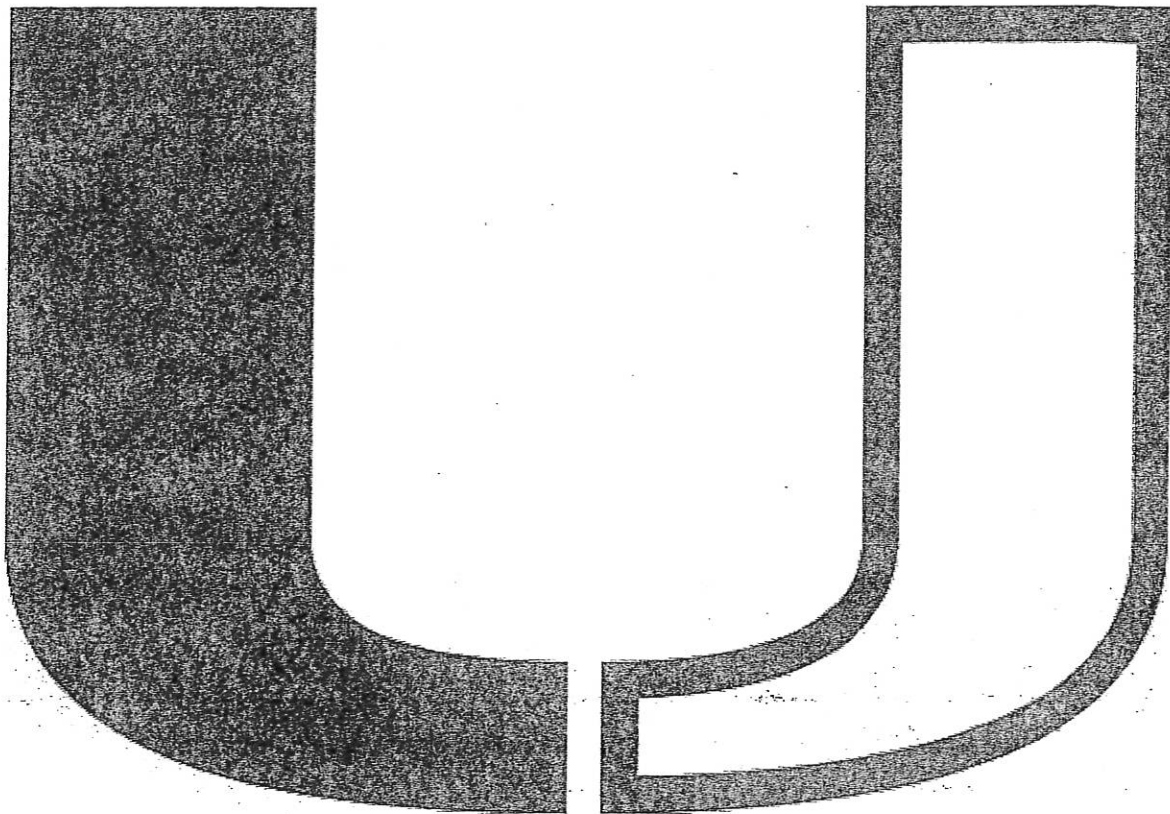


WELCOME TO THE
UNION AREA SCHOOL DISTRICT

ENROLLMENT PACKET



Mr. Michael Ross, Superintendent

Mr. Scott O'Donnell, Director of Curriculum and Instruction

Mrs. Linda O'Neill, Elementary School Principal

Mr. Rob Nogay, Middle/High School Principal

Preparation, Commitment, Excellence

Union Area School District

New Castle, PA 16101
Telephone 724. 652.6683
www.union.k12.pa.us

Enrollment Procedures

The following documents must be provided to enroll in the Union Area School District:

Proof of residency shall be one of the following:

- Mortgage Statement, County Property Tax Bill, or Property Deed
- Signed Lease Agreement along with
 - Notarized Sworn Statement of Residence Lease Agreement/Living Agreement

And one of the following:

- PA Driver's License or official DOT picture ID
- PA Department of Transportation Vehicle Registration

And one of the following:

- State/Federal Program Enrollment {welfare, food stamp}
- Current Utility Bill
- Paycheck stub including name, address and current date

- Birth Certificate
- Immunization Records
- Special Education Records
- Educational records from last school attended
- Student Enrollment Form
- Student Residency Questionnaire
- Certification and Acknowledgment
- Statement of Student Disciplinary Record
- Home Language Survey
- Transportation Information
- Permission for Networked Information Resources
- Permission to be Photographed
- Census Enumeration
- Record Release Form
- Student Health Survey
- Sworn Statement by Resident Non-Parent Caregiver, 1302
- Legal Court Orders
- Agency Placement Letter for all foster students

The Union Area School District School Board reserves the right to verify claims of residency, dependency and guardianship and to remove from school attendance a nonresident student whose claim is invalid. If information contained in the sworn statement of residential support is found to be false, the student shall be removed from school after notice is given of an opportunity to appeal the student's removal, in accordance with Board Policy 906, Public Complaints. Tuition rates shall be determined in accordance with statute. Tuition shall be charged monthly, in advance of attendance.

Does the student currently receive special education/gifted services or other specialized services Yes No

If yes, check all that apply

- IEP for Learning Support IEP for Emotional Support IEP for Speech Services
- GIEP for Gifted 504 Service Plan Other _____

Check any services this student has received in the past or is receiving currently

- Occupational Therapy Physical Therapy Hearing Services
- Title I Reading Title I Math Speech Services
- Remedial Reading Remedial Math Vision Services
- Instructional Support {IST} ESL Services, how many years _____

List below all students living at the same residence as the student

Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____

Has the student attended Union Area School District before Yes No, If so when _____

Did the student attend a Pre-Kindergarten program Yes No, If so where _____

Date the student entered Kindergarten _____

Date the student entered 9th grade the first time _____ Student was retained in grade{s} _____

Initial US Entry Date _____ {Only for English Language Learners, students who do not speak English; Migrant & Immigrant}

Date student most recently entered PA _____ {Use date of birth if the student has always lived in PA}

Years in US Schools _____ {For Immigrants only, include Kindergarten and any retentions, do not include current year}

Immigrant, if less than three years in the U.S. Yes No Is the student a single parent or pregnant Yes No

Last school attended _____ Grade _____ Reason for withdrawing _____

Previous schools attended _____

Access to this information will be in accordance with the established Union Area School District Policy. My signature below signifies my approval of this record of individual and family background data. I reside in the Union Area School District and have legal custody and/or documentation of the enrolled student.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Union Area _____ 4 Yr K _____ Elem _____ MS _____ HS _____

PA Secure ID Number _____

Student ID Number _____

Homeroom _____

Locker Number _____

Bus Number/Color _____

Forms 1302 _____ 1305 Foster _____ 1306 _____

Other _____

School Entry Date _____

District Entry Date _____

Recent State Entry Date _____

Initial Grade 9 Entry Date _____

US School Entry Date {ELL} _____

District Paid Tuition _____

Parent Paid Tuition _____

Homeless _____

Admission approved by _____ Date _____

Union Area School District

New Castle, PA 16101

Telephone 724. 658.4501

www.union.k12.pa.us

Student Residency Questionnaire


The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child/children. Thank you for your cooperation.

Student Name _____ Birth date _____

Person completing this form _____ Relationship to child _____

In what type of setting is the student living currently?

Check one box below either in Section A or Section B

Section A	Section B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship or similar reasons</p> <p><input type="checkbox"/> In a motel, hotel, campsite, or car due to a lack of alternative, adequate accommodations</p> <p><input type="checkbox"/> In a park, public space, abandoned building, substandard housing, bus or train stations or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, regular sleeping accommodations for human beings</p> <p>If you checked a box in Section A, continue completing the information below.</p>	<p><input type="checkbox"/> None of the choices in Section A apply</p> <div data-bbox="922 961 1393 1306" data-label="Image"></div> <p>If you checked Section B, you do not need to complete the remainder of this form. Please sign and date page 5 and submit to school district personnel.</p>

Contact number for person completing this form _____

Address where the child is now living _____

The child lives with: {check all that apply}

Parent{s} or Legal Guardian{s}

Relative, friend or other adult

Alone

Other, _____

Name of school the student last attended _____

School address _____

School telephone number _____

Does the student have an IEP or a Chapter 15/504 agreement?

No

Yes, please explain _____

The district personnel who is helping you register will contact the Homeless Liaison to review the information provided. If homelessness is verified, additional information will be needed to complete enrollment. The Homeless Liaison will contact you by the end of the next school day, or sooner, to share the determination regarding homeless status, to gather additional information and to discuss the plans for placement.

Signature of Parent/Legal Guardian

Date

FOR OFFICE USE ONLY

School District Personnel

All Student Residency Questionnaires with a checked box in Section A are to be submitted to the Union Area School District Homeless Liaison immediately to eliminate any enrollment delay.

Name of person contacting Parent/Guardian _____

Date Parent/Guardian was contacted _____

Determination of homeless status _____

Date homeless student was enrolled _____

Additional information _____

Signature _____ Date _____

Union Area School District

New Castle, PA 16101
Telephone 724. 658.4501
www.union.k12.pa.us

Certification and Acknowledgment

THIS CERTIFICATION, made this _____ day of _____, 20____
by _____ of _____,
hereinafter, whether one or two, called "Parent", hereby certifies that Parent is a resident of
Union Area School District, Lawrence County, Pennsylvania and actually physically resides at

_____ and hereby enrolls their child/children:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

as students of Union Area School District intending to remain residents of the Union Area School District, Lawrence County, Pennsylvania, during the enrollment of their child/children within the school district, and Parent hereby acknowledges the tuition policy of Union Area School District as the same relates to non-residents set forth in the Union Area School District Tuition Policy; and further, Parent acknowledges that in the event Parent becomes a non-resident of Union Area School District and desires continued enrollment of their child/children as students within the Union Area School District, that they shall be subject to the stated tuition policies of the Union Area School District.

The Union Area School District School Board reserves the right to verify claims of residency, dependency and guardianship and to remove from school attendance a nonresident student whose claim is invalid. If information contained in the sworn statement of residential support is found to be false, the student shall be removed from school after notice is given of an opportunity to appeal the student's removal, in accordance with Board Policy 906, Public Complaints. Tuition rates shall be determined in accordance with statute. Tuition shall be charged monthly, in advance of attendance.

Witness

Parent/Guardian Signature

Date

Date

Witness

Parent/Guardian Signature

Date

Date

Union Area School District
New Castle, PA 16101
Telephone 724. 658.4501
www.union.k12.pa.us

Parental Enrollment Statement of
Student Disciplinary Record

Student Name _____
Date of Birth _____ Grade _____
Parent or Guardian Name _____
Address _____
Telephone Number _____

Pennsylvania School Code Section 13-1304-A 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 or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

*TO FULFIL THE REQUIREMENTS OF THE LAW YOU ARE REQUIRED
TO COMPLETE ONE OF THE TWO STATEMENTS BELOW.*

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

I hereby swear or affirm, under penalty of law that the above named student has not been 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 the willful infliction of injury to another person or for any act of violence committed on school property.

Parent/Guardian Signature _____ Date _____
Print Parent/Guardian Name _____

I hereby swear or affirm, under penalty of law that the above named student has been previously suspended or expelled from the _____ School District 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.

Parent/Guardian Signature _____ Date _____
Print Parent/Guardian Name _____

Union Area School District

New Castle, PA 16101
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Home Language Survey*

The Office of Civil Rights {OCR} requires that all school districts/charter schools/full day AVTS 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.

School Union Elementary School Union Middle School Union High School

Student's Name _____ Grade _____ Sex Male or Female

Address _____

1. What is/was the student's first language? _____
2. Does the student speak a language {s} other than English? Yes No
{Do not include languages learned in school.}
If yes, specify the language {s} _____
3. What language {s} is/are spoken in your home? _____

4. Has the student attended any United States school in any three years during his/her lifetime? Yes No

If yes, complete the following

Name of School	State	Dates Attended

Person completing this form {if other than parent/guardian} _____

Parent/Guardian Signature _____

Date _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS 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/full day AVTS 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/charter school/full day AVTS in the future.

Union Area School District

New Castle, PA 16101
Telephone 724. 658.4501
www.union.k12.pa.us

Transportation Information

Student Name _____

Date of Birth _____ Grade _____ Sex Male / Female

Parent or Guardian Name _____

Address _____

Contact information _____ cell _____ home _____ work _____

Please list other children in your family that are enrolled in Union Area School District

_____ Elementary or MS/HS

_____ Elementary or MS/HS

_____ Elementary or MS/HS

Is your house clearly identified by a house number or is your name and box number visible on your mailbox? _____

List medical conditions the bus driver should be aware {allergies, asthma, bee stings, seizures, etc}

If your child is to be picked up or dropped off at a location other than your home address, the parent or guardian must complete

Additional Information _____

Contact Mrs. Carol Gorgacz at 724.658.4501, ext 1106 with transportation questions/concerns

Transportation for Pre-K through 5th Grade Students

Union Area School District is committed to the safety of our students. Therefore, a parent or responsible adult must be present when a Pre-K through 5th grade student is delivered to his/her bus stop. If there is not a parent or adult waiting at the stop when a Pre-K through 5th grade student arrives at the bus stop, the bus driver will take the student back to the elementary school. Parents must pick up the student at the elementary school office and sign the student out with the Principal.

For Office Use

Start Date _____ Union Elementary _____ Union MS/HS _____

Bus Number _____ AM Stop Time _____ PM Stop Time _____

Location _____

Signature of Parent or Guardian

Date

Union Area School District

New Castle, PA 16101
Telephone 724. 658.4501
www.union.k12.pa.us

Permission for Networked Information Resources

Student

I have read and understand Union Area School District Policy and agree to follow the rules stated therein. I understand that all communication and information accessible via the network can and will be monitored and that I have no expectations of privacy relative to using networked information resources. It is further understood that if I violate any provisions of the policy, I will be subject to discipline including but not limited to having my access to networked information resources revoked.

I specifically acknowledge that this is a fast growing area, both in technology and in law. I hereby acknowledge and agree to comply with all laws, whenever effective.

Student Signature _____ Date _____

Print Student Name _____ Grade _____

Parent/Guardian

I have read and understand Union Area School District Policy and have discussed the policy and procedures with my child. I understand that all communication and information accessible via the network can and will be monitored and that my child has no expectations of privacy relative to using networked information resources. It is further understood that if my child violates any provisions of the policy he/she will be subject to discipline including but not limited to having his/her access to networked information resources revoked and I hereby consent to the Union Area School District's regulation and monitoring of the system and, specifically, my child's use thereof.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

This form must be completed by both student and parent/guardian and returned
to the school before a student is given access to the internet.

Union Area School District
New Castle, PA 16101
Telephone 724. 658.4501
www.union.k12.pa.us

Permission to be Photographed

Throughout the school year, there may be times when the students are photographed. These pictures may be published and shared with the community in an effort to celebrate the success of our students.

For your protection and privacy, we are asking your permission to publish your child's photo on various school district publications, websites, newsletters, local news broadcasts and circulations, etc. This form applies to pictures taken during regular school activities for the purpose of possible publication. It does not apply to scheduled school pictures, extra-curricular activities where pictures are taken by newspaper photographers or pictures taken for the yearbook.

If you **DO NOT** wish to have your child photographed for any reason, please complete and return this signed form to the office staff.

Student's Name _____
Grade _____ Year of Graduation _____

My child's photograph MAY NOT BE published for any reason.

Parent/Guardian Signature Date

Parent/Guardian Name Printed

This consent form remains valid until a new form is completed and signed or a written request is received by the school district.

Union Area School District
New Castle, PA 16101
Telephone 724. 658.4501
www.union.k12.pa.us

Census Enumeration

Physical address of property
Exclude PO Box numbers

Township Union _____ Mahoning _____

Residence

Own home _____ Rent home _____

Own trailer _____ Rent trailer _____

Rent Apartment _____ Motel/Car _____

How long have you resided at this address _____

Other _____

Adults {All adults 18 years of age and older} living at the above property address

1. Last Name Head of Household is No. 1	First Name	MI	Sex M/F	Date of Birth	Employment Code* (see below)	Employer
1.						
2.						
3.						
4.						
5.						

*Employment Code: E-Employed full or part-time
G-Self Employed
R-Retired

H-Homemaker full time
S-Student full time
D-Disabled, Handicapped

U-Unemployed
M-Military
X-Other

Children {All children under the age of 18 years old} living at the above property address

1. Last Name	First Name	MI	Sex M/F	Date of Birth	Grade	Name of School	FR Code** (see below)
1.							
2.							
3.							
4.							
5.							

**Family Relationship Code: 1-Son/Daughter
4-Nephew/Niece

2-Brother/Sister
5-Foster Child

3-Grandchild
6-Other

I certify the above information to be true and correct.

Signature of Parent or Guardian

Date

Union Area School District

www.union.k12.pa.us

Elementary: 500 S Scotland Lane
New Castle PA 16101
Telephone: 724-652-6683

High School: 2106 Camden Avenue
New Castle PA 16101
Telephone: 724-658-4501

Record Release Form

Student Name _____

Current Grade _____ Date of Birth _____ Sex Male/Female

Last School Attended _____ Phone _____

School Address _____ Fax _____

Information requested:

- Transcript of Student's School Record
- Special Education Records
- Immunization/Health Record
- Attendance Records
- Standardized Test Data
- Current Schedule
- PA Secure ID Number
- Grade 9 Entry Date
- Withdrawal Grades
- Discipline Records

Fax Records to: Pre-K thru 5th Grade
Attention: Mrs. Kristen Mangelli
724-658-5151

6th thru 12th Grade
Attention: Donna Borowski
724-658-8617

If the student receives Special Education, Speech or Gifted Programming please send all applicable documents, including, but not limited to: Evaluation Reports, Individualized Education Programs (IEPs), Notice of Recommended Educational Placements (NOREPs), Occupational Therapy (OT), and/or Physical Therapy (PT) Reports, Psychological Evaluations/Reports, Speech and Language Reports, Vision Reports, Gifted Individualized Educational Programs (GIEPs), Gifted Written Reports (GWRs) and Notice of Recommended Assignments (NORAs).

Transfer documents to Union Area by IEP Writer.

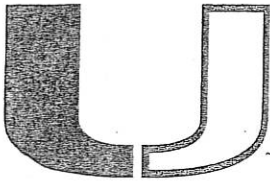
If IEP Writer is not available, mail records to Union Area School District, Special Education Department, 500 S Scotland Lane, New Castle PA 16101

Anticipated Start Date _____

Authorization to Release Student Records

Signature of Parent/Guardian _____

Telephone Number _____ Date _____



Union Memorial Elementary School

500 South Scotland Lane • New Castle, PA 16101-1399 • (724) 652-6683 • FAX (724) 658-5151

LINDA J. O'NEILL - Elementary Principal

NEW STUDENT HEALTH SURVEY

Welcome to Union Area School District. In order to provide the best care possible for your student while at school, please complete and return this form as soon as possible to the school nurse.

Please mark YES or NO beside any chronic condition your student is being treated for. Please list any important medical information you wish the school nurse to be aware of.

If you have any questions contact the school nurse. Thank you for your help in maintaining your student's health and safety while at school.

Marcia Trocci, RN
Certified School Nurse
Union Area School District

Student Name:	Grade:	
CHRONIC CONDITIONS	YES	NO
Arthritis/Rheumatic Disease		
Asthma		
Attention Deficit Disorder/Hyperactivity		
Bleeding Disorder/Cooleys Anemia		
Cardiovascular Condition		
Cerebral Palsy		
Cystic Fibrosis		
Diabetes Type I		
Diabetes Type II		
Epilepsy/Other Seizure Disorders		
Life Threatening Food Allergies		
Sickle Cell Disease		
Spina Bifida		
Tourette's Syndrome		
Other		

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Union Area School District
New Castle, PA 16101
Telephone 724. 658.4501
www.union.k12.pa.us

Sworn Statement of Residence
Lease Agreement/Living Arrangement

I hereby swear that Mr./Mrs./Ms. _____ is/are

Renting Living free of charge

at _____

which is property owned by me, _____
PRINT NAME OF LANDLOR/PROPERTY OWNER

and that I am a registered tax payer of Union Area School District.

Signature of Landlord _____ Date _____

I understand that this information will be verified with the tax collector's office.

Signature of Leaser _____ Date _____

I understand that the above information will be verified by school officials and if found to be untrue, I will be charged the daily rate for tuition for each day the student{s} wrongfully attended Union Area Schools and I will be responsible for all expenses incurred by the District as a result of an investigation and subsequent court costs. Further, I agree to continue to pay tuition or return to my home district.

The Union Area School District School Board reserves the right to verify claims of residency, dependency and guardianship and to remove from school attendance a nonresident student whose claim is invalid. If information contained in the sworn statement of residential support is found to be false, the student shall be removed from school after notice is given of an opportunity to appeal the student's removal, in accordance with Board Policy 906, Public Complaints. Tuition rates shall be determined in accordance with statute. Tuition shall be charged monthly, in advance of attendance.

Notary

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public _____

NOTE Owing property in the Union Area School District does NOT constitute residency. You must own or rent a residence in the Union Area School District and the student{s} must sleep there.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS OR SPECIAL MILK PROGRAM

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Union Area School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Tina Flynn 724-658-4775 ext. 2302 or email tina_flynn@union.k12.pa.us.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Union Area School District, regardless of age.

A) List each child's name. Print each child's name, use outline of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Union Area School District? Mark "Yes" or "No" under the column titled "Student" to tell us which children attend Union Area School District. If you marked "Yes," write the grade level of the student in the Grade column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP OR TANF?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- The Temporary Assistance for Needy Families (TANF).

A) If no one in your household participates in any of the above listed programs:

- Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact 1-877-395-8930 or your local assistance Office.
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been

reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

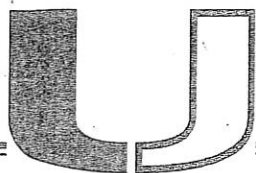
- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP 1.

<p>B) List adult household members' names: Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p><i>What if I am self-employed?</i> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.</p>	<p>F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

<p>A) Provide your contact information. Write your current address in the fields provided. If this information is available, if you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Write today's date. In the space provided, write today's date in the box.</p>	<p>D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.</p>
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Union Area School District

SCHOOL VACCINATION INFORMATION FOR PARENTS

The Department of Health is changing school immunization regulations beginning August 2017.

A CHILD MUST HAVE REQUIRED VACCINES OR BE EXCLUDED FROM SCHOOL.

-A child may still obtain medical, religious or philosophical exemption from meeting the immunization requirements.

-Please be aware if your child is exempt from immunizations, he/she may be removed from school during an outbreak.

Children in ALL grades (K-12) need the following immunizations for attendance:

- 4 doses of DTaP (diphtheria, tetanus and acellular pertussis (1 dose on or after 4th birthday)
- 4 doses of polio (1 dose on or after 4th birthday and at least six months after previous dose given)
- 2 doses of measles, mumps, rubella
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

7TH grade ADDITIONAL immunization requirements for attendance:

- 1 dose of meningococcal conjugate vaccine (MCV)
- 1 dose of tetanus diphtheria, acellular pertussis (Tdap)

12th grade ADDITIONAL immunization requirements for attendance:

- 2nd dose of meningococcal conjugate vaccine (MCV) (student must be age 16 or entering 12th grade)

CHILDREN WITHOUT PROOF OF PROPER IMMUNIZATION WILL NOT BE ALLOWED TO START SCHOOL.

If you are underinsured or have concerns with cost, the Pennsylvania Department of Health in New Castle offers immunization clinic dates. Their phone number is 724-656-3088.

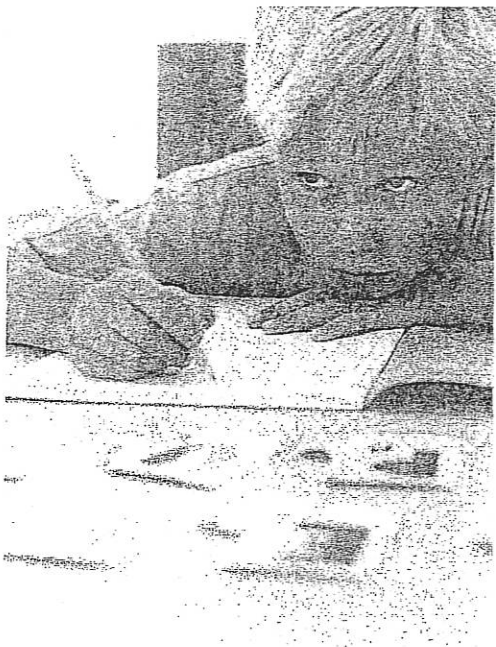
Please call if there are any questions/concerns regarding these changes.

Marcia Trocci, RN
Certified School Nurse
Union Area School District

Attention Parents/Guardians

DON'T WAIT. VACCINATE.

FOR ATTENDANCE IN ALL GRADES children need the following:



- 4 doses of tetanus*
(1 dose on or after the 4th birthday)
- 4 doses of diphtheria*
(1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles**
- 2 doses of mumps**
- 1 dose of rubella (German measles)**
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox)
vaccine or history of disease

*Usually given as DTP or DTaP or DT or Td

**Usually given as MMR

Children ATTENDING 7th grade need the following:

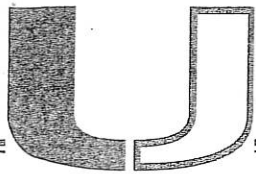
- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) if 5 years has elapsed since last tetanus immunization.
- 1 dose of meningococcal conjugate vaccine (MCV).

These requirements allow for the following exemptions:

Medical reason
Religious belief
Philosophical/strong moral or ethical conviction

If your child is exempt from immunizations, it may be recommended that he/she be excluded from school.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization).
Contact your healthcare provider or call 877 PA HEALTH for more information.

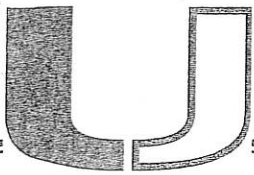


Union Area School District

MEDICATION ADMINISTRATION PROCEDURES

The School Nurse will administer all prescription/non-prescription medications to the students of Union Area School District. Although the district strongly recommends that medication be given at home, it realizes that the health of some children requires that they receive medication during school hours in order to remain in school. The following procedures MUST be followed for all prescription/non-prescription medication:

1. Written instructions from the physician, certified registered nurse practitioner, physician assistant or dentist must accompany all medication.
2. Parent/Guardian must complete and sign the "Medication Authorization Form."
3. Medication must be in the original container with proper pharmacy label.
4. Medications must be brought to the nurse's office by an adult.
5. Medication will not be transported to and from school daily.
6. Medication supplied for school administration will be securely stored in the nurse's office.
7. A one month supply of medication will be the maximum amount kept in the nurse's office at a time.
8. A parent/guardian may administer a medication to a student during school hours without a medication form being completed.



Union Area School District

MEDICATION AUTHORIZATION FORM

Student Name: _____

Building: _____ Grade: _____

A separate form must be completed for each prescription medication to be administered.

Medication: _____

Dosage: _____ Time: _____

Dates to be administered: _____ Amount Sent: _____

Reason for medication: _____

Side effects: _____

Prescriber name: _____

Prescriber phone number: _____

List all other medication student is currently taking: _____

Prescription and instruction received from prescriber for school nurse to administer medication?

_____ Yes _____ No

Signature of parent/guardian: _____

Date: _____ Phone number: _____

SCHOOL NURSE REVIEW

1. Was the prescription medication described above received in the original labeled pharmacy container? _____ Yes _____ No

2. Amount of medication received: _____

School Nurse Signature: _____

Date: _____

Union Area School District
New Castle, PA 16101
Telephone 724. 658.4501
www.union.k12.pa.us

Physical Education Dress Code

Elementary School:

Students do not change clothes for Physical Education/Wellness. On days when the student has Physical Education/Wellness, students are encouraged to wear clothing that is comfortable to move in.

- Athletic shoes are required for participation.
- If you wear a dress or skirt, please wear shorts underneath for class.
- **FOOT WEAR NOT PERMITTED** ~ boots, dress shoes, flip flops, sandals, cowboy boots, flats, slippers and cros.

Middle/High School:

Every student is expected to dress for physical education class. Valuables should be left at home on physical education days. The school and physical education teachers will not be responsible for missing articles.

- Clothing for class consists of shorts, shirts, sweatpants in colors of blue, white, gray or black.
- Shorts and shirts should **NOT** be tight fitting, excessively short, transparent or contain any profanity or questionable phrases.
- Tennis shoes are required.
- **NOT PERMITTED** ~ stockings, jeans, pajamas pants, midriff tops, sports bra, boots, flip flops or elevated/open back tennis shoes

SchoolCafé provides a secure, online system for parents to

- Make payments to their student(s) cafeteria-meal account(s)
- View school menus and menu item nutrition information
- Review your student's buying history

For Parents

SchoolCafé Support Hours: 6:00 am to 6:00 pm CST

Phone: 855 (PAY)EAT (855) 729-2328 Email: customercare@schoolcafe.com Website: www.schoolcafe.com

Website: www.schoolcafe.com

1 Register

You will be asked to verify your security answer and contact information when you request help with your username or password, or other information on your Profile page.

- Click Register
- Verify "I'm registering as a Parent" is selected and click Next Step
- Enter your school district name and then click Next Step
- Enter your name and contact information, and then click Next Step
- Set up your username and password
- Select a Security Question and enter a Security Answer, and click Next Step
- Click I'm not a robot and follow the reCAPTCHA prompts
- Check I accept the Terms & Conditions and click Create My Account

2 Add Your Student(s)

- Click Students → Student Accounts
- Click Add a Student
- Enter your Student's ID [and Lunch PIN, if asked] and select your student's School
- Click Search & Verify Student
- Click Add this Student

3 Add Payment Source

- Click My Account → Payment Sources
- Click Add a Card
- Enter your Card Number and Card Expiration date
- Enter a name to associate with this card, if wanted
- Click Add Card

4 Make a Payment

- Click Students → Student Accounts
- Click Make a Payment
- Enter Payment dollar amount
- Click
- Select a Payment Method, or enter card information for a one-time payment
- Click

Quick Answers

- ✓ **How do I add money/make a payment to my child's account?**
You can continue to send money to school with your student or you can add money through SchoolCafé. Follow the steps in Make a Payment in this guide.
- ✓ **I made an online payment. When can my student use the payment?**
Your student's cafeteria account at the school is credited within 24 hours but may become available as quickly as 2 hours.
- ✓ **Is there a fee or service charge for making online payments?**
A convenience fee may be charged for each online payment transaction. For example, if you make a \$20.00 payment and the convenience fee is \$1.00, the total debited from your credit card is \$21.00. The available funds for your child will be \$20.00. Convenience fee amounts vary by school district.
- ✓ **Can I receive notification when my student's account balance is low?**
Yes! Follow the steps in Set Up a Low Balance Alert in this guide.
- ✓ **Why was my account locked when making a payment?**
After three failed payment attempts, payment function is locked. Contact SchoolCafé to remove the lock.
- ✓ **What if I have several students in different schools?**
Include as many students as you need in your account. The students can attend any school within the same district. Payments for each student are made separately.
- ✓ **Can I transfer money from one child to another?**
Contact the Child Nutrition Services office at the school district for assistance with a transfer.
- ✓ **What happens to the money in my account at the end of the school year?**
Your account balance moves with your student(s) from grade to grade and school to school within the district. Contact the Child Nutrition Services office at the school district for assistance with a refund.
- ✓ **How do I receive a refund if my child changes school districts?**
Contact the Child Nutrition Services office at the school district for assistance with a refund.

Set Automatic Payment

- Click Students → Student Accounts
- Click Automatic Payment (A) in a student listing
- Enter Payment Amount
- Enter amount in Balance Threshold to trigger payment
- Select a Payment Source
- Set Auto Pay Expiration Date for stop payment date
- Click Add Automatic Payment

Set Low Balance Alerts

- Click Students → Student Accounts
- Click Low Balance Alert (L) in a student listing
- Enter Threshold amount
- Enter number of days to elapse between alerts
- Click Set

Use this guide to navigate the School Menus page, view menus and menu items, and create a school tray with a complete meal.

Click date to show menu for whole week

Click to change to previous or next week

Select to hide menu items with allergen

Meal contributor

Shown below menu item name

- F** Fruit
- G** Grain
- M** Milk
- P** Protein
- V** Vegetable

Click menu item name to show ingredients and nutritional information

Rate a menu item

- a Click the menu item name on the menu
 - b Click a **★** in the interact group
- "Favorite" a menu item
- a Click the menu item name on the menu
 - b Click **★** in the interact group

Show menu item ratings & favorites

- a Click Menus & Nutrition → Interact
- Your favorites and rated items are shown by default
- Change a menu item rating or favorite
- a Click a different **★** or **★** for a menu item

Interactions

Item	Rating	Favorites
Apple Slices	★	★
Apple Slices	★	★
Apple Slices	★	★
Apple Slices	★	★

To make a tray

- Click Menus & Nutrition → School Menus
- Click **★**
- Click select next to menu item to add to My Tray (obtains blue like this **★**) — follow the listed rules

When you see this, you have created a nutritionally balanced meal that meets current USDA guidelines.

- Click **★**

Usual selected menu items along with picture, meal contributions, calories and carbohydrates for each

Provides quick summary of meal contributions, calories and carbohydrates

Click to see Fat, Cholesterol, Sodium and other nutrient values for the selected meal

Shows allergens present in the selected meal

Tip To see all the trays that you have created, click Menus & Nutrition → My Trays

GLUTEN-FREE MENU 2017/2018

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Grilled Cheese Sandwich on GF Bread Fruit, Vegetable & Milk	Turkey Dog on GF Roll Fruit, Vegetable & Milk	Beef Nachos w/ Corn Tortilla Chips GF Dinner Roll Fruit, Vegetable & Milk	Grilled Chicken Sandwich on GF Bread Fruit, Vegetable & Milk	Cheese Pizza on GF Bread Fruit, Vegetable & Milk
Jumbo Beef Taco w/ Cheese, Lettuce & Tomato GF Dinner Roll Fruit, Vegetable & Milk	Garden Salad w/Grilled Chicken & GF Bread GF Salad Dressing Fruit, Vegetable & Milk	Cheeseburger on GF Roll Fruit, Vegetable & Milk	Sliced Turkey & Cheese on GF Bread Fruit, Vegetable & Milk	Ham & Cheese on GF Roll Fruit, Vegetable & Milk
Grilled Cheese Sandwich on GF Bread Fruit, Vegetable & Milk	Turkey Dog on GF Roll Fruit, Vegetable & Milk	Beef Nachos w/ Corn Tortilla Chips GF Dinner Roll Fruit, Vegetable & Milk	Sliced Turkey & Cheese on GF Bread Fruit, Vegetable & Milk	Cheese Pizza on GF Bread Fruit, Vegetable & Milk
Jumbo Beef Taco w/ Cheese, Lettuce & Tomato GF Dinner Roll Fruit, Vegetable & Milk	Garden Salad w/ Turkey & GF Bread GF Salad Dressing Fruit, Vegetable & Milk	Cheeseburger on GF Roll Fruit, Vegetable & Milk	Sliced Turkey & Cheese on GF Bread Fruit, Vegetable & Milk	Ham & Cheese on GF Roll Fruit, Vegetable & Milk

BREAKFAST
Assorted Gluten-Free Cereal w/ Toast, Fruit & Milk available daily

Approved Side Dishes: (unless otherwise noted)

- Fresh or canned fruit without added ingredients
- Fresh or cooked vegetables without added ingredients
- Approved Ketchup, Salad Dressing & Margarine
- Milk—any variety

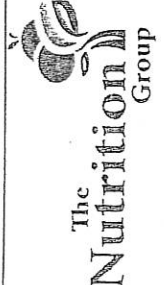
Food Service Director
Hope Mansell
724-658-4501 Ext 2112
h_mansell@union.k12.pa.us

Medical Statement for Children with Special Dietary Needs

Each special dietary request must be supported by a medical statement which explains the food substitution that is requested. It must be signed by a recognized medical authority. The statement must include:

- Identification of the medical condition which restricts the diet
- The food or foods to be omitted from the child's diet
- A list of allowable food substitutions

Please contact the Food Service Director if your child is in need of a special diet. Gluten-free meals will only be made upon request. Procedures for requesting meals will be explained at that time.



Meals for the Elderly

Meals on Wheels: Meals on Wheels delivers meals to people who are homebound. For information contact Meals on Wheels at 724-654-6155.

Challenges, Options on Aging: Delivers meals to homebound individuals who are 60 years and older and are unable to prepare their own meals due to health reasons. For more information, please contact:

Challenges, Options on Aging at 724-658-3729.

Free Community Meals

Soup Kitchens are open to the public and provide prepared meals served at their sites to people in need.


City Rescue Mission: 724-652-4321
319 South Croton Ave., New Castle
Hours: M-F 12:00 noon - 12:30 PM
Sat. 1:00 - 1:30 PM and Sun. 5:00-5:30 PM

Glory Grill: 724-652-7706
First Presbyterian Church:
125 N. Jefferson St., New Castle
Hours: 1st & 3rd Saturday of the month - 11:30 AM-1 PM

Big Run: Feed My Sheep 724-856-0848
Big Run Community Building
June-August: Tuesday 1pm-3pm
September-May: Tuesday 12pm-3pm

Information Provided by:
Lawrence County Board of Commissioners
Chairman Dan Vogler
Commissioner Robert DeSignore
Commissioner Steve Craig
www.co.lawrence.pa.us

GREATER PITTSBURGH
community food bank
member of *Feeding America*



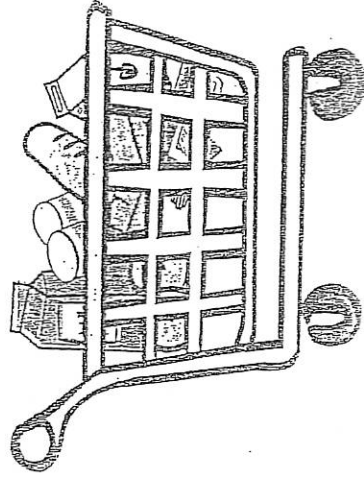
Challenging Lives
www.pittsburghfoodbank.org

Important Phone Numbers

SNAP Lawrence County Assistance Office 108 Cascade Galleria, New Castle	724-656-3000
Hunger Services Urban League	724-658-7258 ext. 1410
Emergency Food Assistance City Rescue Mission 319 South Croton Ave., New Castle	724-652-4321
Eastside Bread Basket Food Pantry 805 East Washington St., New Castle	724-946-2816
Holy Redeemer Social Services 124 Fifth St., Ellwood City	724-758-3465
People in Need 2703 W. State St., New Castle	724-657-3303
St. Joseph the Worker Food Bank 1111 South Cascade Street, New Castle	724-652-3622
Salvation Army: Ellwood City 612 4th Street, Ellwood City	724-752-3059
New Castle 240 West Grant St., New Castle	724-652-7921
New Wilmington New Bedford Presbyterian Church 151 Woodland Dr., Pulaski	724-964-8055
Women, Infants and Children (WIC) 200 Jefferson St, New Castle	1-800-942-9467
Home Delivered Meals Meals on Wheels of New Castle 1000 S. Mercer St., New Castle	724-654-6155
Challenges, Options on Aging 2706 Mercer Rd., New Castle	724-658-3729
Nutritional Shopping Program ACTS \$1 each way if qualified—call to complete application. Door-to-door assistance with groceries	724-652-5588
Other Food Pantries The Neighborhood Pantry Church of Genesis	724-654-0889

Lawrence County

When you need
food...



...there's help for your family.

FOR FOOD ASSISTANCE INFORMATION:

Lawrence County Community Action Partnership
724-658-7258
M-F 8:30 am-4:30 pm
United Way of Lawrence County
724-658-8528
M-F 8:00 am-4:30 pm
Greater Pittsburgh Community Food Bank
412-460-3663 x 230
M-F 8:00 am-4:30 pm