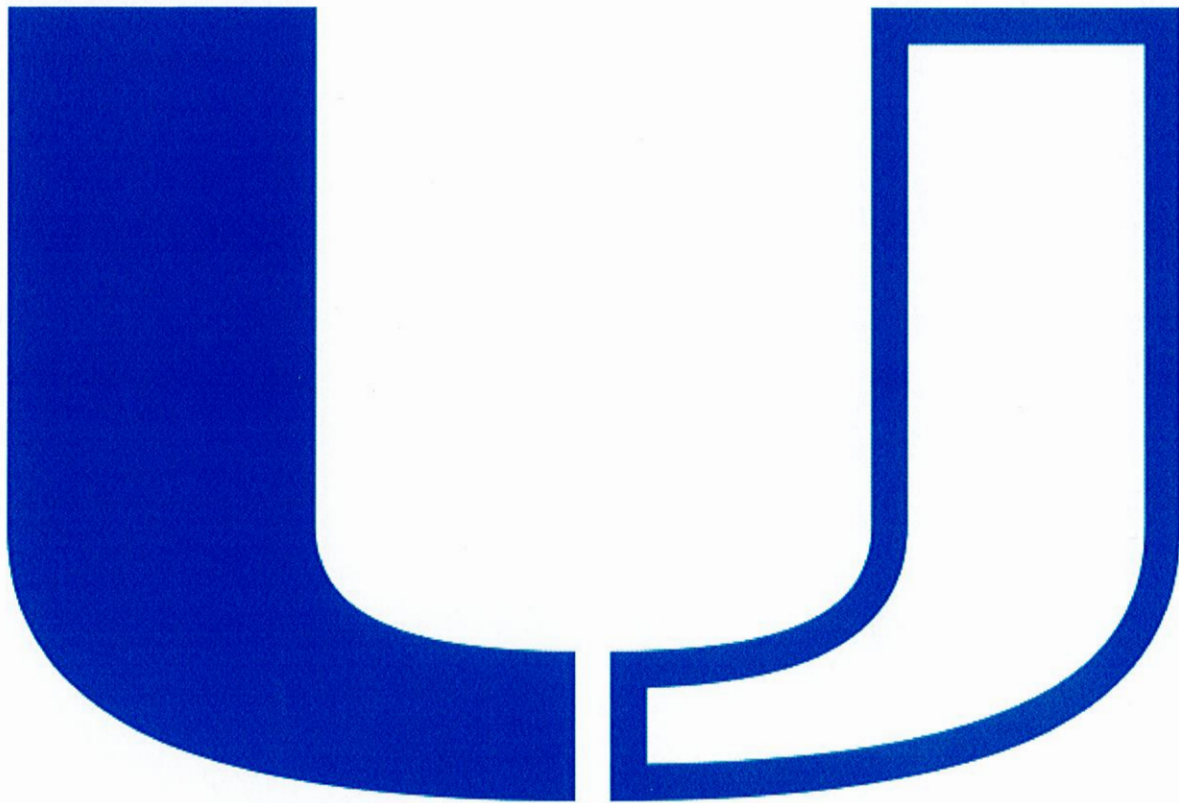


WELCOME TO THE
UNION AREA SCHOOL DISTRICT
ENROLLMENT PACKET



Dr. Michael Ross, Superintendent

Dr. 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

And all of the following:

- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ 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
- ☐ Sworn Statement by Resident Non-Parent Caregiver, 1302 (if applicable)

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.

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Address	Telephone number
---------	------------------

Are there any court documents regarding this student? ☐ Yes ☐ No Date Submitted to District _____

Is there a custody agreement or parenting plan in effect? ☐ Yes ☐ No Date Submitted to District _____

Is the student a foster child? ☐ Yes ☐ No, If Yes, name of agency _____

Placing Agency Documentation must accompany student registration form for foster students

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 before? ☐ Yes ☐ No, If so when _____

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

Date student most recently entered PA: _____ {N/A if the student has always lived in PA}

Immigrant (if less than three years in the U.S.) ☐ Yes ☐ No

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

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

Last school attended: _____ Grade _____ Reason for withdrawal _____

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 _____

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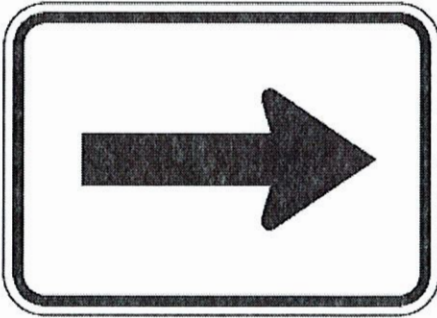
Student Residency Questionnaire

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 _____

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
<ul style="list-style-type: none"><input type="checkbox"/> In an emergency or transitional shelter<input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship or similar reasons<input type="checkbox"/> In a motel, hotel, campsite, or car due to a lack of alternative, adequate accommodations<input type="checkbox"/> In a park, public space, abandoned building, substandard housing, bus or train stations or similar settings<input type="checkbox"/> Other places not designed for, or ordinarily used as, regular sleeping accommodations for human beings <p>If you checked a box in Section A, continue completing the information below.</p>	<ul style="list-style-type: none"><input type="checkbox"/> None of the choices in Section A apply <p style="text-align: center;">PROCEED TO NEXT PAGE</p> <div style="text-align: center;"></div>

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.

X _____
Signature of Parent/Legal Guardian Date

Union Area School District

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Certification and Acknowledgment

THIS CERTIFICATION, made this _____ day of _____, 20____
by _____ of Union Township, 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. _____

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

Union Area School District
New Castle, PA 16101
Telephone 724. 658.4501
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Parental Enrollment Statement of
Student Disciplinary Record

Student Name _____
Date of Birth _____ Grade _____
Parent or Guardian Name _____

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 FULFILL 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 _____

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 _____

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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.

Circle One: Union Elementary School Union Middle School Union High School

Student's Name _____ Grade _____

1. What is 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? _____

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.

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**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, _____

LANDLORD/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 Tenant _____ 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: Owning 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.

Union Area School District

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Census Enumeration

Physical address of property:
(PO Box not acceptable)

Township: Union _____ Mahoning _____

Pick One:

Own home _____ Rent home _____

Own trailer _____ Rent trailer _____

Rent Apartment _____ Motel/Car _____

Other _____

How long have you resided at this address _____

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

First Name Head of Household is No. 1	Last 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 H-Homemaker full time U-Unemployed
G-Self Employed S-Student full time M-Military
R-Retired D-Disabled, Handicapped X-Other

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

First Name	Last 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 2-Brother/Sister 3-Grandchild
4-Nephew/Niece 5-Foster Child 6-Other

I certify the above information to be true and correct.

X

Signature of Parent or Guardian

Date

Union Area School District

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Permission to be Photographed

ONLY SIGN IF YOU DO NOT WANT YOUR CHILD'S PICTURE TAKEN

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 _____

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

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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

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Transportation Information

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

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

_____ 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 send written instruction to the office.

Additional Information _____

Contact Mrs. Carol Gorgacz at 724.658.4501, ext 4116 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.

Signature of Parent or Guardian

Date

Union Area School District

Telephone 724. 652.6683

www.union.k12.pa.us

Record Release Form

Student Name: _____

Current Grade: _____ Date of Birth: _____ Sex: Male / Female

Last School Attended: _____ Phone: _____

School Address: _____ Fax: _____

Information requested:

- Transcript of the 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

Send records to:

Elementary (K-5)
Attention: Mrs. Kristen Mangelli
k_mangelli@union.k12.pa.us
Fax: 724.658.5151

Middle/High School (6-12)
Attention: Mrs. Karen Jones
k_jones@union.k12.pa.us
Fax: 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, 2106 Camden Ave. New Castle, PA 16101

Anticipated start date _____

Authorization to Release Student Records

Signature of Parent/Guardian _____

Telephone Number _____ Date _____