

815. ACCEPTABLE USE / 815.1 SOCIAL MEDIA

Student Acknowledgement and Consent

I have received, read, and understand the Acceptable Use of Communications and Information Systems Policy # 815, Social Media Policy # 815.1, and Social Media Administrative Regulation and will comply with them. Someone from the School District has also reviewed them with me, and my parent(s)/guardian(s) have reviewed them with me. In addition, I have been given the opportunity to obtain information from the School District and my parent(s)/guardian(s) about anything I do not understand, and I have received the information I requested. If I have further questions, or need a copy of the Policies and/or Administrative Regulations I will ask my teacher, principal or my parent(s). Additionally, I understand that if I violate the Policies, Administrative Regulation, other School District policies, regulations, rules, or procedures I am subject to the School District's discipline, and could be subject to social media, ISPs' and websites' requirements, as well as local, state and federal laws, rules, and procedures, whether civil or criminal.

Acceptable Use Policy (AUP) /Social Media Agreement (for students grade 3 – 12 to sign):

Name of Student (please print) _____

Grade _____

Student Signature _____

Date _____

Parent Acknowledgement and Consent

As the parent/guardian of a student receiving School District services, I have received, read, and understand the Acceptable Use of the Communications and Information System Policy # 815, Social Media Policy # 815.1, and Social Media Administrative Regulation. In addition, I reviewed the Policies and Administrative Regulation with my child and answered questions he or she asked. If either my child or I have further questions or need a copy of the Policies and/or Administrative Regulation I will ask my child's Principal. I agree to have my child comply with the requirements of the Policies, the Administrative Regulation, other School District policies, regulations, rules, and procedures. Additionally, I understand that if he or she violates the Policies, Administrative Regulation, other School District policies, regulations, rules, or procedures he or she is subject to the School District's discipline, as provided above in the Student section.

PARENT RELEASE (please initial at right)	APPROVE	DISAPPROVE
My child may have access to the District's computers, systems and Wide Area Network.		
My child may have access to the Internet.		

PARENT RELEASE (please initial at right)	APPROVE	DISAPPROVE
Release of Student Information on District/school websites or print media: Chambersburg Area School District has established websites at both the District and building levels. On occasion, the District and/or schools may wish to post or publish in print student work, including photographs and information such as student name, grade level, and school. Under no circumstance will the following personal information be displayed for public access: home address, home phone number, or home email address.		
EXTERNAL-Newspaper/TV/District/School photograph and video clip publication Permission for my child to be part of photographs or video clips of school related activities news or publicity.		
INTERNAL-District/School Photograph and video clip productions Permission for my child to be a part of school related photographs or video clips (i.e. school year books, class photos, etc.)		
DISTRICT WEBSITES-School and District Photographs Permission for my child to be included in photographs published on school and/or district website that are accessed by the Internet.		

Acceptable Use Policy (AUP) /Social Media Agreement (for parent(s)/guardian(s) to sign):

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date

PROGRAMS FOR LIMITED ENGLISH PROFICIENCY STUDENTS
(Student Home Language Survey)

****This form is required to be complete for ALL enrollments****

The Office of Civil Rights (OCR) requires that school districts identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Student Name: _____ Gender: _____ DOB: _____

Please respond to the following questions:

1. What is/was the student's first language? _____
2. Does the student speak a language other than English? (Do not include languages learned in school) YES NO
If yes, specify the language(s) _____
3. What language(s) is/are spoken in your home? _____
4. Has the student attended any school in the United States in any 3 years during his/her lifetime? YES NO

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent or Legal Guardian Signature	Relationship to Student	Date
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If the student's first language is a language other than English, or if there is another language spoken in the home, please answer the remaining questions.

5. Student's place of birth: _____
6. If the student was not born in the United States, when did the student first enter the United States? _____
7. When did the student first enroll in school in the United States? _____
8. Does the student speak English? YES NO
9. Has the student ever received English as a Second Language (ESL) services in any school? YES NO
10. Does the student have school records from a school in the home country? YES NO
11. What language does the child speak most frequently at home? _____
12. What language can the student read best? _____
13. What language do you most frequently speak to your child at home?
Mother _____ Father _____ Uncle/Aunt _____ Cousin _____ Grandparent _____
14. What languages are read by the parents or guardians in the home?
Mother _____ Father _____ Uncle/ Aunt _____ Cousin _____ Grandparent _____

The school district has the responsibility under federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district 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 may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district in the future.

SA-147 Updated August 2015

HEALTH AND MEDICAL DATA

Student's Name: _____ Grade: ____ Birth Date: _____

Please check any health concern you or your child's doctor have noticed.

Are any of these conditions considered "Life Threatening"? Yes ☐ No ☐
 If so, please notify the school nurse for further instruction to protect your child at school.

MEDICAL HISTORY: PLEASE CHECK APPROPRIATE BOX. IF YES, COMMENT AND GIVE DATES.

Yes / No

Yes / No

<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD (if yes, does your child take medication? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, what type? _____	<input type="checkbox"/>	<input type="checkbox"/>	Genitourinary
<input type="checkbox"/>	<input type="checkbox"/>	ALLERGY (bee sting, food, other) EPI /Other Medication (Circle)	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Problems or Ear Tubes
<input type="checkbox"/>	<input type="checkbox"/>	ASTHMA Inhaler/Oral Medication (Circle)	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension
<input type="checkbox"/>	<input type="checkbox"/>	DIABETES Oral/ Pump/Injection (Circle)	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury (please detail in comments)
<input type="checkbox"/>	<input type="checkbox"/>	SEIZURE DISORDERS List medication _____	<input type="checkbox"/>	<input type="checkbox"/>	Malignancies
<input type="checkbox"/>	<input type="checkbox"/>	Birth defects/Developmental	<input type="checkbox"/>	<input type="checkbox"/>	Nose Bleeds
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding disorders/Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic
<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular Conditions / Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox (age ____ date _____)	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Disease
<input type="checkbox"/>	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	Vision/color deficit
<input type="checkbox"/>	<input type="checkbox"/>	Eating / Weight Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe)
<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	Shot Records attached (copy to nurse)

Child's Doctor _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

IMMUNIZATIONS DATA

Student's Name: _____ Grade: _____ Birth Date: _____

To the Parent / Guardian:

Pennsylvania School Laws and Rules: 28 Pa. Code, Chapter 23, Subchapter C: All children at any grade, kindergarten through 12, must show proof of immunization before they can attend school in the Commonwealth. Any student in kindergarten through 12 may be admitted to school provisionally if evidence of at least one dose of each required immunization is given. Compare your child's shot records to the following requirements:

- ✓ Diphtheria / Tetanus (properly spaced, included one dose after 4th birthday)
- ✓ Polio (properly spaced)
- ✓ Hepatitis B (3 doses, properly spaced)
- ✓ MMR (2 doses after 1st birthday, properly spaced)
- ✓ Varicella – Chicken Pox – (2 doses after 1st birthday, properly spaced) Age and / or date of my child when he / she had chicken pox. Age _____ Date _____

Students in the 7th grade also require a Tdap and meningococcal vaccines

All immunization requirements shall be completed within eight months of entrance to school. If the requirements are not met, the school administrator will undertake suspension of attendance procedures.

PHYSICAL EXAMINATIONS

- ✓ Pennsylvania School Laws and Rules: 24 PS 14-1402: Health Services: Each student must receive a comprehensive health examination in kindergarten / 1st grade, 6th grade and 11th grade. The district will accept privately conducted physical exams completed within one year prior to a student's entry into kindergarten / 1st grade, 6th grade and 11th grade. Every student must provide evidence of a grade appropriate or current physical regardless of his/her grade.

PLEASE SIGN AND RETURN TO SCHOOL NURSE

I prefer an examination by School Doctor (check one) Checking Yes and signing below gives your permission for the school doctor to perform the mandated physical exams in **all** required grades, kindergarten, 6th and 11th, for which there is no private physician's report on file. This permission may be revoked at any time by sending a signed note to the school nurse stating you no longer desire the school doctor to perform the exams.

Yes ☐ No ☐ - School physical examinations will be done once during each school year.

Signature of Parent / Guardian

Date

If you have any questions, please call the school your child will be attending and ask for the school nurse.

SPECIAL NEEDS CHECKLIST

Student's Name: _____ **Grade:** _____ **Birth Date:** _____

Parent / Guardian Name: _____ **Telephone** _____

In order for us to best serve your child, please complete the following where applicable.

Do any of the following apply to this student from his/her previous school? Please check all that apply

<input type="checkbox"/> Student has an IEP	<input type="checkbox"/> Student has GIEP (Gifted)
<input type="checkbox"/> Student received Speech / Language Therapy	<input type="checkbox"/> Student received Physical Therapy
<input type="checkbox"/> Student is Deaf / Hearing Impaired	<input type="checkbox"/> Student is Blind / Visually Impaired
<input type="checkbox"/> Student received Occupational Therapy	<input type="checkbox"/> Student received Emotional Support
<input type="checkbox"/> Student received Learning Support Services	<input type="checkbox"/> Student received Title I Services (Reading Support)
<input type="checkbox"/> Student Received Autistic Support	<input type="checkbox"/> Student had Support Aide at School
<input type="checkbox"/> Student received Adaptive Physical Education	<input type="checkbox"/> Student received Alternative Education Services
<input type="checkbox"/> Other (please list)	

*For office use only:
Please return this document to the Special Education Office, Administration Building, if any of the above items indicate a student in need of special services.*

School:

IEP Attached: ☐

Other Attachments: