



Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110

PreK - 6th Grade Registration Checklist

The Duquesne City School District Board of Directors requires the following items be presented to schools officials at the time of registration:

- Photo ID - (Parent/Legal Guardian)
- Original Birth Certificate (Student's)
- Immunization Records (Student's)
- Proof of Residency Documents (pick 2:** gas bill, light bill, Lease, water bill, sewage bill, SSI, UC wages, public housing/assistance documents)
- NOTE:** ALL documents must have your current Duquesne address and must be dated within the last 30 days.
- PK ONLY: PA Pre-K Counts Enrollment Form
- Parent Registration Statement (Act 26)
- Report Card/Transcript
- Affidavit/ Court Order (if student resides in District w/non-parent)
- 1302 Non-Resident Form (only applicable if you do not rent/own a home in Duquesne and reside with someone that does)
- Home Language Survey
- PIMS Student Programs Code 032 = Dbl Up; Shelter; Hotel/Motel
- McKinney-Vento Homeless Assistance Act Forms

Please notify the Registrar immediately upon registration, if your child is in any Special Education Programs (Gifted, Learning Support, Hearing, Speech, Emotional Support, etc). ___ yes ___ no

Please call Jazmine Brown at (412) 466-9600 extension 7032 to schedule your registration appointment or if you have questions.

X = not applicable

Transportation=
Bus ___ Walker ___

Start Date ___ / ___ / ___

<u>Registration Use Only</u>
Documents Received: ___ / ___ / ___
Office Initials: _____

SY 18 - 19



Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110
JAZMINE BROWN 412.466.9600 X7032

Request for Student Records

To: _____

Name of School

(____)____-____
Phone Number

(____)____-____
Fax Number

Contact Name

Title

The following student(s) has enrolled in the Duquesne City School District on

____/____/____. Please mail or fax the requested information for:

Student Name

____/____/____
Birth date

Grade

Requested By:

Central Registration: Jazmine Brown

Phone: (412) 466-9600 ext: 7032

Fax No.: (412) 469-3625

SEND TO:

**Duquesne City School District
Attn: Records Management / Jazmine Brown
300 KENNEDY AVENUE
DUQUESNE, PA 15110**

- Academic Records, including current grades at time of withdrawal
- PSSA and Standardized Testing Results
- Official School Health Records, including Immunizations
- Special Education Records including IEP, NOREP, and RR, if applicable
- Psychological Data, if applicable
- Title 1 Remedial Education Services, if applicable
- Within ten (10) school days from receipt of this request, a copy of the student's disciplinary record (Pursuant to PA Public School Code Section 1305-A)

X-If you have a copy, please send

Please indicate if this student has an IEP _____ **YES** _____ **NO**

Authorized Signature, DCSD

____/____/____
Date

Date Faxed: ____/____/____



Health History of Student

STUDENT ID#: _____ **DATE:** ___/___/___
STUDENT NAME: _____ **CURRENT GRADE:** ___

Please indicate if your child has any of the following conditions and list any medications he/she is taking at this time.

Health Condition	Date	Yes	NO	Age	Specify
Allergies					
Asthma					
Cardiac					
Chicken Pox					
Diabetes					
Ear Infections					
Epilepsy					
Rheumatic Fever					
Tuberculosis					
TB Contact					
Surgeries					
Restricted from physical activity*					

*Adapted Physical Education form must be signed by your family doctor each school year.

Physician's Name: _____ Phone: (____)____-____

Does your child have any problems or conditions which you believe the nurse or teacher should know about in order to help him/her? Please be specific.

Current Medications:

___/___/___ _____ _____
 (mm/dd/yyyy) Medication Type Strength/Form

___/___/___ _____ _____
 (mm/dd/yyyy) Medication Type Strength/Form

___/___/___ _____ _____
 (mm/dd/yyyy) Medication Type Strength/Form

Voluntary Consent of Parents/Legal Guardian

To better meet your child's safety needs, we will share the health information listed above with staff members. Note that in the case of food allergies, it may be necessary to inform parent groups (if they will be hosting a food event). If for some reason you do not want this information shared, please notify your building principal IN WRITING.

 Parent/Legal Guardian Signature

___/___/___
 Date



Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110

HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter school/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for identification.

School District: Duquesne City School District

Name of Child: _____ /_____/_____
Full Legal Name Date

Address: _____
Street, City and State Grade

School: _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English?
(Do not include languages learned in school) Yes No
3. What language(s) is/are spoken in your home? _____
4. Has the student attended any United States school
In any 3 years during his/her lifetime? Yes No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Person completing this form (if other than parent/guardian): _____

Parents/Legal Guardian Signature: _____

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



Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110

Parental 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:

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

Reason for suspension or expulsion _____

(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. 24 P.S. 13-1317.2



Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110

Affidavit of Resident In Support of Free School Privileges for a Non-Resident Child

Dear Resident:

Under the terms of Section 1302 of the Public School Code, the Duquesne City School District may provide free school privileges for non-resident child **only** when a resident keeps and supports the child gratis in his/her home as if the child were their own.

The term "gratis" means that the resident of the district can receive no personal compensation, fees or recompense for providing for the child.

The child **must** live and fully reside in the home of the resident of the district.

The resident **will assume** all personal obligations for the child relative to school requirements. The requirements shall include, but not limited to:

1. Regular school attendance.
2. Responsibility for discipline problems at school.
3. Signing report cards and field trips authorizations.

Before accepting a non-resident child as a student, the Board of Control requires that the attached Sworn Statement be notarized and filed with the designee of the Superintendent. The School District also requires the execution of the attached Residency Affidavit form in order to confirm and validate relevant information.

The Duquesne School District has no obligation to contact student's non-resident parents about any school issue.

If any of the requirements outlined in the above cease to exist, the District will no longer provide free school privileges for the non-resident child(ren).

The making of any false statement in the required documents is a violation of Section 4904 of the PA Crime Code, which makes it a criminal offense to provide false information to the government authorities, and such person shall be liable to reimburse the District for tuition charges.

I am enrolling a non-resident child
(Check this box if the child you are enrolling is not your child)

I am **NOT** enrolling a non-resident child
(Check this box if the child you are enrolling is your child)

RESIDENT SIGNATURE

____/____/____
DATE



Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110

REQUEST FOR TRANSPORTATION SERVICES

PLEASE PRINT LEGIBLY

___ ELEMENTARY

___ OUT OF DISTRICT

STUDENT NAME: _____ GRADE: _____
(FULL NAME) SCHOOL

STUDENT NAME: _____ GRADE: _____
(FULL NAME) SCHOOL

STUDENT NAME: _____ GRADE: _____
(FULL NAME) SCHOOL

STUDENT NAME: _____ GRADE: _____
(FULL NAME) SCHOOL

STUDENT NAME: _____ GRADE: _____
(FULL NAME) SCHOOL

RESIDENT ADDRESS INFORMATION:

PARENT NAME: _____

CURRENT ADDRESS _____ CITY _____

STATE _____ ZIPCODE: _____ PHONE NUMBER: _____ - _____ - _____

OTHER INFORMATION:

SPECIAL NEEDS REQUIRMENTS: _____ (Y=Yes, N=No)

By my signature below, I am requesting transportation services as outlined above. I attest that the home address listed above is the true residence of the student(s) named above. I understand that the acceptance of this application by the Duquesne City School District does not guarantee any services until this information is verified. I/we are obligated to file a new application if we change any of the above information. I also understand the rules for safe bus riding and accept the responsibility to ensure my child(ren) understand and abide by those rules.

_____/_____/_____
PARENT/GUARDIAN SIGNATURE DATE

_____/_____/_____
AUTHORIZED SIGNATURE, DCSD DATE

TRANSPORTATION OFFICE ONLY

SENT REQUEST TO BUS COMPANY: _____ (Y=Yes, N=No) DATE: ____/____/____

SCHEDULE START DATE: ____/____/____ REG#2: _____(reason) ___ELIGIBLE ___NOT ELIGIBLE

ASSIGNED TO BUS NUMBER: _____ TIME PICK UP: _____ AM TIME DEPARTURE: _____ PM

AM / PM BUS STOP LOCATION: _____

PHONE BUS REP APPROVAL: _____



Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110

Photo/Video/Media Notice

As the parent/guardian of a child enrolled in the Duquesne City School District, you know that our main goal is to provide appropriate educational opportunities for your child. During the school year, students have the opportunity to participate in a wide variety of activities in addition to typical classroom lessons. With your acknowledgement, we want to share our successes with policymakers, teachers, administrators, the media and the public.

Throughout the school year, you and/or your child may be involved in a variety of activities during which images (video, photographs and other likenesses) of your child may be captured. These images may be used for a variety of marketing, public relations, advocacy and other purposes. These likenesses may appear online, on television and/or in print form at any time. Although these images will not be sold, they may appear on the district's website and social media pages as well as in other publications and media channels at any time in perpetuity. The image(s) may also appear on or in another organization's website, social media pages or publications. In addition, your child may be interviewed for and quoted in news articles in online, broadcast and print media.

At events open to the public, a child's image may be captured and published by the Duquesne City School District or any other organization in attendance. In addition, the district encourages the media to visit our school and classrooms to publicize the accomplishments of our staff and students.

By signing student/parent form in the 2018-2019 Parent-Student Handbook, you acknowledge that you understand and agree that images of your child may be captured and used by the district for marketing, advocacy and public relations purposes. You also understand that your child may be interviewed for or quoted in public relations, marketing, advocacy and other materials. You also acknowledge that if you have any questions, you can ask building administration.

Thank you.

I, _____, do not consent to the above, for my child _____.
(please print clearly) *(child's name)*

Signature: _____ Date: _____

Only Sign & Return This Form If You DO NOT Want Your Child's Photo/Likeness To Be Used For Any Reason. This Includes Year Book Photo's.



Student Emergency Card

Student Information

Student Name: _____ Birth Date: ____ / ____ / ____ Grade: ____
Address: _____ Homeroom: _____
Parent / Guardian Name: _____
Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Emergency Contact Person(s):

(Please Place Emergency Contacts in the order in which you would like them contacted if we are not able to reach you)

Emergency Contact #1 Name: _____ Relationship to student: _____
Does this Emergency Contact live with student? ____ Yes ____ No
Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____
Email Address: _____

Emergency Contact #2 Name: _____ Relationship to student: _____
Does this Emergency Contact live with student? ____ Yes ____ No
Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____
Email Address: _____

Emergency Contact #3 Name: _____ Relationship to student: _____
Does this Emergency Contact live with student? ____ Yes ____ No
Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____
Email Address: _____

Please identify any health issue(s) your child has that may be important for the teacher to know (i.e. asthma, diabetes, heart condition, bleeding disorder, ADHD etc):

Please identify any school age siblings in the district: (use back of card if necessary)

Sibling's Name(s): _____

Hospital Information:

Hospital preferred: _____ (for Ambulance transport)

Student Physician: _____ Physician Phone: _____ - _____ - _____

In Case of emergency, illness, or accident to the student named above, the school is authorized to contact and release my child to the person(s) as indicated. (Write each item in order of desired action and name the emergency contact person.) Note; You must have a minimum of 2 emergency contacts listed.

1. _____ (cell, work, home) Phone: _____ - _____ - _____
Name/Relationship

2. _____ (cell, work, home) Phone: _____ - _____ - _____
Name/Relationship

3. _____ (cell, work, home) Phone: _____ - _____ - _____
Name/Relationship

Your signature is an informed consent to share this emergency information with school staff on a need to know basis for academic success and emergency plans.

Signature of Parent/Guardian

_____/_____/_____
Date

SCHOOL BUS SAFETY TIPS



Dear Parents/Students

1. Get to the school bus stop **TEN MINUTES EARLY**, so you won't have to run across the road to catch the bus.
2. When waiting for the bus, stay away from traffic. Line up at least five giant steps away from the curb or the roadway to wait for the bus.
3. **Never** run after the school bus, if it has already left the bus stop.
4. **Never** push when getting on or off of the school bus.
5. Always walk at least 10 feet in front of the bus when crossing so that the school bus driver can see you.
6. **Be aware- Cross with Care!** Wait until the school bus has stopped all traffic before stepping out onto the road.
7. When the school bus is moving, always stay in your seat. Never put your head, arms or hand out of the window.
8. Talk quietly; do not distract your school bus driver.
9. If your school bus crosses railroad tracks, be calm and quiet so that your driver can listen for a train. Always obey your school bus driver's instructions, so that he or she can make safe decisions.
10. Never play with the emergency exits. Backpacks, band instruments, or sports equipment may not block the aisle or emergency exits. If there is an emergency listen to the driver and follow instructions.
11. When getting off of the school bus, make sure that all drawstrings and other loose objects are secure so that they don't get caught on the handrail or the door.
12. Never cross the street behind the school bus.
13. If you leave something on the bus or drop something outside of the bus, never go back for it. The driver may not see you and begin moving the bus.
14. Never speak to strangers at the bus stop and never get into the car with a stranger.

KEEP THIS PAGE FOR YOUR RECORDS