



SCHOOL YEAR 2025-2026

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).

***NOTE:** 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)

Enrollment packets can be picked up at the Greenville Area School 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

OFFICE USE

☐ GHS ☐ GES ☐ PS ☐ Tech ☐ Sp. Ed. ☐ Anderson ☐ Enrl Log
Start Date: _____ Student ID: _____ PA ID: _____
Grade: _____ Homeroom: _____ Locker: _____ Bus: AM _____ PM _____ Stop: _____
☐ Immunizations ☐ Birth Certificate ☐ Proof of Residency ☐ Custody Papers ☐ Visa/Passport ☐ 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 _____

Date of Birth _____ ☐ Male ☐ Female Social Security No. _____

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

PREVIOUS SCHOOL INFORMATION

Name of Preschool/Most Recent School Attended _____

School Address _____

School Phone _____

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

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: _____

Parents are: ☐ Married ☐ Divorced ☐ Separated

☐ Widow/Widower ☐ Live in same household

Name of Mother/Guardian _____

Name of Father/Guardian _____

Street Address _____

Street Address _____

City/State/Zip _____

City/State/Zip _____

Primary Phone _____

Primary Phone _____

Employer/Work 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

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
green@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.

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.

- | | | |
|--|------------------------------|-----------------------------|
| 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

Student Name _____ Date of Birth _____ Grade _____

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.

<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.

<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.

Parent/Guardian Signature

Date

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? ☐ Yes ☐ No
If yes, explain: _____

Is the child taking medication on a regular basis? ☐ Yes ☐ No
If yes, what: _____

Does the child need to take medicine during school? ☐ Yes ☐ No
If yes, what: _____ Time of day: _____

Is your child allergic to medications/insect stings/latex? ☐ Yes ☐ No
If yes, explain: _____

Is your child diabetic? ☐ Yes ☐ No

Has the child had any convulsions/seizures during the past year? ☐ Yes ☐ No

Does your child have any physical limitations? ☐ Yes ☐ No
Will he/she need any special considerations in school? ☐ Yes ☐ No
Does your child have any restriction to physical activity? ☐ Yes ☐ No

Explain: _____

Has your child had a concussion? ☐ Yes ☐ 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: _____

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: _____

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: _____

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 _____



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
Greenville Elementary

FAX: 724-588-5024
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>CONTINUE to Question 2  if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <div data-bbox="1023 903 1201 1071"></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>

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.






GREENVILLE AREA SCHOOL DISTRICT 2025-2026 SCHOOL CALENDAR

Board Approved
4/14/2025

July 2025							August 2025							September 2025							October 2025								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
			1	2	3	4	5						1	2											1	2	3	4	
6	7	8	9	10	11	12		3	4	5	6	7	8	9	7	8	9	10	11	12	13		5	6	7	8	9	10	11
13	14	15	16	17	18	19		10	11	12	13	14	15	16	14	15	16	17	18	19	20		12	13	14	15	16	17	18
20	21	22	23	24	25	26		17	18	19	20	21	22	23	21	22	23	24	25	26	27		19	20	21	22	23	24	25
27	28	29	30	31				24	25	26	27	28	29	30	28	29	30						26	27	28	29	30	31	
								31																					
Teachers 0 / Students 0							10 Teachers / Students 7							21 Teachers / Students 21							22 Teachers / Students 21								

November 2025							December 2025							January 2026							February 2026							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1		1	2	3	4	5	6									1	2	3	4	5	6	7
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14	
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21	
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28	
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	31								
30	18 Teachers / Students 18						16 Teachers / Students 16						20 Teachers / Students 19						19 Teachers / Students 19									

March 2026							April 2026							May 2026							June 2026							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
1	2	3	4	5	6	7				1	2	3	4							1	2		1	2	3	4	5	6
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9		7	8	9	10	11	12	13
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16		14	15	16	17	18	19	20
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23		21	22	23	24	25	26	27
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30		28	29	30				
22 Teachers / Students 21							19 Teachers / Students 19							19 Teachers / Students 19							0 Teachers / Students 0							

SYMBOL KEY	DAYS IN SESSION		PSSA TESTING	KEYSTONE EXAMS
 Teacher In-Service Days - No School for Students	Teachers	Students	English Language Arts	Winter 2025
	August	10	April 20 - 24, 2026	December 3-17, 2025
	September	21	Grades 3-8	January 5-16, 2026
 Students' First/Last Day	October	22	Mathematics	Spring 2026
	November	18	April 27 - May 1, 2026	May 11-22, 2026
 Act 80 Day - No School for Students	December	16	Science	Summer
	January	20	April 27 - May 1, 2026	July 27-31, 2026
	February	19	Grades 3-8	SNOW MAKE-UP DAYS
 Early Dismissal for Students	March	22	Make-Up	February 16, 2026
	April	19	April 27 - May 1, 2026	April 2, 2026
 Vacation Days - No School for Students	May	19	Grades 3-8	April 6, 2026
	June	0		May 4, 2026
		186		
		180		

AUGUST, 2025	NOVEMBER, 2025	JANUARY, 2026	MAY, 2026
Mandatory Teacher In-Service	Act 80 - No School for Students	Vacation Day	Vacation Day
August 18, 2025	November 14, 2025	January 1-2, 2026	May 4, 2026
August 19, 2025	Early Dismissal for Students	Mandatory Teacher In-Service	Memorial Day
August 20, 2025	November 26, 2025	January 19, 2026	May 25, 2026
First Day of School-August 21, 2025	Thanksgiving Break	February 16, 2026	Students' Last Day
SEPTEMBER, 2025	November 27, 2025	FEBRUARY, 2026	May 29, 2026
Vacation Day	November 28, 2025	MARCH, 2026	Early Dismissal for Students
Act 80-No School For Students	DECEMBER, 2025	March 20, 2026	May 29, 2026
September 22, 2025	Vacation Day	APRIL, 2026	Graduation
OCTOBER, 2025	December 1, 2025	April 2, 2026	May 29, 2026
Vacation Day	Early Dismissal for Students	April 3, 2026	
October 13, 2025	December 23, 2025	April 6, 2026	
Mandatory Teacher In-Service	Winter Break		
October 27, 2025	December 24 - 31, 2025		

