



***Ambridge Area School District***

Central Administration Office • 901 Duss Ave. • Ambridge, PA 15003 • 724-266-2833 • 724-266-3981 fax  
**Barry J. King**      **Joseph W. Pasquerilla, Ed.D.**      **Michelle Amadio**  
Assistant to the Superintendent      Superintendent of Schools      Business Manager  
**Amy Filipowski, D.Ed.**  
Director of Special Education

**Welcome to the Ambridge Area School District!**

**Your child can not be enrolled without the required following documents:**

- 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

Registration paperwork can be scanned and emailed to:

[chopkins@ambridge.k12.pa.us](mailto: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](mailto: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 Homeless 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:)

☐ Both ☐ Mother ☐ Step-Mother ☐ Guardian

Name \_\_\_\_\_

Cell Number \_\_\_\_\_

Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Work Number \_\_\_\_\_

☐ Both ☐ Father ☐ Step-Father ☐ Guardian

Name \_\_\_\_\_

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**

**6**

\_\_\_\_\_  
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, Ashley Ananea, Sharon Kilmer, Stuart Rusnak, 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](mailto: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"/> 339 Career Readiness and Indicator Artifacts |
| <input type="checkbox"/> Attendance Records  | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Birth Certificate   |   |
| <input type="checkbox"/> Immunizations   |   |

**AMBRIDGE AREA SCHOOL DISTRICT**  
**Federal Programs – Household Information Survey**

<b>Parent/Guardian Name(s):</b>		<b>Date:</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

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 lack 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



# AMBRIDGE AREA SCHOOL DISTRICT

## Responsible Use Policy



The Ambridge Area School District recognizes technology is an essential instructional tool to help all students develop into critical thinkers who use data, innovation, and creativity in order to become skilled problem solvers and learners in the 21<sup>st</sup> century. With this educational opportunity comes responsibility. All users of AASD devices and networks are expected to abide by this agreement. This Responsible Use Policy shall be enforced in conjunction with *School Board Policy 815: Responsible Computer, Telecommunications, and Information Technology Use* and other relevant Board Policies, the Student Handbook and other official District directives.

### ACCEPTABLE COMPUTER AND NETWORK USAGE

All use of the Internet and computer technology must be in support of the educational program within the Ambridge Area School District. The following activities are specifically prohibited and if performed will subject the user to loss of access, disciplinary action, and/or legal actions:

- The Internet and computer technology will not be used for illegal activity, for profit purposes, non-school related activities, lobbying, advertising, to transmit offensive materials, hate mail, discriminating remarks, to obtain obscene or pornographic material, or material harmful to minors.
- Users shall not intentionally seek information, obtain copies of, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.
- Use of school technology or Internet for fraudulent or illegal copying, communication, taking or modification of material in violation of the law is prohibited and will be referred to appropriate authorities.
- Loading or use of unauthorized games, programs, files or other electronic media is prohibited.
- The illegal use of copyrighted material is prohibited.
- The network shall not be used to disrupt the work of others.
- Hardware or software shall not be destroyed, modified, relocated, or abused in any way.
- Disabling or bypassing the Internet blocking/filtering software without authorization.

### NETWORK ETIQUETTE AND PRIVACY

Students at AASD will abide by the generally accepted rules of network etiquette. Communication with others should always be course-related. Students should notify the teacher of anything inappropriate or that makes them feel uncomfortable. Bullying will not be tolerated, and the privacy of others should be respected at all times. These rules may include, but are not limited to:

- All users will be respectful in their postings and edits. No inappropriate language, personal insults, profanity, spam, racist, sexist, or discriminatory remarks, or threatening comments will be tolerated.
- No student may edit or delete the work of another student without teacher permission.
- No student will reveal their home address or personal phone number, (or the addresses or phone numbers of other students), or any other personal information/images in any email correspondence, in other electronic communication or in any files that are shared with anyone outside of the school community.
- All students will receive a username and password to be used only by the student. If any user suspects that a password has been compromised, he/she must notify the technology department immediately.
- All use of these Internet resources must be in accordance with the school's Acceptable Use Policy, including entries made from computers outside of school.

### STUDENT PERSONAL DEVICES

- Ambridge Area School District assumes no responsibility for configuration, installation of software, or support of personal devices.
- Ambridge Area School District assumes no responsibility for lost, damaged or stolen devices. Students use their personal devices at their own risk.

- Ambridge Area School District assumes no responsibility for content viewed or accessed by students who “tether” their personal device and use their personal cellular data network or District internet access inappropriately.

#### **DISTRICT ISSUED STUDENT DEVICES**

- District iPads will be provided to students for grades Kindergarten through five. District laptops will be provided to students in grades six through twelve. This District device is designed to be the student’s personal learning device. As is the case with all technology used at or owned by Ambridge Area, students are governed under the rules and regulations covered in Ambridge Area's Board Approved Responsible Use Policy #815, other Board policies, the Student Handbook and other official District directives.
- Parents and/or Guardians and Students are required to sign a Student Device Agreement prior to receiving their district issued device. Device terms are outlined in the Device User Agreement document.
- Inappropriate use of a District issued laptop or iPad could result in disciplinary action. In addition to the Responsible Use policy, the following guidelines also apply:
  - Students may configure additional personal email accounts on the device, but email content resides on the device and will be subject to these rules and regulations.
  - Mobile device management software and profiles may not be removed from the device.
  - "Jailbreaking" the device results in the loss of the Apple warranty and is a violation of the terms of use. Using a jail-broken device on the Ambridge Area network is prohibited.
  - It is expected that students will have their laptop or iPad available each day for class, and that it is charged at home daily.
  - Laptops and iPads are to be returned as received, except normal wear and tear as determined by the district, when a student withdraws from the District or when requested by any school District official.
  - Administration reserves the right to access and review student computer/iPad use, the district devices and/or internet and technology use at any time. Students have no privacy interest in District provided technology devices or their use of District technology.
  - The Ambridge Area School District *Responsible Computer, Telecommunications, and Information Technology Use School Board Policy #815* applies to all students and staff using laptop computers and iPads, regardless of location.
  - The assignment and use of a laptop computer is considered to be a privilege. Inappropriate use or neglect of a laptop, iPad, charger, the Internet and/or any installed software could result in the loss of laptop or iPad privileges. Loss of privileges will not change classroom expectations and/or assignment completion.
  - District issued device repair and replacement costs are covered under the *Student Device User Agreement*.
  - All equipment must be returned or made available to AASD upon the student’s separation from AASD, either by graduation, withdrawal, or at the request of AASD Administration.
  - *All equipment must be returned in good working condition* (i.e., no cracked screens, broken glass, missing charger, or charger cable). If the iPad is damaged, the student and his/her parent or guardian will be charged the repair fee.
  - Lost devices are the responsibility of the student. If an iPad is lost, the student and his/her parent or guardian will be charged the replacement cost.
  - Replacement cost for stolen iPads or laptops will be dealt with on a case-by-case basis. No stolen iPad or laptop will be replaced without a copy of a police report.
  - Find my iPad must be enabled on all student iPads. If a student disables Find my iPad and the iPad is lost or stolen, the replacement cost for the parents will be the full cost of a new iPad.
  - Any other directive communicated by the district to students and their parents/guardians must be followed.

## **DATA BACKUP**

Students are responsible for maintaining a backup of all data on the laptop or iPad, either by using your District Office 365 account or another means such as a flash drive. Ambridge Area School District is not responsible for data loss in the event of a device failure or malfunction.

## **OFFICE 365 STUDENT ACCOUNT INFORMATION**

Ambridge Area School District has purchased Office 365 for all students in Grades K-12 to allow for collaboration using our custom implementation of Office 365. These accounts are for school district curriculum and instruction. The rules governing proper electronic communications by students are included in our Responsible Use Policy in conjunction with School Board Policy #815 and may be amended from time to time. The primary purpose of Office 365 is for students to have access to Office applications from any device with a connection to the internet. The Office 365 suite is cloud-based and accessible from anywhere. Students will use Office 365 to communicate with staff, send and receive emails, access school assignments, collaborate with fellow students on school activities and store files in OneDrive. Students may attend school virtually and engage in synchronous learning opportunities with educators and classmates using Teams. Collectively, these are referred to as the "Office 365 Apps."

Students have access to the current desktop Microsoft Office suite on a maximum of five personal computers and five mobile devices. Students have access to 1TB of cloud storage that will allow access to files both at home and at school. Account usernames and passwords will be provided to parents upon request so parents may monitor the account. Use of the school's Office 365 program is a privilege and may be revoked at any time for misuse. Official student email addresses will be assigned. This account is considered the student's official AASD email address until such time as the student is no longer enrolled at AASD. This is the same username and password that the students use to log in to the network at school followed by @ambridgearea.org. For example, 26jasmith68@ambridgearea.org. All students should already know their usernames and passwords. If they do not, they should contact their homeroom teacher or the technology department.

Administration reserves the right to access and review student content in Office 365 at any time and to update or to change its technology offerings. AASD complies with all state and federal privacy laws. As with any educational endeavor, we feel that a strong partnership with families is essential to a successful experience.

## **SUPERVISION AND MONITORING**

AASD administrators and their authorized employees monitor all information technology resources to ensure that student utilization is secure and conforms to this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks or on District devices in order to further the health, safety, discipline, and/or security of any student or other person, or to protect property. They may also use this information in disciplinary actions and will furnish evidence of crime to school officials and law enforcement. Teachers will make every reasonable effort to monitor conduct in order to maintain a positive learning community. All users will respect each other's time and efforts by supporting the same positive approach.

For the protection of students, filtering of content, monitoring of the network, and protection of information will be conducted in accordance with Act 197 (Pennsylvania House Bill 2262), The Children's Internet Protection Act. Despite every effort for supervision and filtering, all users and their parents/guardians are advised that access to the Internet may include the potential for access to inappropriate materials for school-aged students. Every user must take responsibility for his or her use of the network and avoid these sites.

## **CONSEQUENCES FOR VIOLATIONS**

Failure to comply with district Acceptable Use Policies may result in disciplinary action by faculty and/or administration including the loss of use of the school's information technology resources and possible referral to law enforcement agencies.

## **RESPONSIBLE USE POLICY SIGN-OFF SHEET**

This Responsible Use Policy shall be enforced in conjunction with *School Board Policy 815: Responsible Computer, Telecommunications, and Information Technology Use* and the *Student Device User Agreement*. This agreement will be in effect for the current school year only and must be re-signed every year.

"I have reviewed and explained the Responsible Use Policy with my child."

Student Name (please print):	Parent Name (please print):
Student Signature:	Parent/Guardian Signature:
Date:	Date:

"My child has my permission to access the Internet."

Student Name (please print):	Parent Name (please print):
Student Signature:	Parent/Guardian Signature:
Date:	Date:

"As parent/guardian, I grant my child permission to use school computers on an independent basis as outlined in the Responsible Use Policy. I agree to assume responsibility for damages (hardware/software) resulting from deliberate or willful acts by my child."

Student Name (please print):	Parent Name (please print):
Student Signature:	Parent/Guardian Signature:
Date:	Date:

"As parent/guardian, I grant my child permission to use the district assigned Office 365 Apps and email account."

Student Name (please print):	Parent Name (please print):
Student Signature:	Parent/Guardian Signature:
Date:	Date:

***AASD reserves the right to publish student photographs and/or work to the district website. AASD may display and share electronically via the internet and/or in other displays, photographs and/or video footage of my child taken in conjunction with school activities. If you DO NOT want your child to be published, you must submit a request in writing to your building principal.***

## Device Protection Plan (Dell Laptop) – New Enrollment

In the 2023-2024 school year, the Ambridge Area School District will offer a Device Protection Plan (DPP) for parents and students. Students may participate in the optional Device Protection Plan for \$30 per device per year starting in August 2023. During the 2020-2021 school year, the Ambridge Area School District did NOT collect any fees for equipment; including damage and replacement. Moving forward bills will be issued for damage. Please refer to the Incident Assessment Chart to see the details of the DPP, fees, and incident reporting. **This form must be completed before the device will be provided to the student.**

### Coverage and Benefit

This DPP covers the device loaned to the student against a single incident of accidental damage. The following items are not covered:

1. A device that is lost or stolen.
2. Damage caused by negligence. Including, but not limited to, leaving it outside or in an automobile, by food or drink, caused by pets, rough handling, and excessive sliding across rough surfaces.
3. Intentional misuse.
4. More than one accidental incident, including more than one broken screen or accessory.

### Effective and Expiration

This coverage is effective from the date this required form and premium payment are received by the District. It expires when the device is returned (at the end of the school year) in good order to the District.

## Premium

The total premium cost is \$30.00 annually. Partial semesters/years are not refundable. We only accept payment through RevTrak.  
Link: <https://ambridge.revtrak.net/>

For step-by-step directions on RevTrak, please visit our Website: <https://www.ambridge.k12.pa.us>. Click on Departments > Technology  
Purchase of insurance is only available for the first two weeks of school (8/23/23 - 9/6/23)

It is agreed and understood that:

- The Device Protection Plan is offered to all students.
- Participation in the Device Protection Plan is voluntary.
- A separate signed application will be needed for each device covered.

It will be the right of the administration to determine whether damages were due to negligence or accidental. The administration will review all damages determined to be caused by misuse or negligence and will assess if the student may continue to take the device to and from school. Parents/guardians may not substitute homeowners or other personal insurance in place of the District's Protection Plan.

**PLEASE COMPLETE: {print}**

Student Last Name	Student First Name	Phone
-------------------	--------------------	-------

Address \_\_\_\_\_

Student ID #	Grade	Graduation Year
--------------	-------	-----------------

\_\_\_\_ YES, I would like to participate in the Device Protection Plan. Payment accepted: Check or Cash. Payment must accompany form.

\_\_\_\_\_ NO, I decline the Device Protection Plan service at this time and I understand that I am responsible for 100% of any damage or loss to the loaned device. The current replacement cost of a Dell Laptop, power adapter, and cable is \$400.

Parent/Guardian Printed Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

---

**Student Signature**

**Date**

**FOR INTERNAL USE ONLY:**

**Date Paid** \_\_\_\_\_ **Recorded by** \_\_\_\_\_

Check Number. \_\_\_\_\_ Cash: \_\_\_\_\_ Online: \_\_\_\_\_ Amount: \_\_\_\_\_

## Incident Assessment Chart

Incident	Action(s) Necessary	Cost
<b>Accidental Damage (1st Instance)</b>  Accidental damage to device, adapter, or power cord	A report must be made immediately to administration or IT staff, who are responsible to record the incident.  The device must be returned to school so a replacement device may be issued.	With the Device Protection Plan, no cost for accidental damage  Without the Device Protection Plan, the cost of replacement will be assessed.
<b>Accidental Damage (2nd Instance)</b>  More than one (1) occurrence of damage in 30 school days will be interpreted as neglect and student will pay full replacement cost.	A report must be made immediately to administration or IT staff, who are responsible to record the incident.  The device must be returned to school so that a replacement device may be issued.	With Device Protection Plan, half the cost of replacement or repair.  Without the Device Protection Plan, Full cost of replacement or repair.
<b>Accidental Damage (3rd and additional instances)</b>  More than two (2) occurrences of damage during the school calendar year will be interpreted as neglect and student will pay full replacement cost..	A report must be made immediately to the administration or IT staff, who are responsible to record the incident.  The device must be returned to school so a replacement device may be issued.  Some loss of privileges of using the device may occur such as: disciplinary action, restricted from taking the device home.	Cost of replacement or repair will be assessed according to damages.
<b>Intentional Damage/ Neglect</b>	Upon notification or the administration's knowledge of an incident of intentional damage or neglect, the device must be returned to school so a replacement device may be issued. Deliberate damage will be referred to administration.  Applicable board policies and/or school building policies will be followed regarding appropriate discipline for damage to school property.	Cost of replacement or repair will be assessed according to damages.
<b>Loss/Theft</b>  Unless person(s) responsible for a theft are identified, the incident will be considered a loss.	A report must be made immediately to the administration.  In the event of theft, a police report will be filed.	Replacement cost.

## Device Repair Costs

Item	Cost With DPP (First Instance)	Cost With DPP (Second Instance)	Cost Without DPP or Third Instance
Screen (LCD)	\$0	\$75.00	\$150.00
Keyboard	\$0	\$30.00	\$60.00
Motherboard	\$0	\$85.00	\$170.00
Hard Drive (SSD)	\$0	\$60.00	\$120.00
Battery	\$0	\$40.00	\$80.00
Lost Power Cable	\$30.00	\$30.00	\$30.00
Full Replacement	\$0	\$200.00	\$400.00

*The prices listed are subject to change without notice. Lost accessories will not be replaced.*

# Procedures for Damages Not Covered

## 1) Parent did purchase annual DPP

- First repair free
- Second repair ½ price
- Third repair full price

### Steps for Repair

1. Parent/guardian/student will complete a damage report.
2. The Technology Department will assess damage and prepare cost to fix.
3. Parent/guardian/student will receive an invoice of cost and description of repair.
4. A record of the invoice and any payments received will be recorded at the building level and will be listed as an obligation of the student, until the cost of the repair is paid in full.

## 2) Parent did NOT purchase annual DPP

- Repair full price

### Steps for Repair

1. Parent/guardian/student will complete a damage report.
2. The Technology Department will assess damage and prepare cost to fix.
3. Parent/guardian/student will receive an invoice of cost and description of repair.
4. A record of the invoice and any payments received will be recorded at the building level and will be listed as an obligation of the student, until the cost of the repair is paid in full.

## 3) Parent did purchase DPP but Laptop/iPad determined to be lost, stolen, vandalized, neglected, or has multiple accident claims.

- Repair/Replacement full price

### Steps for Repair/Replacement

1. Parent/guardian/student will complete a damage report.
2. The Technology Department will assess damage and prepare cost to fix.
3. The Technology Department will provide a written explanation of why the damage was not covered by the Device Protection Plan.
4. Parent/guardian/student will receive an invoice of cost and description of repair.
5. A record of the invoice and any payments received will be recorded at the building level and will be listed as an obligation of the student, until the cost of the repair is paid in full.

### Examples of neglected or vandalized devices (includes but not limited to):

- Lost or stolen
- Vandalized (intentional damage)
  - Opening the case and causing damage
  - Physically removing components
  - Graffiti
- Neglected
  - Exposure to the elements
  - extreme temperatures
- 3+ accident claims result in full price repairs



# Ambridge Area School District Device Repair Request

This form must be turned in with the device when submitted for repair.

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

Student ID #: \_\_\_\_\_ Device Asset Tag #: \_\_\_\_\_

Building: \_\_\_\_\_ Grade: \_\_\_\_\_ Grad Year: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Issue/Damage (include how the damage occurred):

---

---

---

---

Student's Signature: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

---

## Official Use Only:

Protection Plan Purchased: YES NO N/A

Damage Covered: YES NO

If NO, rationale: \_\_\_\_\_

Charger Returned? YES NO

Resolution / Action Taken: \_\_\_\_\_

Signature of IT Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## AMBRIDGE AREA SCHOOL DISTRICT

*By signing this document, I agree that I have read and agree to the AASD Student Device User Agreement and allow my student to receive the device from Ambridge Area School District.*

### AASD STUDENT LAPTOP INFORMATION

Student Name:
Student ID:
Device Model:
Serial Number:
Asset Tag Number:

To completed by the Parent and/or Guardian:

Student Name (please print):		Parent Name (please print):	
Student Signature:		Parent/Guardian Signature:	
Date:		Date:	
AASD USE ONLY Date:		AASD USE ONLY Issued by:	
Student received device:		Student Initials:	
AASD USE ONLY Distributed Device:	Initials:	AASD USE ONLY Distributed Charger:	Initials:
AASD USE ONLY Powered On:	Initials:		

# AMBRIDGE AREA SCHOOL DISTRICT

## Student Laptop User Agreement (Grades 6-12)



The purpose of this document is to delineate the terms and responsibilities for families taking possession of an Ambridge Area School District (AASD) issued device. Although families will take temporary possession of the device, the device remains the property of AASD. The AASD is loaning your student one Dell Laptop and charger. The laptop is being delivered in excellent working order. It is the student's responsibility to properly handle the device and keep it in an environment that is safe and secure. All equipment must be returned or made available to AASD upon the student's separation from AASD, either by graduation, withdrawal, or at the request of AASD Administration.

Students in the AASD are being provided access to technology for educational purposes. Students must follow the AASD Student Handbook *Code of Conduct* and *Responsible Use Policy 815* for responsible use of technology in order to maintain the privilege of accessing such technology. The student and parent/guardian(s) will be responsible for taking the necessary precautions to safeguard the device. If the AASD determines that loss and/or damage is the result of negligence, the parent/guardian(s) may be held financially responsible for the repair or replacement of the device. AASD reserves the rights to review, monitor, and restrict information stored on or transmitted via the AASD owned device and to investigate inappropriate use of resources. The District will provide filtered Internet access to its students in compliance with the Children's Internet Protection Act.

All **lost** cables can be replaced for a fee. In order to get a replacement, you must pay by cash or check at the time of service or replacement. Replacement Cable fee is currently \$30. All **damaged** cables and chargers can be into IT for a free replacement. Repair deductibles and full replacement costs not covered under current warranties will be invoiced. When a student has a damaged laptop, they can put in a work ticket and/or come directly to the tech office for a repair. The tech department will determine if the damage is malicious or excessive and report the issue to the building principal for further investigation. All prices listed are subject to change based on current costs from Dell.

### The Student and Parent/Guardian signature signifies that the student will:

- Use the device in a responsible and ethical manner that follows the Student Handbook Code of Conduct.
- Understand that the device is at all times the property of the AASD.
- Not uninstall, disable and/or modify any hardware or software installed on the device or install new or additional programs on the device.
- Not permit individuals, other than AASD administrators or authorized AASD IT Department personnel, to access, repair or service the device.
- Adhere to the Board Approved AASD Responsible Use Policy #815. Devices used off school property are subject to all applicable AASD Board Policies, rules, and regulations.
- Understand the device will not be used for personal and/or private purposes and is to be used for the student's educational use and school responsibilities.
- Report loss and/or damage of the device to the Help Desk. If the loss and/or damage is a result of negligence, the student/parent(s) or guardian(s) may be held financially responsible.
- Adhere to this Student Device User Agreement in the event the student is issued a "loaner" device during service.
- Notify the administration immediately if a student should receive an electronic communication containing materials that may be unlawful, inappropriate, affected by a virus, and/or a potential violation of the *Student Handbook*.
- Not share log-in credentials and log off and secure their device to protect their work and information.
- Have a fully charged device prior to the start of each school day.

**By signing this document, I agree that I have read and agree to the above AASD Student Device User Agreement.**

Student Name (please print):	Parent Name (please print):
Student Signature:	Parent/Guardian Signature:
Date:	Date:

Upon completion, send to IU5 Recruitment Coordinator Nallely\_Acosta-Solalinde@iu5.org

## Pennsylvania Migrant Education Program Referral Form

**This form is to determine if your children (ages 0 to 21) can qualify for the Pennsylvania Migrant Education Program and the FREE additional educational services provided by the program. We will contact you based on your responses. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

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

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Names of your Children: \_\_\_\_\_

**Please answer "yes" or "no" if it applies to you.**

(1) Has anyone in your household moved from another country, town or school district within the past 3 years? \_\_\_\_Yes \_\_\_\_No

(2) Has anyone in your household worked or looked for work at the following occupations within the last three (3) years? \_\_\_\_Yes \_\_\_\_No

☐ Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)?



☐ Work related to logging, timber growing or harvesting? Work at a food processing plant, such as vegetable or poultry processing plants, packing apples, vegetables, pork or beef?



Parent Signature \_\_\_\_\_

I understand the purpose of this form is to help the STATE determine if child(dren)/youth listed above is/are eligible for the Title I, Part C, Migrant Education Program. To my best of my knowledge, all of the information, I provided is true.

Upon completion, send to IU5 Recruitment Coordinator Nallely\_Acosta-Solalinde@iu5.org

# Programa de Educación Migrante de Pennsylvania

## Formulario de Referencia

Esta solicitud es para determinar si sus hijos (de 0 a 21) pueden calificar para el programa de educación migrante de Pennsylvania y los servicios educativos adicionales gratuitos proporcionados por el programa. Nos pondremos en contacto con usted, basado en sus respuestas. **TODA LA INFORMACIÓN SE MANTENDRÁ CONFIDENCIAL.**

Nombre de padres o tutores \_\_\_\_\_ Fecha \_\_\_\_\_

Dirección \_\_\_\_\_

Número de teléfono \_\_\_\_\_ Correo Electrónico \_\_\_\_\_

Nombres de sus hijos: \_\_\_\_\_

**Por favor, conteste " sí" o " no" si se aplica a usted.**

(1) ¿Hay alguien en su hogar que se trasladó desde otro país, ciudad o distrito escolar dentro de los últimos 3 años?

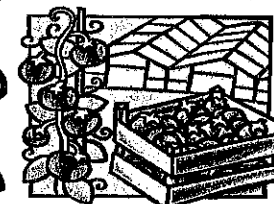
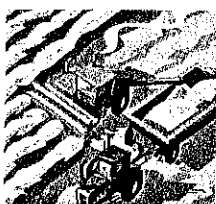
\_\_\_\_\_ Sí \_\_\_\_\_ No

(2) ¿Alguien en su hogar trabajó o buscó trabajo en las siguientes ocupaciones dentro los últimos 3 años? \_\_\_\_\_ Sí \_\_\_\_\_ No

☐ Cualquier trabajo agrícola o granja (tales como heno, productos lácteos, cultivos de frutas o vegetales, aves de corral, la cría de peces, vivero / invernadero, otros)



☐ El trabajo relacionado con la explotación forestal, el cultivo o la cosecha de la madera. Trabajar en una planta de procesamiento de alimentos, tales como plantas de verduras o carne de ave de procesamiento, envasado manzanas, verduras, carne de cerdo o de ternera.



**Firma** \_\_\_\_\_

Entiendo que el objetivo de este formulario es ayudar al Estado a determinar si el (los) menor(ers)/jóvenes arriba mencionados es/son elegible(s) para el Programa de Educación para Migrantes, Título I, Parte C. Entiendo que toda la información que proporcione es verídica.