

# R. W. Clark Elementary

200 Water Street

Uniontown, PA 15401

Phone: (724) 437-9600

Fax: (724) 437-9688

Emilie Kurek, Principal [emilie.kurek@LHSD.org](mailto:emilie.kurek@LHSD.org)

Nicole Tomasek, Secretary [nicole.tomasek@LHSD.org](mailto:nicole.tomasek@LHSD.org)



*Please complete the packet information provided in the folder:*

- Keep everything stapled as is.
- The blue packet is district information for you to keep!
- Don't forget to provide:
  - Proof of residency  
(utility bill, paycheck stub or mortgage/lease with parent/guardian name)
  - Birth Certificate  
(state issued; not hospital issued)
  - Immunizations  
(most recent)
- We need **EVERYTHING** to complete the enrollment/transfer!

If you have any questions, then please contact us at the number or email listed above!



# Laurel Highlands School District



304 Bailey Avenue  
Uniontown, Pennsylvania 15401  
(724) 437-2821 Fax (724) 437-8929  
www.lhsd.org

## REQUIRED DOCUMENTS FOR ENROLLMENT

We appreciate your efforts to enroll your child for school. Please be advised that the Pennsylvania Department of Education is requiring that we closely scrutinize enrollment documentation for our students due to the need for accuracy. Therefore, we must have the following documentation before your child can officially start school.

**Failure to provide this documentation will result in your child being delayed in entering kindergarten.**

**PROOF OF AGE**

**IMMUNIZATION RECORDS**

**CUSTODY AGREEMENT (if applicable)**

**PROOF OF RESIDENCY (the following are acceptable proof):**

- Renter's Lease
- Mortgage Receipt
- Deed
- Utility Bills

### **SORRY.....A DRIVER'S LICENSE IS NOT ACCEPTABLE DOCUMENTATION**

Please note, if you are relocating from a foreign country or are currently homeless, speak with the building principal to address your individual concerns.

If you have any questions, please contact your building principal or school secretary for further clarification.

### **CHILD CUSTODY**

I agree to supply the most recent court orders specifying child custody as part of my child's permanent records. Otherwise, school personnel will not be responsible in determining legal custody should a problem of this nature arise.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## LAUREL HIGHLANDS SCHOOL DISTRICT NEW STUDENT REGISTRATION INFORMATION

School _____		Grade _____	
Student Full Name as it appears on their birth certificate _____			
(Last) _____	(First) _____	(Middle) _____	
Date of Birth: _____		Student Gender: M F	
Household Last Name _____		Date Entered US _____	
Household Language _____		Date Entered PA _____	
Birth Certificate #: _____ (provide copy of state-issued certificate)			
Place of Birth: _____			
		(City) _____	(State) _____ (Country) _____
Father Living Y/N: _____		Mother Living Y/N: _____	
Parents Separated Y/N: _____		Parents Divorced Y/N: _____	
<b>Note: IF PARENTS ARE SEPARATED/DIVORCED-IS THERE A PROBLEM WITH CUSTODY?</b> YES _____ NO _____			
<b>IF "YES", PLEASE SEE PRINCIPAL TO DISCUSS THE PROBLEM AND PROVIDE A COPY OF THE CUSTODY AGREEMENT OR COURT ORDER</b>			

<b>Ethnicity:</b> (Please mark Hispanic Yes or No <u>AND</u> one of the listed race choices below.) Hispanic:	
Yes _____	No _____
Asian _____	White _____ Black _____ American Indian/Indian/Alaskan Native _____
Hawaiian/Pacific Islander _____	

Is this student in Foster Care? Y N If so, name of placing agency: _____	
Residence of Biological Parents: _____	
<b>Parent/Guardian #1:</b> _____	
Relationship to Student: _____ Married _____ Divorced _____ Separated _____	
Physical Address _____	
Mailing Address (IF DIFFERENT, i.e. PO Box) _____	
Home Phone: _____	Cell Phone: _____ Email: _____
Lives with Y/N? _____	Correspondence Y/N? _____ Occupation: _____
Employer: _____ Employer Phone#: _____	
<b>Parent/Guardian #2:</b> _____	
Relationship to Student: _____ Married _____ Divorced _____ Separated _____	
Physical Address _____	
Mailing Address (IF DIFFERENT) _____	
Home Phone: _____	Cell Phone: _____ Email: _____
Lives with Y/N? _____	Correspondence Y/N? _____ Occupation: _____
Employer: _____ Employer Phone#: _____	

**LAUREL HIGHLANDS SCHOOL DISTRICT  
NEW STUDENT REGISTRATION INFORMATION**

**NOTE: All correspondence regarding this student will be mailed to the custodial parent/guardian at the student's address. If joint custody, please provide a second address:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_

**IN CASE OF EMERGENCY, CALL (OTHER THAN PARENT OR GUARDIAN-MAX TWO)**

Name: _____	Name: _____
Phone: _____	Phone: _____
Cell Phone: _____	Cell Phone: _____
Relationship: _____	Relationship: _____

Number in family: \_\_\_\_\_ Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_

Name of Previous Preschool/School: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

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

Dates Attended: \_\_\_\_\_

# Laurel Highlands School District



304 Bailey Avenue, Uniontown, Pennsylvania 15401  
(724) 437-2821 Fax (724) 437-8929 www.lhsd.org



## Sworn Statement

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Pennsylvania School Code as amended by Act 26 of 1995 (Section 1304-A)

(A) Prior to admission to any school entry, the parents, guardians, or other person having control or in 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 other state for an act or offense involving weapons, alcohol, or drugs, or for any act of violence committed on school –property. This registration shall be maintained as part of the student's disciplinary record.

(B) Any willful false statement made under this section shall be a misdemeanor of the third degree.

Pennsylvania School Code as amended by Act 26 of 1995 (Section 1305-A)

Whenever a pupil transfers to another school entity, a certified copy of the student's disciplinary record shall be transmitted to the school entity to which the pupil has transferred, the receiving school shall request the records. The sending school shall have (10) days from receipt of the request to supply a certified copy of the student's disciplinary record.

**I hereby swear/affirm that my child has not been suspended or expelled for any of the above reasons.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: Parents or guardians who intentionally submit a false statement shall be subject to conviction of a misdemeanor of the third degree.**

“Laurel Highlands School District is an Equal Opportunity Employer”

# Laurel Highlands School District



304 Bailey Avenue  
Uniontown, Pennsylvania 15401  
(724) 437-2821 Fax (724) 437-8929  
www.lhsd.org



Dear Parent/Guardian:

The Laurel Highlands School District is required to identify those students' parents/guardians who are **employed by the Federal government, work on Federal property, or are active duty with the armed services.** The accuracy of this survey means additional revenue for the School District.

If you are included in any of these categories listed above, please complete the following survey. Your responses will be kept in strict confidence except for being a part of the numerical group.

Student Name \_\_\_\_\_ School \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

## A. Civilian Federal Employers

1. Is either parent/guardian employed by the Federal government or work on Federal property?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

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

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

Name of Federal Employer: \_\_\_\_\_

Address of Federal Employer: \_\_\_\_\_

## B. Uniformed Services

1. Is either parent/guardian on active duty in the uniformed services?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

\_\_\_\_\_  
Name Rank Branch of Service

## C. This is to certify that the above information is correct.

Signature: \_\_\_\_\_

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

**LAUREL HIGHLANDS SCHOOL DISTRICT**

**Physical Education Participation**

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

Please Check One:

- Is permitted in the regular Physical Education Program.
- Is permitted to participate in a limited Physical Education Program this would be semi-active games and activities.
- Is physically unable to participate in our regular or semi-active Physical education Program.

If your child is permitted to take, the limited program or if he/she is not permitted to take any Physical Education, you must have your doctor sign this form before your child returns to school. Please do this as soon as possible so that your child can benefit from our program.

If your child is able to participate in our regular Physical Education Program, please sign this form and return it to the school.

Thank you for your cooperation.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

-----

Student: \_\_\_\_\_

Reason for Exemption:

\_\_\_\_\_

Please list limitations if this child is to be placed in the semi-active program.

Does the child have restrictions on the playground? If yes, specify: \_\_\_\_\_

If these restrictions are not for the entire school year, specify time: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Physician's Signature

**LAUREL HIGHLANDS SCHOOL DISTRICT  
INTERNET AND NETWORK RESOURCES ACCESS ACCEPTABLE USE AGREEMENT**

I understand, accept, and will abide by the Laurel Highlands School District's Acceptable Use of Internet Access, and Network Resources Acceptable Use Policy. I further understand that any violation of this policy is unethical and may constitute a criminal offense. I understand that the use of the Internet is a privilege and not a right. I agree that I have no expectation of privacy and no right to privacy when I use the School District's computers. I acknowledge that all aspects of my use of the School District's computers is subject to monitoring and review without cause and without notice, and I consent to the monitoring and review of all aspects of my use of the School District's computers. I understand that any violation or inappropriate conduct may result in termination of my access privileges, other disciplinary action and/or lead action.

I understand that the School District makes no assurances of any kind, whether expressed or implied, regarding any Internet services. I further understand that the use of any information obtained via the Internet is at my own risk, that the School District specifically disclaims responsibility for the accuracy or quality of such information, and that the School District is not, nor will not be responsible for any damage or loss, which I may suffer.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

**Note: For student users, parent or guardian must also read and sign this agreement.  
Parent's or Guardian's Agreement**

Due to the nature of the Internet, it is neither practical nor possible for the School District to ensure compliance at all times with the School District's Internet and Network Resources Acceptable Use Policy. Accordingly, parents/guardians must recognize that each student will be required to make independent decisions and use good judgment in his/her use of the internet. Therefore, parents/guardians must participate in the decisions whether or not to allow their child access to the Internet, and must communicate their own expectations to their child regarding appropriate use of the Internet.

As a parent/guardian of \_\_\_\_\_, I acknowledge that I received and understand the School District's Internet and Network Resource Acceptable Use Policy and the School District's Internet and Network Access Agreement being signed by my child. I understand that Internet access is designed for educational purposes and that the School District will discourage access to inappropriate and objectionable material and communications. However, I recognize it is impossible for the School District to prevent access to all inappropriate and objectionable material, and I will not hold the School District responsible for materials acquired or contacts made through the Internet. I understand that a variety of inappropriate and objectionable material is available via the Internet, and that it may be possible for my child access these materials if her or she chooses to behave irresponsibly. I also understand that it is possible for undesirable or ill-intended individuals to communicate with my child over the Internet, that there is no practical means for the School District to prevent this from happening, and that my child must take responsibility to avoid such communications if they are initiated. While I authorize the School district to monitor and review all communications to or from my child on the Internet, I recognize that it is impossible for the School District to monitor and review all such communications. I have determined that the benefits of my child having access to the Internet outweigh the potential risks. I understand that any conduct by my child that is in conflict with these responsibilities is inappropriate, and that such behavior may result in the termination of access, disciplinary action and/or legal action.

I reviewed these responsibilities with my child, and I hereby grant permission to the School District to provide my child with Internet access. I agree to compensate the School District for any expense or costs it incurs as a result of my child's violation of the Internet and Network Resources Access Acceptable Use Policy. I further agree that I will not hold the School District responsible for any matter arising by reason of or relating to (a) my child's violation of the Internet and Network Resources Access Acceptable Use Policy or (b) any materials acquired by my child, or contacts made by or to my child, through the Internet.

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

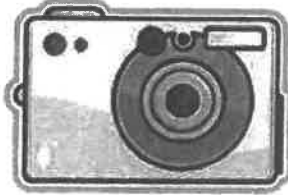
Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## LAUREL HIGHLANDS SCHOOL DISTRICT

### PERMISSION TO PHOTOGRAPH/VIDEOTAPE



In connection with the educational programs in our school, opportunities may occur to photograph or videotape your child. These photographs and/or videos may be used in the school or newsletters, school web sites, yearbooks, bulletin boards, in local or regional newspapers, on television, or as part of a public performance.

In order to grant the school permission to photograph and/or videotape your child, parents/guardians of all students must complete and return the form below.

---

Please check the appropriate box.

- I **DO** give permission for my child
- I **DO NOT** give permission for my child

---

Student's name

To be photographed, videotaped, audio-taped, named on radio, named or shown on television, named or pictured in a newspaper, and/or appear in a public performance (which may be photographed or videotaped).

---

Parent/Guardian name (Print)

---

Parent/Guardian Signature

---

Date



**Laurel Highlands School District  
Student Accounting Form**

<b>School Building</b>
_____
<b>AM Bus #/Tag</b> _____
<b>PM Bus #/Tag</b> _____
<b>Walker Y N</b>

Student:

\_\_\_\_\_  
Last First Middle Today's Date

\_\_\_\_\_  
Grade Date of Birth Student ID Homeroom No.

Physical Location of home for Bus: \_\_\_\_\_

**New Students in District**

Address:

\_\_\_\_\_  
Street, Box No.

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Parent/Guardian (Full Name)

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Emergency Phone No.

**Transfers in District**

Address:

\_\_\_\_\_  
Street, Box No.

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Parent/Guardian (Full Name)

From:

\_\_\_\_\_  
Building or School

To:

\_\_\_\_\_  
Building or School

**WITHDRAWALS**

\_\_\_\_\_  
Last First MI

Date of Withdrawal: \_\_\_\_\_



# Laurel Highlands School District

## Special Education/Home Language Survey

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Education/Home Background Survey

*The Civil Rights Act of 1964, Title VI – Language Minority Compliance Procedures, requires that school district/charter school identify limited English Proficient (LEP) students. Pennsylvania Department of Education has selected the Home Language Survey as a method for the identification.*

### Home Language Survey

What is the language your child learned to speak? \_\_\_\_\_

What language(s) does your child speak most often at home? \_\_\_\_\_

What language is most often spoken at home? \_\_\_\_\_

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

Special Programs in Previous School: \_\_\_\_\_  
\_\_\_\_\_

Has an IEP/GIEP been written for this student? YES NO Is the IEP/GIEP currently active? YES NO

If yes, what type of support(s)? \_\_\_\_\_

**(Speech, Gifted, Visual, Learning Support, Autistic Support, Life Skills, Emotional Support, etc.)**

Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

Does the student have a Service Agreement (504 Plan)? YES NO

Does the student have any physical disabilities? YES NO If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has the student ever attended any school in Laurel Highlands School District? YES NO

If so, which school(s)? \_\_\_\_\_ Dates Attended: \_\_\_\_\_

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

**LAUREL HIGHLANDS SCHOOL DISTRICT  
Health History**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Phone No. \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

School Last Attended: \_\_\_\_\_ Reg. School: \_\_\_\_\_ Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone No. \_\_\_\_\_

**PAST HEALTH HISTORY: Please indicate if condition is Mild, Moderate or Severe**

- |  |  |
|--|--|
| 1. Childhood Diseases:<br>_____ Chicken Pox? At What Age? _____<br>_____ Other _____                                 | 7. Nose/Throat: _____<br>Frequent Sore Throats _____<br>Dental Concerns: _____             |
| 2. Allergies: _____<br>Medication: _____<br>Food: _____<br>Environmental: _____<br>Bee Stings: _____ Reaction: _____ | 8. Breathing Problems: _____<br>Asthma: _____<br>Tuberculosis: _____                       |
| 3. Skin Problems: _____  | 9. Heart Problems: _____   |
| 4. Head Injury: _____  | 10. Bowel & Bladder: _____   |
| 5. Eye Concerns: _____   | 11. Fractures: Where? _____<br>At What Age: _____<br>Restrictions/Physical Activity: _____ |
| 6. Ear Concerns: _____   | 12. Seizures: _____<br>Epilepsy: _____<br>Fainting: _____                                  |

**Previous Surgery (including Same Day Surgery) and/or Hospitalization**

Date/Age: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Date/Age: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Special Health Problems (Diabetes, etc.): \_\_\_\_\_

Child Currently Taking Medication Regularly: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Reason(s): \_\_\_\_\_

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

\_\_\_\_\_  
Date



## Laurel Highlands School District

### Medical/Dental Consent Form

**Medical Consent Form:**

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

Dear Parent/Guardian:

The Pennsylvania School Health Law requires medical exams for children in PA upon original entry into school, sixth grade, and eleventh grade. This exam may be done at school, by the school doctor, with your consent, or it may be done by your family physician, at your expense, and recorded on a form provided by the school district. Private exams will be accepted up to one year prior to entering school.

**Please Check:**

- Please examine my child at school.
- I will arrange for the medical exam with my child's physician, and I will return the private physicians form by September 1<sup>st</sup>, to the school.

Telephone Number	Date	Parent/Guardian Signature
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**Dental Consent Form:**

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

Dear Parent/Guardian:

The Pennsylvania School Health Law requires dental exams for children in PA upon original entry into school, third grade, and seventh grade. This exam may be done at school, by the school doctor, with your consent, or it may be done by your family dentist, at your expense, and recorded on a form provided by the school district. Private exams will be accepted up to one year prior to entering school.

**Please Check:**

- Please examine my child at school.
- I will arrange for the dental exam with my child's dentist, and I will return the private dental form by September 1<sup>st</sup>, to the school.

Telephone Number	Date	Parent/Guardian Signature
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Thank you.

*Certified School Nurses*



# Laurel Highlands School District

## Authorization for Medication During School Hours

(Full Name of Student)

\_\_\_\_\_, must receive the following PRESCRIBED medications during the school hours in order to maintain sufficient health to participate in the school program.

Diagnosis: \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Prescribed Dosage: \_\_\_\_\_

Time of Day: \_\_\_\_\_ Length of Time: \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

I do hereby release, discharge and hold harmless the Laurel Highlands School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child should there be a reaction from the medication.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prescribing Physician

\_\_\_\_\_  
Date

### Laurel Highlands School Board Adopted Policy

**“No patented drug, prescription, medicine, or other controlled substance shall be permitted to be brought upon the school property or into any school building unless permission is first granted by a school nurse, following consultation with the prescribing physician. Conditions imposed by the school physician and authorized school personnel shall be strictly followed.”**

\*Only one medication per form – make copies of this form for multiple medications.

\*Please note all medication orders expire at the end of each school year, a newly signed order for all medications must be obtained each year.