



Ambridge Area School District

Central Administration Office • 901 Duss Ave. • Ambridge, PA 15003 • 724-266-2833 • 724-266-3981 fax

Barry J. King

Assistant to the Superintendent

Amy Filipowski, D.Ed.

Interim Director of Special Education

Joseph W. Pasquerilla, Ed.D.

Superintendent of Schools

Leonard Corazzi

Interim Business Manager

Welcome to the Ambridge Area School District!

The following documents are required for enrollment:

- Registration Packet – must be filled out completely
- Birth Certificate or Passport
- Current Immunizations
- Two (2) Proofs of Residency **or** Certificate of Residency
 - Rental/Lease or Deed/Mortgage Agreement, copy of tax bill from municipality you live in, driver's license, current insurance policy, or utility bill
 - Certificate of Residency is page 4 of the Registration Packet

While under the social distancing protocol, registration paperwork can be scanned and emailed to: chopkins@ambridge.k12.pa.us or you can contact Cathy Hopkins to schedule an appointment to bring the paperwork to the High School.

Once the registration packet and supporting documents are received, the paperwork will be processed and forwarded to the appropriate school staff.

If you have any questions regarding the Registration process, please contact:

Cathy Hopkins

T: 724-266-2833 ext. 1273

F: 724-266-8459

E: chopkins@ambridge.k12.pa.us



Ambridge Area School District Registration Form

STUDENT DEMOGRAPHIC

Grade: _____

First Name _____ Middle _____ Last _____

Nickname _____ Date of Birth _____ City/State of Birth _____

Gender Male ☐ Female ☐ Ethnicity Hispanic ☐ Non Hispanic ☐

Race American Indian/Alaska Native ☐ Asian ☐
Black/African American ☐ White ☐
Native Hawaiian/Pacific Island ☐

Military Family: ☐ Yes ☐ No

STUDENT RESIDENCY INFORMATION (where the student resides)

Address Phone Email	Street		Email	
	City	State	Home Number	Cell Number
	Zip Code		Student lives with: Mother <input type="checkbox"/> Father <input type="checkbox"/>	Guardian <input type="checkbox"/> Other: _____

Borough or Township of Residence (check one)

Ambridge ☐ Baden ☐ South Heights ☐ Homeless: ☐
Economy ☐ Harmony ☐ Other: _____

PRIMARY HOUSEHOLD INFORMATION (Student lives with:)

Name _____		<input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian	
Cell Number _____	Employer _____		
Email Address _____	Work Number _____		
Name _____		<input type="checkbox"/> Both <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian	
Cell Number _____	Employer _____		
Email Address _____	Work Number _____		

IF student is living with Guardian(s), please fill in this section

Name

Employer

Cell Number

Work Number

Email Address

Please indicate:Foster Care Yes ☐ No ☐

Name of biological parent:

Agency:

Are there special custodial court instructions? Yes ☐ No ☐*If yes, please provide copy of court order to the school building principal.*

EMERGENCY INFORMATION List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your child if he/she becomes ill or injured and you cannot be reached. We will attempt to contact parents first.

Name	Relationship to Student	Telephone #	Email
Name	Relationship to Student	Telephone #	Email

SCHOOL INFORMATION

Last School Attended _____ Grade _____

Address of
Previous School _____

City

State

Zip Code

Telephone

Has your child ever attended a school in the Ambridge Area School District?

If Yes, School(s) Attended _____ Grade _____

Has your child participated in an Early Intervention Program?

Yes ☐ No ☐

Is yes, which program?

Has your child participated in English as a Second Language Program

Yes ☐ No ☐

If yes, which program?

Does your child have an IEP or 504 (Special Ed)

Yes ☐ No ☐

SIBLING INFORMATION

Please list all children living in your household
birth to age 21

Sibling Name	M/F	Date of Birth	Grade/Age	School

RESIDENCY INFORMATION

Please provide 2 of the following documents as proof of residency in the Ambridge Area School District

Lease, rental, mortgage or deed
Current insurance policy
Tax bill/payment
Driver's License
Utility Bill

OR Certificate of Residency
page 4 of Enrollment Packet
Must be notarized

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE YOU SIGN

I declare that the information on this form is correct. I am a resident of the Ambridge Area School District and I reside at the address listed on this document. Furthermore, I am aware that the School District reserves the right to verify claims of residency, dependency, and guardianship and to remove from school attendance as a non resident, any student whose claim is invalid.

Signature of Parent/Guardian

Date

AMBRIDGE AREA SCHOOL DISTRICT
Certification of Residency Instructions

This form is required **ONLY** if you and your student(s) are residing in the Ambridge Area School District but the lease or sales agreement and utility bill are not in your name.

The resident with whom you are living must complete this form. You and the resident must sign the form verifying that the information provided is correct. The form must be notarized.

In addition to the completed Certification of Residency form, the resident must also provide his/her proof of residency (copy of original lease or sales agreement and utility bill).

I do hereby certify:

The _____ family is residing with me (*resident's name*) _____

at _____
(*street, city, state, zip code*)

(*List all children and their date of birth*)

(*List all children and their date of birth*)

The child(ren) listed above is/are the (daughter/son) of (*parent's name*) _____
who permanently resides at my address in the Ambridge Area School District.

I certify that those listed above is/are bona fide residents in the Ambridge Area School District and I agree to pay all tuition that would be payable by a non-resident student if it determined that any facts in this certificate are false.

Resident's Signature

Parent/Guardian's Signature

Resident's Telephone Number

Parent/Guardian's Telephone Number

Sworn to and subscribed before me

This _____ day of _____, 20____

(Notary Public)

4903. False swearing

- a) *False swearing in official matters: "A person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a statement previously made, when he does not believe the statement to be true is guilty of a misdemeanor of the second degree if: (2)falsification is intended to mislead a public servant in performing his official function/"*

In addition, residency may be verified by the school district's home school visitor periodically through the year and if the Ambridge Area School District discovers the fact set forth are false; it will seek restitution from the resident.

**AMBRIDGE AREA SCHOOL DISTRICT
STUDENT HEALTH HISTORY**

Name _____ Sex _____ Date of Birth _____ Grade _____

HEALTH CONDITIONS: check all that apply

<input type="checkbox"/> Arthritis, type _____	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Nosebleeds (freq.)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eczema	<input type="checkbox"/> Seizures
<input type="checkbox"/> Behavior problems	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Sickle cell disease
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Headaches (freq.)	<input type="checkbox"/> Sinus infections (freq.)
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Stool soiling
<input type="checkbox"/> Cancer, type _____	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Strep throat
<input type="checkbox"/> Chicken Pox (year)	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Tics/nervous twitches
<input type="checkbox"/> Constipation or diarrhea (freq.)	<input type="checkbox"/> Meningitis/encephalitis	<input type="checkbox"/> Urinary tract infections
<input type="checkbox"/> Diabetes, type _____		
<input type="checkbox"/> Other _____		

Please comment on any of the above checked items:

1. Does your child have any allergies (foods, medications/drugs, bee or other insect stings, etc.): ☐ Yes ☐ No

If yes, list allergy to what, type of reaction and the recommended treatment, if any.

2. Does your child have asthma? ☐ Yes ☐ No

3. Does your child take any medication on a regular basis? ☐ Yes ☐ No

Name of medication(s) _____

Reason(s) _____

4. Has your child ever had a serious illness, injury or operation? Please describe and give dates.

5. Does your child have any vision problems? _____ wear glasses/contacts _____

6. Does your child have any hearing problems? _____

7. Are there any other health problems (physical or emotional) you feel we should be aware of _____

8. Additional comments _____

Parent/Guardian Signature _____ Date _____

The above information will be reviewed and other forms will be sent to you if additional information is required.

**Ambridge Area School District
Emergency Record for Accident or Illness**

_____ Student's Last Name	_____ First Name	_____ Grade/ School Yr.	_____ Date of Birth
_____ Street Address		_____ City	_____ Zip Code
_____ Home Phone	_____ Cell Phone	_____ Parent/Guardian Email Address	

Siblings: Please list first and last name, school and grade

_____	_____
_____	_____

Please indicate with whom your child is living with at the above address and the relationship to the child
(Parent, guardian, step-parent, grandparent)

Mother's Place of Employment:

_____ Phone: _____

Father's Place of Employment:

_____ Phone: _____

Emergency Contacts: (Parent will be contacted first in case of emergency; this person should be able to supply transportation for your child if called.)

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Child's Medication: _____ **For:** _____ **Child's Doctor:** _____

Put an (X) in each box if your child has (or has had) any of the following: (give details on back)

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Rheumatic Fever | |
| <input type="checkbox"/> Other: _____ | | | |

Ambridge Area School District Medical Information Authorization Form

In order to comply with federal and state laws, the Ambridge Area School District requires that this form be completed in its entirety.

I authorize **Kristine McCloskey, Kathy Meder, Sharon Kilmer, Stuart Rusnak, Karen Smith and/or any School Nurse from the Ambridge Area School District** to use/disclose the following Protected Health Information from the records of:

Individual/Student Name

Date of Birth

as described below to: **Any other AASD teacher or staff member, including substitutes, building principals and secretaries who may be responsible for my child.**

The information is requested for the purpose of: **To inform any such staff member or administrator who may be responsible for my child of any serious medical conditions, allergies, medications and/or emergency contacts.**

The information to be used/disclosed is identified as follows (please check all that apply):

____ Medical History & Physical Exams

____ Psychiatric/Psychological Evaluations

____ Occupational Therapy

____ Physical Therapy

____ IEP

____ ER's

____ Discharge Summary/Instructions

____ Immunization Records

____ Physician Orders

____ Verbal Information

☒ Other (please specify): **Any health information appearing on the Student Emergency Information Card submitted to the School Nurse regarding serious medical need/conditions, allergies, medications, emergency contacts or health insurance.**

I understand the following:

- That the information used or disclosed may include records relating to my identity, diagnosis, prognosis and treatment;
- That the information used or disclosed may relate to psychiatric disorders, drug and/or alcohol use, AIDS and HIV, as the same are permitted by the Mental Health Procedures Act, the Confidentiality of Alcohol and Drug Abuse Individual Records Act, the Confidentiality of HIV-Related Information Act and the Privacy Rule of the Health Insurance Portability and Accountability Act;
- That I have the right to revoke this authorization at any time, except to the extent that Ambridge Area School District has already acted in reliance on the Authorization and that such revocation must be made in writing and directed to the Privacy Officer, Superintendent, Dr. Joseph Pasquerilla;

- That the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law;
- That Ambridge Area School District may not condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on whether I sign this Authorization, except as provided by law; and
- That if the Ambridge Area School District seeks this Authorization for the use or disclosure of Protected Health Information, the district must provide me with a copy of the signed Authorization.

Date

Signature of Individual/Student

Date

Signature of Parent/Legal Guardian/Personal Representative

Print Name

Specify Relationship/Authority

**Ambridge Area School District
Home Language Survey***

☐ Economy ☐ State St. ☐ Highland ☐ MS ☐ SH Date: _____

Student Name: _____

Date of Birth: _____ ☐ M ☐ F Grade: _____

Home Phone: _____ Cell Phone: _____

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

What is the students first language? _____

Does the student speak a language other than English? Yes ☐ No ☐

If yes, please indicate language; do not include languages learned in school.

What languages are spoken in your home?

Has the student attended any U.S. schools in any three (3) years during his/her lifetime?

☐ Yes ☐ No If yes, please complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

U.S. Entry Date: _____

Name of person completing this form (if other than parent/guardian): _____

Parent/Guardian Signature: _____ Date: _____

****ONLY** complete if it is determined your child is an "English as a second language student" **

**English as a Second Language
Student Background
Questionnaire**

Student's Name: _____

Native Language: _____ Native Country: _____

Parent's Name: _____ Cell Phone: _____

Names/ages of siblings: _____

English speaking contact (if needed): _____

When did this student come to the United States? _____

What language is used with parents? _____ With siblings? _____

With friends? _____

Can student read home language? ☐ No ☐ Easy words ☐ Easy sentences ☐ Yes

Can student write home language? ☐ No ☐ Easy words ☐ Easy sentences ☐ Yes

Can student understand English? ☐ No ☐ Easy words ☐ Easy sentences ☐ Yes

Can student speak English? ☐ No ☐ Easy words ☐ Easy sentences ☐ Yes

Can student read English? ☐ No ☐ Easy words ☐ Easy sentences ☐ Yes

Can student write English? ☐ No ☐ Easy words ☐ Easy sentences ☐ Yes

If student studied English:

☐ How long? ☐ 1 year or less ☐ 1-2 years ☐ 3-4 years ☐ more

☐ How often? ☐ Once a week ☐ 2-4 times a week ☐ 5 or more

☐ Class lasted? ☐ 45 minutes or less ☐ 45 minutes-1 hour ☐ more

COMPLETE THIS PAGE ONLY WHEN ENROLLING GRADES 1-12

Ambridge Area School District
ACT 26 – ACT OF VIOLENCE
REGISTRATION – SWORN STATEMENT

Student Name _____ Grade _____ Date of Birth _____

Parent/Guardian _____ Telephone _____

Address _____

1. I attest that I _____ am the parent, guardian or legal guardian of
(name)

(name)

→ 2. I attest that the above student **[HAS] OR [HAS NOT]** (please check one) been previously 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.

3. I understand this sworn statement shall be maintained as part of the above student's disciplinary record.

4. I understand that any willful false statement made under this section shall be a misdemeanor of the third degree. I further understand the District shall proceed for immediate prosecution regarding any misrepresentation.

5. I understand that a certified copy of my child's disciplinary record shall be transmitted to the school entity in the event we relocate outside the boundaries of the Ambridge Area School District. I further understand my permission is not required.

6. Failure or noncompliance with completion of the sworn statement will result in permission for entry being withheld.

I submit this document as my sworn statement and affirmation of my child's disciplinary status as defined by ACT 26 on this _____ day of _____ 20____.

Parent/Guardian

District Representative

Title

Ambridge Area School District
Transportation Office
901 Duss Avenue
Ambridge, PA 15003

Bus Rider Registration Information

Welcome to the Ambridge Area School District!

To maintain a high level of safety for bus riders, the Transportation Department has implemented a bus rider registration procedure.

Even if you do not need transportation, please complete this form.

Thank you for your assistance and cooperation.

Name of Student: _____ Telephone No.: _____

Address: _____ Alternate No.: _____

If there is another adult who is authorized to receive a student at the bus stop, please provide his/her name and telephone number: _____

If you will require transportation from a babysitter/daycare, please be advised of the following:
The babysitter/daycare must be located within the Ambridge Area School District and on an established route to/from your child's school.

Babysitter/Daycare: _____

Address/Telephone: _____

Will your child require transportation from a babysitter/daycare both ways? _____

If not, please specify pick-up/drop-off arrangements: _____

PLEASE LIST BROTHERS/SISTERS – GRADE/SCHOOL: _____

***NOTE:** To balance classroom size, it may be necessary to assign a student to a building based on enrollment and not residence address.



Ambridge Area School District

REQUEST FOR RELEASE OF RECORDS

Please send all records indicated below to:

Cathy Hopkins
F: 724-266-8459
E: chopkins@ambridge.k12.pa.us
T: 724-266-2833 ext. 1273

TO: Name of School: _____

Tel #: _____

Fax #: _____

I have read this authorization and understand its content and purpose. I understand that the provision of services is not contingent upon my decision to release information. I understand that I may cancel this authorization at any time by notifying, in writing, the parties responsible for maintaining records. I give my consent voluntarily.

Student's Name

Grade

Parent/Guardian Signature

Date

Please send the following information regarding the student listed above:

- | | |
|--|---|
| <input type="checkbox"/> Student Records – including transcripts, standardized assessments | <input type="checkbox"/> Special Ed Records IEP |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Attendance Records | |
| <input type="checkbox"/> Birth Certificate | |
| <input type="checkbox"/> Immunizations | |

AMBRIDGE AREA SCHOOL DISTRICT
Federal Programs – Household Information Survey
2021-2022 School Year

Parent/Guardian Name(s):		
Street Address:		
City:	State:	Zip:

Please list all children living in your home:

Student's Legal Name (As on Birth Certificate)	Date of Birth	Grade
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Look at the chart below and find your household size (number of people living in your home).

Household Size	Annual Income
1	\$23,107
2	\$31,284
3	\$39,461
4	\$47,638
5	\$55,815
6	\$63,992
7	\$72,169
8	\$80,346
Each additional member	+\$8,177

Is the total yearly income of your household*, less than or equal to the amount listed for your household size on the chart? (please check one)

YES

☐

NO

☐

*Total yearly income of your household includes the following income sources for all persons living in your home: earnings from work, public assistance (cash assistance, SSI, and SSDI), child support, alimony, pensions, retirement and all other income.



McKinney-Vento Homeless Assistance Act

Life is uncertain, but your child's education doesn't have to be. Even if you last a permanent residence, your child can receive help to stay in their home school district. Pennsylvania's Education for Children and Youth Experiencing Homelessness Program ensures every child deserves school stability.

The McKinney-Vento Homeless Assistance Act can help provide school stability for your child if you do not have a permanent home and are:

- Staying with friends or family because you lost housing.
- Living in a shelter, including transitional programs
- Staying in motels because you cannot get your own home.
- Living on the streets, in a car, van, tent or other nonpermanent structure.

Information for School-Age Youth

You may qualify for certain rights and protections under the federal McKinney-Vento Act. If you live in any of the following situations:

- A shelter.
- A motel or campground due to the lack of an alternative adequate accommodation.
- A car, park, abandoned building, bus to train station.
- Doubled up with other people due to loss of housing or economic hardship.

As an eligible student you have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in the local school or continue attending your school of origin (the school you attended when permanently housed or the school in which you were last enrolled), if that is your preference and is feasible.

If the school district believes that the school selected is not in your best interest, the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.

- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your needs as a student.

If you believe you may be eligible, contact one of the individuals below to find out what services and supports may be available:

Ambridge Area School District: Jo Ann Hoover, Principal 724-266-2833 ext. 4213

Local Contact: Visit: <http://homeless.center-school.org/homelessdirectory>

Storm Camara State Coordinator (717)772-2066