School District’s Acceptable Use Policy. I am therefore signing this contract and agree to indemnify and hold harmless all claims and damages of any nature arising out of my child’s ability or inability to use computer systems, the Internet, technology, and network systems including without limitation, liability for copyright violations. Further, I accept full responsibility for supervision of my child’s use of his/her account, if and when, such access is not in the school setting will not hold them responsible for materials this student may acquire on the network. I hereby give my permission for the student named above to use the Carbondale Area School District’s computers, the Internet, technology, and network systems.

Student’s Name (print): _____ **Date:** _____

Parent’s Signature: _____



JOSEPH W. FARRELL
Principal

Carbondale Area High School checklist for Enrolling Students-PIAA eligibility

1. When is your 19th 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.



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
2019-2020 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.

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 extend 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 1-844-330-2273.