



Registration Requirements

Please bring ALL documents with you for your registration appointment.
****You will be asked to return at a later time/date if incomplete****

1. Proof of Immunization

Child's immunization record obtained from child's physician, or on-line through the Allegheny County Health Department

2. Proof of Student's Age

Child's original Birth Certificate or Baptismal Certificate, copy of a record of baptism, valid passport or notarized statement from the parents or another relative indicating the student's date of birth

3. EASD Parent Registration Statement: Act 26 Certification

4. Home Language Survey

5. Proof of Residency:

Please provide a minimum of one (1) document from **EACH** of the 3 lists below:

List A

- Lease/Rental Agreement
- Mortgage Agreement
- Deed
- Property Tax Bill

List B

- Driver's License (with current address)
- DOT issued Photo ID
- Passport

List C

- Current Utility bill
- Evidence of receiving checks from wages, public assistance or SSI at current address
- Vehicle Registration with current address

****If Child's District residency is dependent on someone other than a parent/guardian, the EASD Residency Affidavit must be completed and notarized.**

6. Transcripts from previous school District

(complete the EASD Authorization for Release of information)

Other forms to be completed/reviewed/provided as soon as possible.

- Student Enrollment Form
- Health History Form
- Notice of Lead Testing
- Special Education Services Registration (if applicable)
- Affidavit of Guardianship/Custody Paperwork (if applicable)
- Document Review & Acknowledgement form, upon reviewing the following Information:
 - Dress Code Policy #221
 - Student Handbook
 - Acceptable Use of Internet, Policy #815
 - Photo Release
 - Device Lending Agreement

The East Allegheny School District shall normally enroll a student or youth "the next business day, but no later than 5 business days" of receipt of the above documents. Should you have any questions regarding enrollment, please review Policy #200, Enrollment of Students, accessible through our online policy manual available at www.eawildcats.net.



Student Enrollment Form

Approved Start Date _____

Grade: ____ Student ID # _____ Bus # ____ AM PM

☐ Homeless ☐ Ward Of State ☐ Resident Foster ☐ Non-Resident Foster ☐ Living with Adult non-parent ☐ Paid Tuition

☐ APPROVED TO START Pupil services/Principal initials

Student Information:

__Check if child is attending non-public,
private or charter school. **Transportation
Registration form will need completed**

Child's Legal Name (Last, First, Middle)

Birthdate (mm/dd/yyyy)

☐ M ☐ F

Gender

Address Line 1 (House Number, Street, City, State, Zip)

Address Line 2 (Apt #, PO Box)

Main phone

Alternate Phone

Email

Student's previous home address (if Applicable)

Previous School District(s) and year of attendance (If applicable)

City and State and Country of Birth

Initial U.S Entry Date

Initial Entry into Pennsylvania

Ethnicity: Hispanic/Latino ☐ Y ☐ N Check if Applicable: ☐ Migrant ☐ Refugee ☐ Foreign Exchange

Race: ☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan

☐ Native American/Other Pacific Islander ☐ Multi-Racial (if Multi-racial, please check all race(s) above)

Native Language: ☐ English ☐ Spanish ☐ Japanese ☐ Chinese ☐ Hindi ☐ Other ____

Family Information: (Provide address if different from Student)

Parent/Guardian (Primary):	Email:	@	_____ ☐ Lives with Student
Full name	Primary Phone	Work/Alt Phone	☐ Legal Guardian
Relationship to Student:			

Parent/Guardian (Primary):	Email:		
			☐ Lives with Student
Full name	Primary Phone	Work/Alternate Phone	☐ Legal Guardian
Relationship to Student:			

Other Legal Guardian, Care/taker or Adult:	Email:		
			☐ Lives with Student
Full name and relationship to Student	Primary Phone	Work/Alternate Phone	☐ Legal Guardian

Has your child ever attended this District before? ☐ Yes ☐ No If Yes, What year(s)? _____

Was this student attending virtually or in-person at the previous school? _____

Was the student attending a CTC (Career & Technology Center)? _____

If YES, which CTC did your student attend and which program? _____

Is Parent/Guardian an active duty member or a branch of the Armed Forces including Full time Reserve/National Guard duty? ☐ Yes ☐ No

Other Circumstances:

Legal Custody/Court Document/Special Arrangements: (Please list) ☐ Not applicable

If Foster Child, List agency name and phone number: ☐ Not applicable

Other School Age Children living in the home:

Name	Relationship	Birth Date	Gender	Grade	School attending

I certify that this information has been completed to the best of my knowledge.

Parent/Guardian Name (Print)

Signature

Date



East Allegheny Athletic Department

1150 Jack Run Rd. North Versailles, PA 15137
Phone (412) 824-8012 x1005

Dave Loya - Athletic Director

FOR ANY TRANSFERING STUDENTS GRADES 9-12

Student Name: _____ Entering Grade: _____

Date of Birth: ____/____/____ Current Age: _____ Date of Enrollment at EAHS: ____/____/____

Head of Household Name: _____ Relationship: _____

Address: _____ Contact Number: _____

Contact Email Address: _____

School which you are transferring from: _____

Have you ever repeated a grade: _____ If yes, what grade and year: _____

Previous Athletic Participation History for school teams:

7th Grade: _____

8th Grade: _____

9th Grade: _____

10th Grade: _____

11th Grade: _____

12th Grade: _____

Participation Interest at East Allegheny: _____

Reason for your transfer (check which applies):

____ Physically moved in to the district with one or both natural parents

____ Natural break in school (7th or 9th grader coming from private/parochial/other school)

____ Legally appointed by court order and/or Administrative appointment

____ Previous school district closed

____ OTHER (please explain): _____



Special Education Services

Student Name: _____ Grade: _____

We are happy to welcome you and your child to the East Allegheny School District. In order to provide educational services, it is important that we are aware of special education services the student had at his/her previous school. Please complete this form so that we can better service you.

Please check all that apply:

☐ My Child WAS NOT in a Special Education Program

~OR~

☐ My Child DID have a 504 or service agreement at a previous school.

☐ My Child WAS in a gifted program at a previous school.

My Child DID receive Special Education services in this type of placement:
(Check all that apply)

- ☐ Learning Support
- ☐ Autistic Support
- ☐ Emotional Support
- ☐ Speech/Language Support
- ☐ Hearing Support
- ☐ Vision Support
- ☐ Remedial Math
- ☐ Remedial Reading
- ☐ Gifted
- ☐ Life Skills Support

- ☐ Multi-Handicapped Support
- ☐ Physical Support
- ☐ Out of District Placement

where: _____

☐ Other, Please Specify:

Parent/Guardian Signature:

Printed Name:

Date:



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? _____

Person completing this form (if other than Parent/Guardian): _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided ☐ No ☐ Yes



Authorization to Release Records

I authorize _____ to release information to the **EAST ALLEGHENY SCHOOL**
(previous school district)

DISTRICT in regards to:

Student's Name

Date of Birth

Please send records to (Check appropriate school):

EAST ALLEGHENY SCHOOL DISTRICT
1150 JACKS RUN ROAD
NORTH VERSAILLES, PA 15137
ATTN: KRISTIN WAGNER
PH# 412-824-8012 x4150
F# 412-824-1062
KWAGNER@EAWILDCATS.NET

INFORMATION TO BE FORWARDED SHOULD INCLUDE:

- ACT 26 RECORDS
(DISCIPLINE/EXPULSION)
- GRADE TRANSCRIPTS
- ATTENDANCE RECORDS
- PA SECURE ID
- TEST SCORES (KEYSTONE, PSSA, ETC.)
- IMMUNIZATION AND HEALTH RECORDS
- REGULAR EDUCATION ASSIGNMENT
- IF CHILD RECEIVED SPECIAL
EDUCATION, SERVICES, THE FOLLOWING
ARE TO BE SENT:
- I.E.P. - INDIVIDUAL EDUCATIONAL
PROGRAM
 - NOREP - NOTICE OF
EDUCATIONAL PLACEMENT
 - PSYCHOLOGICAL/PSYCHIATRIC
REPORT
 - MULTI-DISCIPLINARY
EVALUATION

The last day of attendance in your district for the student named above was: _____

**THIS INFORMATION IS TO BE USED FOR PROFESSIONAL PURPOSES ONLY AND WILL BE HELD STRICTLY
CONFIDENTIAL.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____



Health History

Child's Legal Name (<i>Last, First, Middle</i>)	Date of Birth	Grade	Homeroom
RHEUMATIC FEVER: _____		HEART PROBLEMS/MURMUR: _____	
NERVOUS DISORDER: _____		T.B. CONTACT: _____	
KIDNEY INFECTION: _____		DIABETES: _____	
BLADDER/URINARY PROBLEMS: _____		CONCUSSION/HEAD INJURY: _____	
CEREBRAL PALSY: _____		FRACTURES: _____	
ADD/ADHD: _____		BLEEDING PROBLEM: _____	
ASTHMA: _____	If yes, does child use an inhaler? Yes No		
OTHER MENTAL AND/OR PHYSICAL DISORDERS (Please specify): _____ _____			

Please indicate below if your child has a:

FOOD ALLERGIES	Yes	No	MEDICINE ALLERGIES	Yes	No
(If yes, please specify)	_____		(If yes, please specify)	_____	
	_____			_____	
	_____			_____	

Does Child have a prescribed allergy medication (s)? If so, provide specific information:

Is your child receiving any treatment or medicine at the present time? Yes No If yes, please explain:

Please indicate if your child wears glasses, contact lenses, hearing aid(s), has tubes in ears or has any other assistive device:

Has your child had any serious injuries, illnesses or operations? Yes No If yes, please explain:

Does your child require any special services? Yes No If yes, please explain:

If your child is restricted from physical activity of any kind, please indicate and explain: _____

Is there anything special you wish for us to know about your child?



Parental Registration Statement - Act 26 Certification

Child's Legal Name (Last, First, Middle): _____
Date of Birth: _____ Grade: _____ Homeroom: _____

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 the 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."

If this student HAS NOT been or IS NOT previously or presently suspended or expelled please complete:

I hereby swear or affirm that my child was **NOT** previously suspended or expelled, or 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 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 – 1304A(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.

Signature of Parent or Guardian Print Date

If this student HAS BEEN or IS PRESENTLY suspended or expelled from another school, please check as appropriate and complete:

I hereby swear or affirm that my child was previously suspended or expelled, or is presently suspended or expelled from a public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or 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 – 1304A(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.

Signature of Parent or Guardian Print Date

This student: *(Check any and all that apply)*

was previously suspended **was previously expelled** **is presently suspended** **is presently expelled**

Please provide specifics below.

Check as applicable	School in which expulsion/suspension occurred	Date Expulsion/Suspension occurred	Reason for Expulsion/Suspension
☐ Expulsion ☐ Suspension			
☐ Expulsion ☐ Suspension			
☐ Expulsion ☐ Suspension			
☐ Expulsion ☐ Suspension			

EAST ALLEGHENY SCHOOL DISTRICT



Document Review and Authorization Form _____ School Year

Parents / Guardians,

In order to continue our efforts to help the environment, the EASD has posted a copy of the District's handbook, as well as other important documents, online at www.eawildcats.net. A copy of any document may be obtained by contacting your child's school office. Please review, initial each appropriate section and sign below.

HANDBOOK

_____ YES, My child and I understand the rules and procedures located in the EASD handbook. A family plan has been discussed in the event of an unexpected school closure. (Review section on School Closing and Delay.) I understand that the handbook is available online at www.eawildcats.net.

INTERNET USE

_____ YES, as the parent/guardian of this student, I have read Policy #815, Acceptable Use of Internet, Computers and Network Resources and the Internet Use Agreement located on the EASD website. I understand that this access is designed for educational purposes. I also recognize it is impossible for East Allegheny School District to restrict access to all controversial materials and I will not hold them responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission for my child to use the Internet via an EASD account and certify that the information contained on this form is correct. **I also understand that if I do not wish for my child to have access to the internet while in school, I must submit this request in writing to the building principal.

PHOTO RELEASE

Students enrolled in the East Allegheny School District, may be photographed or videotaped from time to time by members of the press, and/or District staff. Photos may be shared on the District Facebook page or Instagram. They may also be shared via classroom communication apps and used in the yearbook or school newspaper. These images will not be used in any form of paid advertising.

_____ YES, My child has my permission to be photographed.

_____ NO, My child does not have my permission to be photographed.

Student Name: _____ School Child Attends: _____

Parent Signature: _____ Date: _____

(If you are under the age of eighteen (18), a parent/guardian must read and sign this agreement.)