

**SCHOOL YEAR 2026-2027**

Dear Parent/Guardian:

*Welcome to the Greenville Area School District!* All new GASD students register through the District Office regardless of where the student will attend (GES, GHS, Cyber, Private, Charter, Homeschool).

Children must be five years old on or before July 1, 2026 to be eligible for kindergarten in the 2026-2027 school year. In limited cases, a child who is four years and eleven months old by the first day of the school term may be considered for early entry. This exception will require:

- A written request from the child's parent or guardian,
- A recommendation from the District Psychologist,
- Support from the Building Principal, and
- Final approval from the Superintendent

Students must be registered by their legal guardian. To register a new student, Pennsylvania law requires\* you to present the following documents at your registration meeting:

- Immunization Record - from previous school or family physician
- Birth Certificate - original birth certificate or notarized copy that identifies birth information: date, location (county and state), biological parents' names
- Proof of Residency - lease/mortgage agreement and current utility bill
- Proof of Identity – Driver's License or State ID card

\*PA State Department of Ed Policy #24 P.S. 13-1301-13-1306

Greenville Area School District also requires the following documents, if applicable:

- ❖ Affidavit of Guardianship
- ❖ Custody Order
- ❖ Resource Care (foster placement)

**Kindergarten Students:**

- ★ Initial Enrollment Packet Pick Up at Greenville Elementary School: February 23 to March 6
- ★ Return Enrollment Packet *with* documents listed above by appointment: March 17, 18, 19
  - Enrollments returned without required documents will not be processed.
- ★ Kindergarten Screening by appointment April 17 to April 29

Enrollment packets can also be picked up at the District Office, located at 9 Donation Road.

Sincerely,

*Mrs. Alyssa Daugherty*

Mrs. Alyssa Daugherty  
Child Accounting/Transportation Coordinator  
724-588-2500 ext. 2300  
adaugherty@greenville.k12.pa.us



## REGISTRATION FORM

<b>OFFICE USE</b>	<input type="checkbox"/> GHS <input type="checkbox"/> GES	<input type="checkbox"/> PS <input type="checkbox"/> Tech <input type="checkbox"/> Sp. Ed. <input type="checkbox"/> Anderson <input type="checkbox"/> Enrl Log
	Start Date: _____ Student ID: _____ PA ID: _____	
	Grade: _____ Homeroom: _____ Locker: _____ Bus: AM _____ PM _____ Stop: _____	
	<input type="checkbox"/> Immunizations <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Custody Papers <input type="checkbox"/> Visa/Passport <input type="checkbox"/> Guardian DL/State ID	

### STUDENT INFORMATION

Has the student previously attended GASD? ☐ Yes   ☐ No   If yes, what grade? \_\_\_\_\_

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_ ☐ Male   ☐ Female

Date of Birth \_\_\_\_\_

Primary Contact Phone No. \_\_\_\_\_

Primary Contact Email Address \_\_\_\_\_

### FEDERAL ETHNICITY AND RACE

Ethnicity: Is the student Hispanic or Latino? ☐ Yes   ☐ No

Race: ☐ White (Non-Hispanic)  
☐ Black or African American  
☐ American Indian/Alaskan Native  
☐ Native Hawaiian/Pacific Islander  
☐ Asian

Was student ever tested by a school psychologist? ☐ Yes   ☐ No

Does student receive special education services? ☐ Yes   ☐ No

Does student receive Title services? ☐ Yes   ☐ No

### PREVIOUS SCHOOL INFORMATION

Name of Preschool/Most Recent School Attended \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_

If yes: ☐ Learning Support   ☐ Speech   ☐ Gifted

If yes: ☐ Math   ☐ Reading

### PARENT/GUARDIAN INFORMATION

Student lives with: ☐ Both Parents   ☐ Mother   ☐ Father  
☐ Grandparents   ☐ Self   ☐ Foster

☐ Mother/Stepfather   ☐ Father/Stepmother  
☐ Other: \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Employer/Work Phone \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Employer/Work Phone \_\_\_\_\_

Are there any court documents regarding this student?  
Is there a custody agreement or parenting plan in effect?  
Is the student a foster child?\*

☐ Yes   ☐ No   If yes, a copy of the court order must be provided to the district.  
☐ Yes   ☐ No   If yes, a copy of the agreement must be provided to the district.  
☐ Yes   ☐ No   If yes, name of agency: \_\_\_\_\_

\*Placing Agency documentation must accompany student registration form.

## SIBLINGS/OTHER CHILDREN LIVING WITH STUDENT

Name	Birthdate	M/F	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EMERGENCY CONTACT INFORMATION (for medical/discipline emergencies)

_____ Name	_____ Relationship to student	_____ Phone No.
_____ Name	_____ Relationship to student	_____ Phone No.
_____ Name	_____ Relationship to student	_____ Phone No.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate any allergies the student may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event that the parent/guardian cannot be reached, I authorize the Greenville Area School District to take whatever action is deemed necessary in their judgment for the health of the student. I will not hold the school district financially responsible for the emergency care and/or transportation for this student

\_\_\_\_\_  
Parent/Guardian Signature      Date      Relationship to student

**GREENVILLE AREA SCHOOL DISTRICT**  
**9 Donation Road, Greenville, PA 16125 • PH: (724) 588-2500 FAX: (724) 588-5024**

**REQUEST FOR RECORDS**

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

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

**PREVIOUS SCHOOL**

\_\_\_\_\_  
School Name/Address

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

My permission as parent/guardian is hereby given for the release of their records, as well as the release of health and dental records, transcripts, state tests, IMPACT test and any other available school records to the Greenville Area School District. I also give my permission for the release of any psychological reports and IEP information, if available.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's New/Current Address

**OFFICE USE ONLY BELOW**

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

\_\_\_\_\_ entered the Greenville Area School District on \_\_\_\_\_.  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Title

*Please send all information requested to the contact indicated below.*

☐ Child Accounting  
9 Donation Road  
Greenville, PA 16125  
adaugherty@greenville.k12.pa.us  
Ph: (724) 588-2500 ext. 2300  
Fax: (724) 588-5024

☐ Special Education Attn: Wendy Alfreno  
9 Donation Road  
Greenville, PA 16125  
walfreno@greenville.k12.pa.us  
Ph: (724) 588-2500 ext. 2430  
Fax: (724) 588-2504

☐ Greenville Elementary (K-6)  
60 Fredonia Road  
Greenville, PA 16125  
kharned@greenville.k12.pa.us  
jgreen@greenville.k12.pa.us  
Ph: (724) 588-2500 ext. 1000 or 1001  
Fax: (724) 588-5036

☐ Greenville Jr/Sr High School (7-12)  
9 Donation Road  
Greenville, PA 16125  
tgehly@greenville.k12.pa.us  
Ph: (724) 588-2500 ext. 2131  
Fax: (724) 588-4397



## SAFE SCHOOLS

Parent/Guardian Registration Statement

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

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

Pennsylvania School Code §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."

Please complete the following:

I hereby swear or affirm that my child ☐ was ☐ was not previously suspended or expelled, or ☐ is ☐ is not presently suspended or expelled from any public or private school of this Commonwealth or any other state for an actor 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. I make this statement subject to the penalties of 24 P.S. § 13-1304-A (b) and 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

**If this student has been or is presently suspended or expelled from another school, please complete:**

\_\_\_\_\_  
Name of school from which student was suspended or expelled

\_\_\_\_\_  
Dates of suspension or expulsion

*Please provide additional schools and dates of expulsion or suspension on the back of this sheet.*

\_\_\_\_\_  
Reason for suspension/expulsion (optional)

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

\_\_\_\_\_  
Date

Any willful false statement made above shall be a misdemeanor of the third degree.  
This form shall be maintained as part of the student's disciplinary record.





**GREENVILLE AREA SCHOOL DISTRICT**  
**9 Donation Road, Greenville, PA 16125 • PH: (724) 588-2500 FAX: (724) 588-5024**

**SPECIAL EDUCATION SERVICES SURVEY**

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

\_\_\_\_\_  
Grade

According to special education laws, GASD must have a system for evaluating public awareness and child identification services.

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- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Are you aware that guidance services are available for your child if necessary?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you aware that Title support services are available for your child if necessary?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you aware that special education services are available for your child if necessary? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If you answered yes to any of the above, please answer the following question:*

How did you learn about the special education services available at Greenville Area School District?

- ☐ Elementary Title and/or Referral Team
- ☐ SAP Team (grades K-12)
- ☐ Discussion with regular education teacher
- ☐ Discussion with special education teacher
- ☐ Discussion with another parent
- ☐ Student Support Services
- ☐ Greenville Area School District Website

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date



## MANDATED SCREENINGS

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Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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The Pennsylvania School Health Act requires certain exams be given to school students, including the following:

<i>Growth and Vision</i>	Grades K-12
<i>Hearing</i>	Grades K-3, 7, 11, and as necessary
<i>Scoliosis</i>	Grades 6,7

**The screening tests are performed in the school during the school year. Parents/Guardians will be notified if any concerns are found.** The school nurse will complete in designated grades, or at your request, tests for vision, hearing, growth, and scoliosis.

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<i>Physical Exams</i>	Grades K, 7, 11
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The physical should be completed by your family physician, when your child reaches grades K, 7, and 11. If this is not possible, please contact the school for assistance.

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<i>Dental Exams</i>	Grades K, 3, 7
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The dental exam can be completed by your family dentist or the school dentist.

Please indicate your preference:

- ☐ I prefer to take my child to our family dentist for examination and will send the private dental exam form to the school.
- ☐ I request my child be examined by the school dentist.

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

Date \_\_\_\_\_



## KINDERGARTEN DEVELOPMENTAL HISTORY

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ ☐ Male ☐ Female

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Guardian  
(check all that apply)  
☐ Grandmother ☐ Grandfather ☐ Other: \_\_\_\_\_

Preschool Experience? ☐ Yes ☐ No If yes, where: \_\_\_\_\_ For how long: \_\_\_\_\_

Is child receiving services from any agency? (Children and Youth, Counseling, Therapy, Wraparound, etc.) ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

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Has your child ever been evaluated for any condition or problem that might affect school success? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Were the recommendations carried out? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

Would information regarding this evaluation and/or treatment be available for the appropriate school personnel?

☐ Yes ☐ No If yes, please supply information below:

\_\_\_\_\_  
Name of Agency/Person

\_\_\_\_\_  
Address of Agency/Person

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

Do you suspect your child may need special services or considerations in their school setting or curriculum? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

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### EXPERIENCES

Do you feel your child was delayed in any of the following?

Sitting/Crawling/Walking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using Single Words	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using Full Sentences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toilet Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeding Self	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does your child have any special problems in these areas?

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Finger Sucking	<input type="checkbox"/> Speech	<input type="checkbox"/> Eating
<input type="checkbox"/> Nail Biting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Accidents in pants	<input type="checkbox"/> Allergies	

Explain: \_\_\_\_\_

Does your child have any physical conditions that would prevent them from participating in an active Kindergarten program?

☐ Yes ☐ No Explain: \_\_\_\_\_

Is your child's speech easily understood by strangers? ☐ Yes ☐ No

Which hand does your child prefer? ☐ Left ☐ Right

Can your child:

☐ Zip    ☐ Snap    ☐ Tie Shoes    ☐ Button    ☐ Dress Self    ☐ Use Toilet Alone    ☐ Catch a ball    ☐ Skip

Is your child able to:

<input type="checkbox"/> Identify Colors	<input type="checkbox"/> Print their name	<input type="checkbox"/> Count to 10	<input type="checkbox"/> Count to 20
<input type="checkbox"/> Identify Numbers 1-10	<input type="checkbox"/> Count objects to 10	<input type="checkbox"/> Use Scissors	<input type="checkbox"/> Use Crayons
<input type="checkbox"/> Identify Numbers 11-20	<input type="checkbox"/> Count objects to 20	<input type="checkbox"/> Listen to/follow directions	<input type="checkbox"/> Sit/Listen to a story
<input type="checkbox"/> Identify Letters	<input type="checkbox"/> Identify shapes	<input type="checkbox"/> Complete tasks begun	<input type="checkbox"/> Tell a familiar story
<input type="checkbox"/> Tell their full name	<input type="checkbox"/> Tell their phone number	<input type="checkbox"/> Tell their address	<input type="checkbox"/> Occupy self with quiet play

What words best describe your child?

<input type="checkbox"/> Shy	<input type="checkbox"/> Happy	<input type="checkbox"/> Jealous	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Excitable	<input type="checkbox"/> Affectionate
<input type="checkbox"/> Nervous	<input type="checkbox"/> Restless	<input type="checkbox"/> Talkative	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Confident

Comments: \_\_\_\_\_

What does your child like to do? (interests/hobbies/activities) \_\_\_\_\_

Has your child had any of the following experiences?

<input type="checkbox"/> Library	<input type="checkbox"/> Public park	<input type="checkbox"/> Beach	<input type="checkbox"/> Zoo	<input type="checkbox"/> Museum	<input type="checkbox"/> Amusement Park	<input type="checkbox"/> Camping
<input type="checkbox"/> Circus	<input type="checkbox"/> Train/Ship/Airplane Trip					

Does your child regularly play:    ☐ Alone    ☐ With Siblings    ☐ With Other Children

Does your child watch TV?    ☐ Yes    ☐ No    On average, how many hours per week? \_\_\_\_\_

Does your child play video/computer games?    ☐ Yes    ☐ No    On average, how many hours per week? \_\_\_\_\_

What words best describe your child's feelings about coming to school?

<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Fearful	<input type="checkbox"/> Worried	<input type="checkbox"/> Happy	<input type="checkbox"/> Eager	<input type="checkbox"/> Indifferent
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Is there anything else you would like to share about your child?    ☐ Yes    ☐ No

Explain \_\_\_\_\_

## STUDENT HEALTH HISTORY

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Number of Brothers \_\_\_\_\_ Number of Sisters \_\_\_\_\_ Child Lives With \_\_\_\_\_

### CHILD DEVELOPMENT HISTORY

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Did the mother have any illness during pregnancy?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the baby arrive on time?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What was the baby's birth weight?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the baby have any trouble while in the hospital?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the baby have any special problems in the first six months?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| At what age did the child sit alone without support?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| At what age did the child begin to say two or three words together? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| At what age did the child walk alone without support?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can the child use the toilet without help?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| At what age did the child stop bedwetting?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### SPECIAL HEALTH NEEDS

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Has the child ever been hospitalized?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, explain: _____   |                              |                             |
| Is the child taking medication on a regular basis?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what: _____  |                              |                             |
| Does the child need to take medicine during school?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what: _____ Time of day: _____                           |                              |                             |
| Is your child allergic to medications/insect stings/latex?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, explain: _____   |                              |                             |
| Is your child diabetic?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the child had any convulsions/seizures during the past year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have any physical limitations?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will he/she need any special considerations in school?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have any restriction to physical activity?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explain: _____   |                              |                             |
| Has your child had a concussion?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, when: _____  |                              |                             |

Has the child had any trouble with the following (please check all that apply):

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Ears                  | <input type="checkbox"/> Teeth         | <input type="checkbox"/> Heart Murmur     | <input type="checkbox"/> Constipation   | <input type="checkbox"/> Lead Poisoning |
| <input type="checkbox"/> Hearing               | <input type="checkbox"/> Headaches     | <input type="checkbox"/> Urinary Problems | <input type="checkbox"/> Diarrhea       | <input type="checkbox"/> Sleeping       |
| <input type="checkbox"/> Eyes                  | <input type="checkbox"/> Joint Aches   | <input type="checkbox"/> Asthma/Wheezing  | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Allergies      |
| <input type="checkbox"/> Wear Glasses/Contacts | <input type="checkbox"/> Stomach Aches | <input type="checkbox"/> Skin Problems    |   |   |

Does your child have a special diet or food problems?

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any other medical concerns \_\_\_\_\_  
\_\_\_\_\_

Please check any of the following which worry you about your child:

- |                                       |   |  |  |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> disobedient  | <input type="checkbox"/> feelings hurt easily | <input type="checkbox"/> sad                       | <input type="checkbox"/> jealous of siblings   |
| <input type="checkbox"/> daydreams    | <input type="checkbox"/> selfish in sharing   | <input type="checkbox"/> sulky                     | <input type="checkbox"/> fighting              |
| <input type="checkbox"/> too restless | <input type="checkbox"/> thumb sucking        | <input type="checkbox"/> temper tantrums           | <input type="checkbox"/> stammering/stuttering |
| <input type="checkbox"/> nightmares   | <input type="checkbox"/> shy                  | <input type="checkbox"/> purposely destroys things | <input type="checkbox"/> bedwetting            |

## HEARING AND SPEECH INFORMATION

Has your child had ear infections, abscesses, drainage or other problems?

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Has your child had any treatment for their ears?

☐ Yes ☐ No

If yes: ☐ Tonsillectomy ☐ Adenoidectomy ☐ Tubes  
☐ Medication ☐ Lancing

Does your child's hearing seem to fluctuate? (get better or poorer)

☐ Yes ☐ No

Has it ever been suggested that your child had a speech or language problem?

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Does any member of the child's immediate family have a hearing problem?

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any health conditions of family members that may affect the ability of the child to function in the classroom?

☐ Yes ☐ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**pennsylvania**  
DEPARTMENT OF EDUCATION

# HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

**Student Information (Parents/Guardians should complete this section):**

Child's first name: \_\_\_\_\_

Child's family name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

## Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? ☐ No ☐ Yes (language) \_\_\_\_\_
2. Does your child communicate in a language other than English? ☐ No ☐ Yes (language) \_\_\_\_\_
3. What is the language that your child first learned to speak? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Provided ☐ No ☐ Yes



**GREENVILLE AREA SCHOOL DISTRICT**

**9 DONATION ROAD, GREENVILLE, PA 16125**

724-588-2500

FAX: 724-588-5024

Greenville Elementary

Jr-Sr High School

**GASD Media Production**

and

**Greenville Area School District Video/Photograph Consent Form**

I consent \_\_\_\_ I Do Not consent \_\_\_\_ for in school Media/Pictures use.

I consent \_\_\_\_ I Do Not consent \_\_\_\_ for Video/Photograph use outside of school  
(Including Not limited to: newspaper, Public TV, Facebook, GHS YouTube Ch.)

\_\_\_\_ grade \_\_\_\_  
(students name)

to be videotaped/photographed for any Media Production or other *video/photography productions* or *publications* of the Greenville Area School District.

I hereby release any rights that my child and I may have to any videotape, *photograph* or television production and understand that neither my child nor I will be paid for his/her appearances in any GHS Media production or Greenville Area School District publication. I understand that any video or photograph is the exclusive property of the Greenville Area School District.

I further acknowledge that I have read and understand the above statements.

If my preference should change, I will contact my child's school principal in writing.

Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Print)

Parent signature \_\_\_\_\_

Rev: 2-1-21

Rev. 2-7-2020

Rev. 1/26/2018

Revised 9/25/15



## **GREENVILLE AREA SCHOOL DISTRICT**

9 Donation Road, Greenville, PA 16125  
724-588-2500 FAX 724-588-5024

### **ACCEPTABLE USE OF THE INTERNET** Student Letter of Understanding

In order to gain access to the Internet resources at Greenville Area School district I agree to the following:

- The Student will use Internet access for activities that are related to classroom assignments, the promotion of school activities and the discussion of issues that may be of interest to others in the Greenville Area School District.
- The Student will follow the rules in accordance with the Greenville Area School District Acceptable Use policy.

Any use of the system that is considered outside of these areas or any use of language that may be considered inappropriate or offensive will result in the suspension of my access to the Internet resources on the GASD network according to school disciplinary guidelines.

**STUDENT NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

The student named above (has) \_\_\_\_\_ (does not have) \_\_\_\_\_ my permission to access the Internet through Greenville Area School District.

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

\_\_\_\_\_  
Date

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

*Student access to the Internet may be changed by the parent or guardian presenting themselves in the school district office and asking for changes to be made to this form. This form will follow the student through school until graduation.*



## POWERSCHOOL PARENT INTEREST FORM



# PowerSchool

PowerSchool is an online platform that serves as a parent portal, providing parents with easy access to their child's school information, including grades, attendance, assignments, and school bulletins.

If you wish to have access to this information, please complete the following information and return to your child's school. Parents will then receive a Personalized Activation Code and detailed user information from the technology department.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Student's Homeroom Teacher \_\_\_\_\_

Parent/Guardian's Email Address \_\_\_\_\_

**If you already have a PowerSchool account,  
you simply need to sign in using the password used previously.**

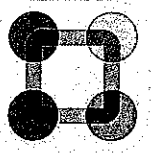
Program support is available by calling  
Jodi Hibbard, Technology Coordinator, at (724) 588-2500, ext. 2406





## PARENT SQUARE

Emergency Alert Phone System



ParentSquare

ParentSquare is a secure, easy-to-use communication tool that keeps parents informed by bringing all school messages—like announcements, reminders, and forms—into one place. Parents can receive updates, message teachers, and respond to school requests via app, email, or text. The system will be **used in the event of school delays or cancellations** and both PRIMARY contacts will receive an alert notification. In the case of a major event involving any or all of the school buildings the emergency phone number will be called.

- Caller ID will display the school's main number, (724) 588-2500, when general announcements are delivered
- Caller ID will display 411 if the message is an emergency
- System will leave a message on voicemail
- If the **BLACKBOARD CONNECT** message stops playing, press any key 1-9 and the message will replay from the beginning.

Please provide the phone numbers and email addresses at which you wish to receive ParentSquare notifications.

**STUDENT NAME** \_\_\_\_\_ **Grade** \_\_\_\_\_

### CONTACT 1

**Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Primary Phone Number** \_\_\_\_\_

**Secondary Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

### CONTACT 2

**Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Primary Phone Number** \_\_\_\_\_

**Secondary Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_



**SCHOOL DISTRICT**  
**STUDENT RESIDENCY QUESTIONNAIRE**

Dear Parent or Guardian,

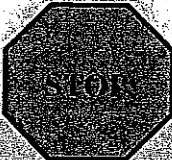

The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) Thank you for your cooperation.

1. Student name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. In what type of setting is the student living now?

Check one box below -

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 reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, 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, a regular sleeping accommodations for human beings</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <div style="text-align: center;"></div> <p>If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.</p>
<p>CONTINUE to Question 2  if you checked any box in SECTION A</p>	

3. Contact number for person completing the form: \_\_\_\_\_

Address where student is now living: \_\_\_\_\_

4. The student lives with:

Check all that apply

- ☐ Parent(s) or legal guardian
- ☐ Relative, friend(s), or other adult(s)
- ☐ Alone
- ☐ Other: \_\_\_\_\_

5. School student attended last : \_\_\_\_\_

Address of school: \_\_\_\_\_

Telephone number of school: \_\_\_\_\_

Contact person at school (if known): \_\_\_\_\_

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

☐ NO

☐ YES. Please explain: \_\_\_\_\_

The staff person who is helping you register will contact the homelessness coordinator to review the information provided. If homelessness is verified, additional information will be needed to complete enrollment. The Homelessness Coordinator 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: \_\_\_\_\_

**NOTE TO STAFF: All forms with a checked box in Section A are to be faxed immediately to the Homeless Liaison to eliminate any delay.**