

# GREENVILLE AREA SCHOOL DISTRICT

9 DONATION ROAD, GREENVILLE, PA 16125  
724-588-2500 FAX: 724-588-5024

## *School Year 2023-2024*

Dear Parent/Guardian:

**Welcome to the Greenville Area School District!** All new GASD students register through the district office as well as ALL new students residing in GASD regardless of where the student will attend (Cyber, Private, Charter, Homeschool)

**\*\* IMPORTANT NOTE:** The person registering student(s) **must** be the child(s) 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 district or family physician)
- Birth Certificate: original birth certificate or notarized copy of birth certificate that identifies birth information: date, location (county & state), biological parents' names
- Proof of Residency: Lease/Mortgage agreement and current utility bill; post office change of address
- Proof of Identity: Driver 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)

**GRADE K:** Any questions call GES at 724-588-2500 ext. 1000 or 1001

- **Initial** Enrollment Packet Pick Up at Greenville Elementary February 21 to March 10.
- **Return** Enrollment Packet WITH documents (above) by APPOINTMENT March 21, 22 (9 to 2:30)
  - ◆ Enrollments returned without proper documents will not be processed
- **Kindergarten screening** by appointment April 24 to 27.

**GRADE 1 TO 12:**

- Enrollment packets can be picked up at the Greenville School District Office, 9 Donation Road. Call School District office 724-588-2500 ext. 2300

Sincerely,

*Mrs. Donna Scott*

Mrs. Donna Scott  
Child Accounting/Transportation Coordinator  
724-588-2500 ext 2300  
dscott@greenville.k12.pa.us

# GREENVILLE AREA SCHOOL DISTRICT

9 Donation Road, Greenville, PA 16125

PH:724-588-2500 FAX 724-588-5024

## REGISTRATION FORM

(OFFICE USE) TO: GREH \_\_\_ ELEM \_\_\_ PS \_\_\_ Tech \_\_\_ SpEd \_\_\_ Anderson \_\_\_ Enrl Log \_\_\_

Start Date: \_\_\_\_\_ Student ID: \_\_\_\_\_ PA ID: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Locker: \_\_\_\_\_ Bus AM \_\_\_\_\_ ( ) PM \_\_\_\_\_ STOP: \_\_\_\_\_

Immunization Record: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ Proof of Residency: \_\_\_\_\_ Custody Papers: \_\_\_\_\_ Visa/Passport \_\_\_\_\_

Guardian DL/State ID: Y \_\_\_ N \_\_\_ Exp: \_\_\_\_\_

### **STUDENT INFORMATION**

Did STUDENT ATTEND GASD before? Y \_\_\_ N \_\_\_ (If Yes what grade \_\_\_)

**Current SY  
GRADE** \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Address (street, city, zip) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ Social Security No.: \_\_\_\_\_

Primary CONTACT Phone: \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### **FEDERAL ETHNICITY AND RACE**

**ETHNICITY:** Is the student Hispanic or Latino? Y \_\_\_ N \_\_\_

**RACE:** (W) White \_\_\_ (I) American Indian or Alaska Native \_\_\_ (A) Asian \_\_\_ (B) Black or African American \_\_\_  
(P) Native Hawaiian/Other Pacific Islander \_\_\_

### **PREVIOUS SCHOOL INFORMATION**

Preschool/School LAST attended \_\_\_\_\_  
School Name

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

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

Was Student ever tested by a school psychologist? Y \_\_\_ N \_\_\_

Does Student receive special education service? Y \_\_\_ N \_\_\_ If yes: Gifted \_\_\_ Learning Support \_\_\_ Speech \_\_\_

Does Student receive Title Services? Y \_\_\_ N \_\_\_ If Yes: Title Math \_\_\_ Title Reading \_\_\_

### **PARENT/GUARDIAN INFORMATION**

Student Lives with: Parents \_\_\_ Mother \_\_\_ Father \_\_\_ M/Stepfather \_\_\_ F/Stepmother \_\_\_ Grandparent \_\_\_ Self \_\_\_  
Foster \_\_\_

Parents are: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow/Widower \_\_\_ Live in Same household \_\_\_

\_\_\_\_\_ Name of Father or Guardian

\_\_\_\_\_ Name of Mother or Guardian

\_\_\_\_\_ Address of Father/Guardian (street, city, zip)

\_\_\_\_\_ Address of Mother/Guardian (street, city, zip)

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

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

\_\_\_\_\_ Work Phone:

\_\_\_\_\_ Work Phone:

\_\_\_\_\_ Employer:

\_\_\_\_\_ Employer:

Guardian (notarized or court guardianship required) \_\_\_\_\_

Foster Parent (agency placing student) \_\_\_\_\_

**SIBLINGS** (include those who live in same house as student)

Name	Birthdate	M/F	Name	Birthdate	M/F
1) _____	_____	___	5) _____	_____	___
2) _____	_____	___	6) _____	_____	___
3) _____	_____	___	7) _____	_____	___
4) _____	_____	___	8) _____	_____	___

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

1: \_\_\_\_\_  
Name Relationship Phone No.

2: \_\_\_\_\_  
Name Relationship Phone No.

3: \_\_\_\_\_  
Name Relationship Phone No.

DOCTOR \_\_\_\_\_ Phone: \_\_\_\_\_

DENTIST \_\_\_\_\_ Phone: \_\_\_\_\_

ALLERGY INFORMATION (please indicate any allergies student may have)

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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.

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

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

RELATIONSHIP TO STUDENT: \_\_\_\_\_

# GREENVILLE AREA SCHOOL DISTRICT

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

## REQUEST FOR RECORDS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Previous school Name/address/Phone number

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 test, 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 I.E.P. information, if available.

\_\_\_\_\_  
Signature of Parent/Guardian Phone Number Date

\_\_\_\_\_  
STUDENTS' Current (new) Address

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### OFFICE USE ONLY BELOW

\_\_\_\_\_  
Student name entered the Greenville Are School District on \_\_\_\_\_  
Date

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

*Please send all information requested to the address that is checked below.*

\_\_\_ **GASD – CHILD ACCOUNTING**

9 Donation Road  
Greenville, PA 16125  
[dscott@greenville.k12.pa.us](mailto:dscott@greenville.k12.pa.us)  
724-588-2500 ext. 2300  
Fax: 724-588-5024

\_\_\_ **GREENVILLE ELEMENTARY (GRADES K-6)**

60 Fredonia Road  
Greenville, PA 16125  
[dcurtis@greenville.k12.pa.us](mailto:dcurtis@greenville.k12.pa.us)  
[jgreen@greenville.k12.pa.us](mailto:jgreen@greenville.k12.pa.us)  
724-588-2500 ext. 1000 or 1001  
Fax: 724-588-5036

\_\_\_ **SPECIAL EDUCATION** Attn: Wendy Alfreno

9 Donation Road  
Greenville, PA 16125  
[walfreno@greenville.k12.pa.us](mailto:walfreno@greenville.k12.pa.us)  
724-588-2500 ext. 2430  
Fax: 724-588-2504

\_\_\_ **GREENVILLE JR/SR HIGH SCHOOL (GRADES 7-12)**

9 Donation Road  
Greenville, PA 16125  
[tgehly@greenville.k12.pa.us](mailto:tgehly@greenville.k12.pa.us)  
724-588-2500 ext. 2131  
Fax: 724-588-4397

# GREENVILLE AREA SCHOOL DISTRICT

9 Donation Road, Greenville, PA 16125  
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## SAFE SCHOOLS

Parental/Guardian Registration Statement

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

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

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 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. 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 the school from which student was suspended or expelled:

\_\_\_\_\_

Dates of suspension or expulsion:

\_\_\_\_\_  
(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

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

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

\_\_\_\_\_  
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.

Revised 2-7-13 djs

# GREENVILLE AREA SCHOOL DISTRICT

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## SPECIAL EDUCATION SERVICES SURVEY

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

1. Are you aware that guidance services are available for your child if necessary.  
Yes ( ) No ( )
2. Are you aware that instructional support services are available for your child if necessary? Yes ( ) No ( )
3. Are you aware that special education services are available for your child if necessary?  
Yes ( ) No ( )

### IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE ANSWER QUESTION 4

4. How did you learn about the special education services available at Greenville Area School District?  
\_\_\_\_ Elementary IST  
\_\_\_\_ Secondary SAP Team (grades 7-12)  
\_\_\_\_ Discussion with regular education teacher  
\_\_\_\_ Discussion with special education teacher  
\_\_\_\_ Discussion with another parent  
\_\_\_\_ Other

STUDENT NAME \_\_\_\_\_ Grade \_\_\_\_\_  
Please print

PARENT/GUARDIAN NAME \_\_\_\_\_ Date \_\_\_\_\_  
Print

PARENT/GUARDIAN SIGNATURE:  
\_\_\_\_\_

# GREENVILLE AREA SCHOOL DISTRICT

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## MANDATED SCREENINGS

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

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Growth and Vision	Grades: K - 12
Hearing	Grades: K - 3 <sup>rd</sup> , 7 <sup>th</sup> , and 11 and as necessary
Scoliosis	Grades: 6, 7

*The screening tests are performed in the school during the school year. You 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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Physical Exams are mandated in Grades: K; 7; 11

**Physical exams will be completed by your private physician only.**

Students require mandatory immunizations in grades K, 7, and 12<sup>th</sup> grades in order to be compliant with Pennsylvania State Law. Students who are not up-to-date on immunizations face the risk of being excluded from school. Please contact your physician and/or the school nurse for further guidelines.

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Dental Exams Grades: K, 3, 7

*The dental exams are recommended to be completed by your family dentist for a comprehensive exam.*

*The school dentist is available in the Spring of each school year to do a dental screening for your child and will then recommend treatment if necessary.*

Please check 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.

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

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

**GREENVILLE AREA SCHOOL DISTRICT**

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**KINDERGARTEN DEVELOPMENTAL HISTORY**

\*STUDENT NAME: \_\_\_\_\_  
  **LAST**  **FIRST**  **MIDDLE**

MALE ( ) FEMALE ( )

\*STUDENT RESIDES with (check all that apply): Mother ( ) Father ( ) Both ( ) Guardian ( ) Stepmother ( )  
Stepfather ( ) Grandmother ( ) Grandfather ( ) Other \_\_\_\_\_

\*PRESCHOOL EXPERIENCE: N ( ) Y ( )  
  **WHERE**

**FOR HOW LONG**

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

\*IS CHILD RECEIVING SERVICES FROM ANY AGENCY? N ( ) Y ( )  
(Children and Youth, Counseling, Therapy, Wraparound (TSS), etc) If YES please explain:

\_\_\_\_\_  
\*HAS YOUR CHILD EVER BEEN EVALUATED FOR ANY CONDITION OR PROBLEM THAT MIGHT AFFECT SCHOOL SUCCESS? N ( ) Y ( ) If YES please explain:

\_\_\_\_\_  
\*WERE THE RECOMMENDATIONS carried out? Y ( ) N ( ) If NO, please explain:

\_\_\_\_\_  
\*Would INFORMATION regarding this evaluation and/or treatment be available for the appropriate school personnel?  
N / Y if YES please supply information below:

Name of Agency/Person	Address of Agency/Person	Phone No.
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\*Do you suspect your child may need special services or considerations in their school setting or curriculum? Y / N (explain)

**EXPERIENCES:**

- Do you feel your child was delayed in any of the following?
- Sitting/crawling/walking                    Yes ( )                    No ( )
  - Using single words                            Yes ( )                    No ( )
  - Using full sentences                           Yes ( )                    No ( )
  - Toilet Training                                Yes ( )                    No ( )
  - Feeding Self                                    Yes ( )                    No ( )

Does your child have any special problems in these areas?  
Vision ( ) Hearing ( ) Finger sucking ( ) Speech ( ) Eating ( ) Nail Biting ( ) Bedwetting ( )  
Accidents in pants ( ) Allergies ( )

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



Does your child have any physical conditions that would prevent them from participating in an active Kindergarten program? No ( ) Yes ( )

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:**

Identify colors ( )	Print their name ( )	Count to 10 ( )	Count to 20 ( )
Identify numbers 1-10 ( )	Count objects to 10 ( )	Use scissors ( )	Use crayons ( )
Identify number 11-20 ( )	Count objects to 20 ( )	Listen To/Follow directions ( )	
Identify letters ( )	Identify shapes ( )	Complete tasks begun ( )	
Tell their full name ( )	Tell their phone number ( )	Tell their address ( )	Tell left from right ( )
Sit/listen to a story ( )	Tell a familiar story ( )	Occupy self with quiet play ( )	

**What words best describe your child?**

Shy ( ) Happy ( ) Jealous ( ) Cooperative ( ) Excitable ( ) Nervous ( ) Restless ( )  
Talkative ( ) Stubborn ( ) Sensitive ( ) Affectionate ( ) Confident ( )

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

**What does your child like to do? (Interests/Hobbies/Activities)**

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**Has your child had any of the following experiences?**

Library ( ) Public park ( ) Beach ( ) Zoo ( ) Museum ( ) Amusement park ( ) Camping ( ) Circus ( )  
Train/Ship/Airplane trip ( )

**Does your child regularly play:**

Alone ( ) with siblings ( ) with other children ( )

**Does your child watch TV? N ( ) Y ( )** On average how many hours per week? \_\_\_\_\_

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

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

Enthusiastic ( ) Fearful ( ) Worried ( ) Happy ( ) Eager ( ) Indifferent ( )

Is there anything else you would like to share about your child? N ( ) Y ( )

Explain \_\_\_\_\_

# GREENVILLE AREA SCHOOL DISTRICT

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

## STUDENT HEALTH HISTORY

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

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Child Lives with: \_\_\_\_\_

### A: CHILD DEVELOPMENT HISTORY

1. Did the mother have any illness during pregnancy?  Y  N
2. Did the baby arrive on time?  Y  N
3. What was the baby's birth weight? \_\_\_\_\_
4. Did the baby have any trouble while in the hospital?  Y  N
5. Did the baby have any special problems in the first six months?  Y  N
6. At what age did the child sit alone without support? \_\_\_\_\_
7. At what age did the child begin to say two or three words together? \_\_\_\_\_
8. At what age did the child walk alone without support? \_\_\_\_\_
9. Can the child use the toilet without help?  Y  N
10. At what age did child stop bedwetting? \_\_\_\_\_

### B: SPECIAL HEALTH NEEDS

1. Has the child ever been hospitalized?  Y  N

If yes Explain: \_\_\_\_\_

2. Is the child taking medication on a regular basis?  Y  N

If Yes, What: \_\_\_\_\_

3. Does the child need to take medicine during school?  Y  N

If yes, What: \_\_\_\_\_ Time of day: \_\_\_\_\_

4. Is your child allergic to: medication/ insect stings/ latex?  Y  N

If yes, Explain: \_\_\_\_\_

5. Is your child diabetic?  Y  N

6. Has the child had any convulsions/seizures during the past year?  Y  N

7. Does your child have any physical limitations?  Y  N

a. Will he/she need any special considerations in school?  Y  N

b. Does your child have any restriction to physical activity?  Y  N

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

8. Has your child had a Concussion?  Y  N

If Yes, When: \_\_\_\_\_

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

<input type="checkbox"/> ears	<input type="checkbox"/> joint aches	<input type="checkbox"/> constipation
<input type="checkbox"/> hearing	<input type="checkbox"/> stomachaches	<input type="checkbox"/> diarrhea
<input type="checkbox"/> eyes	<input type="checkbox"/> heart murmur	<input type="checkbox"/> blood disorder
<input type="checkbox"/> wear glasses/contacts	<input type="checkbox"/> urinary problems	<input type="checkbox"/> lead poisoning
<input type="checkbox"/> teeth	<input type="checkbox"/> asthma/wheezing	<input type="checkbox"/> sleeping
<input type="checkbox"/> headaches	<input type="checkbox"/> skin problems	<input type="checkbox"/> allergies

10. Does your child have a special diet or food problems?  Y  N

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

11. Please list any other medical concerns: \_\_\_\_\_  
\_\_\_\_\_

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

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

**C: HEARING AND SPEECH INFORMATION**

1. Has your child had ear infections, abscesses, drainage or other problems?  Y  N

If yes-explain: \_\_\_\_\_  
\_\_\_\_\_

2. Has your child had any treatment for their ears? If yes check:  Y  N

Tonsillectomy  adenoidectomy  tubes  medication  lancing's

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

4. Has it ever been suggested that your child had a speech or language problem?  Y  N

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

5. Does any member of the child's immediate family have a hearing problem?  Y  N

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

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

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# 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

## 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.*

**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



**PowerSchool Parent Interest Form**

**New Power School Accounts**

You are receiving this invitation to participate in the highly informative program, PowerSchool. Through this web-based program, parents have the ability to check their child's academic progress in various subjects via the internet.

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.

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

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

Child'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 to parents by calling Ms. Hibbard, Technology Coordinator, at 724.588.2500, ext. 2406.

# GREENVILLE AREA SCHOOL DISTRICT

9 Donation Road, Greenville, PA 16125

724-588-2500

Fax: 724-588-5024

## CONNECT 5

### Emergency ALERT Phone System

Please give the phone number(s) that you wish to receive **Emergency ALERT** phone notification. This service will allow us to send a telephone or e-mail message to you providing important **information regarding school emergencies or events**. This system is **used when we have school delays or cancellations** and both PRIMARY contacts will receive an alert call. 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 when general announcement is delivered (724-588-2500)
- Caller ID will display (411) if the message is a dire emergency.
- System will leave a message on any answering machine or voicemail.
- If the **BLACKBOARD CONNECT** message stops playing, press any key 1-9 and the message will replay from the beginning.
- **PHONE NUMBERS** registered on the "DO NOT CALL" program **will not receive** messages from our ALERT system.

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

### CONTACT #1

CONTACT NAME: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary Phone Number : \_\_\_\_\_

Secondary Phone Number : \_\_\_\_\_

Email address: \_\_\_\_\_

### CONTACT #2

CONTACT NAME: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Primary Phone Number : \_\_\_\_\_

Secondary Phone Number : \_\_\_\_\_

Email address: \_\_\_\_\_