

**FOR OFFICE  
USE ONLY**

***Frazier School District***

**NEW STUDENT CHECK-OFF LIST  
HIGH SCHOOL**

STUDENT NAME: \_\_\_\_\_

1. \_\_\_\_\_ Birth Certificate
2. \_\_\_\_\_ Immunization Records
3. \_\_\_\_\_ Student Registration Form
4. \_\_\_\_\_ Sworn Admission Statement
5. \_\_\_\_\_ Proof of Residency (2 forms)
6. \_\_\_\_\_ Record Release Form
7. \_\_\_\_\_ Faxed/Emailed for Records (Date: \_\_\_\_\_)
8. \_\_\_\_\_ Home Language Survey
9. \_\_\_\_\_ IEP (Individualized Education Program) Does your child have one? NO \_\_\_\_\_  
YES \_\_\_\_\_ Notified Special Education Director Date: \_\_\_\_\_
10. \_\_\_\_\_ Census Form
11. \_\_\_\_\_ Permanent Record Card
12. \_\_\_\_\_ Posted to Skyward
13. \_\_\_\_\_ Health Information Form
14. \_\_\_\_\_ Permission to Screen
15. \_\_\_\_\_ Custody Papers (if applicable) \_\_\_\_\_ YES \_\_\_\_\_ NO
16. \_\_\_\_\_ Per Diem Letter (Foster Child Only) \_\_\_\_\_ YES \_\_\_\_\_ NO
17. \_\_\_\_\_ Emergency Card
18. \_\_\_\_\_ Bus Assignment
19. \_\_\_\_\_ Permission to Administer Medication
20. \_\_\_\_\_ Lunch Application Initial \_\_\_\_\_

**Frazier School District**

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

**REGISTRATION FORM****2023-2024**

Registration Date \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Full Middle Name \_\_\_\_\_ Generation \_\_\_\_\_

Nickname \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(City) (State) Female \_\_\_\_\_ Male \_\_\_\_\_Race/Ethnicity: \_\_\_\_\_ Hispanic \_\_\_\_\_ White, not of Hispanic origin \_\_\_\_\_ Asian  
\_\_\_\_\_ Black, not of Hispanic origin \_\_\_\_\_ American IndianPreferred Language: \_\_\_\_\_ Does the student have?  I.E.P  504 Plan  GiftedIs there a Custody Agreement in place?  YES  NO If yes, please send us a copy.

Student Address: P.O. Box \_\_\_\_\_ House # \_\_\_\_\_ Street \_\_\_\_\_

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

Mother's Full Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Guardian's Full Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Guardian's Address \_\_\_\_\_

Guardian's Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Is the Student's Parent/Guardian an active duty member of the Military? \_\_\_\_\_ YES \_\_\_\_\_ NO

School Previously Attended \_\_\_\_\_

Address \_\_\_\_\_

First Day of Class at FRAZIER (Date) \_\_\_\_\_

\*Parent / Guardian (SIGNATURE REQUIRED)

\*Admission Clerk (SIGNATURE REQUIRED)

Student ID# \_\_\_\_\_

# Frazier School District

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

**2023-2024**

## REGISTRATION FORM – EMERGENCY INFORMATION (List someone other than the Parents/Guardians)

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

This person is allowed to pick up my child.  YES  NO

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

This person is allowed to pick up my child.  YES  NO

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

This person is allowed to pick up my child.  YES  NO

### PROVIDER INFORMATION:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

\_\_\_\_\_  
\*Parent / Guardian (SIGNATURE REQUIRED)

# Frazier School District

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

JASON E. PAPPAS  
High School Principal  
(724) 736-9507 Ext. 112

## ADMISSIONS SWORN STATEMENT

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Parent/Guardian Name) (Student's Name)

who is seeking admission to the Frazier High School, affirm that he/she **has not been suspended or expelled from any public or private school of the Commonwealth of Pennsylvania** 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. Furthermore, I affirm that **no allegations, charges or actions** concerning the above stated offenses are pending from any school.

I understand that a copy of \_\_\_\_\_'s disciplinary record will be  
(Student's Name)

transmitted to the Frazier School District and that it will be inspected only by the student, school officials, state and local law enforcement officials or me, as parent/guardian to verify my statements.

I understand that any willful false statement made regarding the student's disciplinary record shall be a misdemeanor of the third degree.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_ previously enrolled as a student at:  
(Student's Name)

Name of District/Private School

Grade

Building

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# *Frazier School District*

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

JASON E. PAPPAS  
High School Principal  
(724) 736-9507 Ext. 112

\_\_\_\_\_  
*Previously Attended Institution*

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

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

## **AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS/INFORMATION**

STUDENT NAME \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

Please forward all health records, transcripts, evaluations, psychological reports, IEP's, due process', discipline reports (including Act 26 actions), and any forms of documentation relative to custodial rights to:

**FRAZIER HIGH SCHOOL  
REGISTRATION DEPARTMENT  
142 CONSTITUTION STREET  
PERRYOPOLIS, PA 15473-1390**

**Frazier School District utilizes IEP Writer; please transfer all Special Education, Gifted and 504 Plans.**

If you have any questions, please contact the Registration Office at 724-736-9507, ext. 115.

Thank you for your prompt consideration of this request.

I hereby authorize the above-named institution to release all requested information to the Frazier School District.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(Parent / Guardian)



# Frazier School District

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

## \*HOME LANGUAGE SURVEY\*

The Civil Rights Act of 1964, Title VI – Language Minority Compliance Procedures, requires that school districts/charter schools identify limited English proficient (LEP) students. The Pennsylvania Department of Education has selected the Home Language Survey as the method for the identification.

**INSTRUCTIONS:** At registration, please ask all parents or guardians the following questions about the language use of the child. Print responses. If one of the answers is a language other than English or the country of origin is other than the United States, contact the person in the district responsible for language proficiency assessment/instructional placement or Intermediate Unit I. Otherwise, the student is considered English language proficient and no further action is needed. A copy of this survey shall be placed in the student's permanent folder.

School \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

Country of Origin \_\_\_\_\_

Other Countries of Residence \_\_\_\_\_

1. What was the student's first language?

\_\_\_\_\_ Dialect \_\_\_\_\_

2. Does the student speak a language other than English? (Do not include languages learned in school)

\_\_\_\_\_ Dialect \_\_\_\_\_

3. What language(s) is/are spoken most often in your home?

\_\_\_\_\_ Dialect \_\_\_\_\_

Name of Person completing this form (if other than parent/guardian) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

\*The school district/charter school 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 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 may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.

**Frazier School District**  
**CENSUS FORM**  
**2023/ 2024**

Last Name \_\_\_\_\_ Other Last Name \_\_\_\_\_  
 P.O. Box \_\_\_\_\_ House # \_\_\_\_\_ Street \_\_\_\_\_ Zip \_\_\_\_\_ Number in Dwelling \_\_\_\_\_  
 Describe location of residence \_\_\_\_\_ Municipality \_\_\_\_\_ Twp \_\_\_\_\_ Boro \_\_\_\_\_

**BE SURE TO LIST ALL PERSONS LIVING IN THE HOUSEHOLD - SUPPLY ALL INFORMATION COMPLETELY AND ACCURATELY**

Husband: If deceased, check _____		Wife: If deceased, check _____		Other Adults: 18 or Older	
Name _____	Age _____	Name _____	Age _____	Name _____	Age _____
Date of Birth _____	Employed _____ Unemployed _____	Date of Birth _____	Employed _____ Unemployed _____	Date of Birth _____	Employed _____ Unemployed _____
Occupation _____	Occupation _____	Occupation _____	Occupation _____	Occupation _____	Occupation _____
Employer _____	Employer _____	Employer _____	Employer _____	Employer _____	Employer _____
Employer's Address _____	Employer's Address _____	Employer's Address _____	Employer's Address _____	Employer's Address _____	Employer's Address _____

**LIST BELOW ALL CHILDREN UNDER 18 (FROM OLDEST TO YOUNGEST)**

Name	Sex	Age	Birthdate	At Home	In School	Grade	Handicapped	Employed

Person Providing Information \_\_\_\_\_ Date \_\_\_\_\_

# Frazier School District

OFFICE OF THE SCHOOL NURSE

142 Constitution Street  
PHONE: (724) 736-9507

Perryopolis, PA 15473-1390  
FAX: (724) 736-0688

## HEALTH INFORMATION FORM

2023-2024

Dear Parent/Guardian:

Please take a few moments to complete the following student health information so that we may update your child's health record. Please be sure to include ALL information you would like us to be aware of, even if you have provided this information in the past.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Medical Condition/Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications (Please indicate whether taken/available at home or in school):

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

Procedures (Please indicate whether performed at home or in school):

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

History of Illness/Accident/Surgery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations during the Past Year (month/day/year):

Diphtheria & Tetanus: \_\_\_\_\_ Polio: \_\_\_\_\_  
Measles, Mumps, Rubella: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_  
Varicella: \_\_\_\_\_ Other: \_\_\_\_\_

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

I request the above health information be shared with teachers/staff members in contact with my child throughout the school day. I understand that the confidentiality of the information will be maintained by those who receive it. I will notify Frazier School District immediately if my child's health status changes, or there is a cancellation of a procedure or medication.

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



# Frazier School District

OFFICE OF THE SCHOOL NURSE  
142 Constitution Street  
Perryopolis, PA 15473-1390  
PHONE: (724) 736-9507  
FAX: (724) 736-0688

## PERMISSION TO SCREEN 2023-2024

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

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

School health services are designed to help students maintain optimum health and promote academic success. The following screening examinations are conducted each year in accordance with the Pennsylvania School Health Act. These grades were selected because they represent critical periods of growth and development in a child's life.

- \_\_\_\_\_ **Growth Measurement** – height, weight and body mass index measurements are checked once a year in grades K – 12.
- \_\_\_\_\_ **Vision Screening** – near and far visual acuity is checked once a year in grades K – 12. This identifies most children needing a complete eye examination.
- \_\_\_\_\_ **Hearing Screening** – hearing is checked once a year for each student in grades K, 1, 2, 3, 7 and 11.
- \_\_\_\_\_ **Physical Exam** – medical screening is performed by the school physician/nurse practitioner for students in grades K, 6 and 11. This is a basic screening **ONLY**—there is no diagnosis or treatment.  
\*May choose to have completed by private physician at your own expense
- \_\_\_\_\_ **Scoliosis Screening** – included in the grade 6 medical screening to detect deviations from the normal curvature of the spine through observation.
- \_\_\_\_\_ **Dental Exam** – dental health screening is performed by the school dentist for students in grades K, 3 and 7. This is a basic screening **ONLY**—there is no diagnosis or treatment.  
\*May choose to have completed by private dentist at your own expense

Please give your permission for these state-mandated screenings by signing your **initials on the line** next to the individual screening descriptions and then signing and dating the bottom of this form.

This form will be placed in your child's school health record and remain in effect while in attendance here at the Frazier School District unless otherwise directed by you, the parent/guardian, in writing.

Thank you for your interest in helping to maintain the health and well being of our children.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# *Frazier School District*

142 Constitution Street

Perryopolis, PA 15473

Telephone: 724-736-9507

FAX (724) 736-0688

## **PARENT NOTIFICATION**

## **2023-2024**

By law, if parents are legally separated or divorced, each parent has equal rights to the access of the child/children or the child's/children's school records **UNLESS** a parent provides the Frazier School District with a court order that indicates which parent has access to the child/children or the child's/children's school records. The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may check the child/children out of the school with proper identification or be given access to the child's/children's school records.

**If such an order exists regarding your child/children, please provide a copy of the order to the school so that it may be placed in their file.**

\*\*\*If we already have an order on file, please notify us of any recent changes and forward us a copy of the most recent order. \*\*\*

Thank you for your cooperation.

Student's Name: \_\_\_\_\_

Please indicate if you currently have a court order for your child/children.      \_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_  
Parent Signature

*Frazier School District*  
Transportation  
Bus Assignment Form\*

**SCHOOL YEAR:** 2023 -2024

**DATE:** \_\_\_\_\_

**BUS #** \_\_\_\_\_

\_\_\_\_\_ **ADD STUDENT** \_\_\_\_\_ **DELETE STUDENT**

**BUS STOP:** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**RUN:** \_\_\_\_\_ **SECONDARY** \_\_\_\_\_ **ELEMENTARY**

**STARTING DATE:** \_\_\_\_\_

**\* Please forward a copy of this form to the Transportation Coordinator and the Bus Driver**

# FREE / REDUCED LUNCH APPLICATIONS

## DO NOT APPLY BEFORE AUGUST 1, 2023

Attached is a Lunch Application for the **2023-2024** school year.

**We strongly recommend that if you have Internet access to apply online at [www.schoolcafe.com](http://www.schoolcafe.com).** The application will be processed faster.

Attached are frequently asked questions about Free and Reduced price meals.

If you need help completing the application online, please give us a call at 724-736-9507 ext. 115 or you may request an appointment for us to complete the application together; you will need to bring the following information with you:

1. If you receive food stamps or cash assistance, please bring your county record number. It will begin with the county code of 26 followed by your 7 digit record number.
2. If you have income, please bring your current pay stubs from your employer or a letter proving that you receive unemployment benefits, retirement benefits, child support or any other type of income that you may have.

If you **DO NOT** have Internet access and will need a paper application, please give us a call at 724-736-9507 ext. 115.

**PLEASE REMEMBER:** If you received free/reduced meals during the previous school year, you **MUST RE-APPLY within the first 30 days** of school unless you received a Direct Certification letter in July stating you were automatically eligible.



**STUDENT RESIDENCY QUESTIONNAIRE**


Dear Parent or Guardian,

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
<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 reason <input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations <input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings <input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings  CONTINUE to Question 3 if you checked any box in SECTION A	<input type="checkbox"/> None of the choices in Section A apply. <div style="text-align: center;">  </div> If you checked this section, CONTINUE to Questions 5.

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: \_\_\_\_\_

6. Does the student have an IEP, GIEP, or a Chapter 15/504 Service Agreement?

NO

YES

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_