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 ___________

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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 __________________________

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

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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.

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

Child's Doctor __________________________ Address __________________________ Phone __________

Child's Dentist __________________________ Address __________________________ Phone __________

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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.

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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

<table>
<thead>
<tr>
<th>☐ Student has an IEP</th>
<th>☐ Student has GIEP (Gifted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Student received Speech / Language Therapy</td>
<td>☐ Student received Physical Therapy</td>
</tr>
<tr>
<td>☐ Student is Deaf / Hearing Impaired</td>
<td>☐ Student is Blind / Visually Impaired</td>
</tr>
<tr>
<td>☐ Student received Occupational Therapy</td>
<td>☐ Student received Emotional Support</td>
</tr>
<tr>
<td>☐ Student received Learning Support Services</td>
<td>☐ Student received Title I Services (Reading Support)</td>
</tr>
<tr>
<td>☐ Student Received Autistic Support</td>
<td>☐ Student had Support Aide at School</td>
</tr>
<tr>
<td>☐ Student received Adaptive Physical Education</td>
<td>☐ Student received Alternative Education Services</td>
</tr>
<tr>
<td>☐ Other (please list)</td>
<td></td>
</tr>
</tbody>
</table>

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:

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