

KEYSTONE ELEMENTARY SCHOOL

REGISTRATION INFORMATION

1. FILL OUT GREEN REGISTRATION FORM AND ALL OTHER DOCUMENTS WITHIN THE FORM.
2. DOCUMENTS NECESSARY AT TIME OF REGISTRATION:

BIRTH CERTIFICATE  
IMMUNIZATION RECORDS  
PARENT IDENTIFICATION  
4 PROOFS OF RESIDENCY

One must be a copy of mortgage, lease, deed, or settlement papers  
(Other items accepted can be found on the 3<sup>rd</sup> page of the registration packet)

**THE ABOVE DOCUMENTS MUST BE WITH YOU WHEN REGISTERING. WE WILL NOT ACCEPT FAXES**

MULTIPLE OCCUPANCY FORM  
(ONLY NECESSARY if residing in someone's home or apt. other than yours)

**\*\*REGISTRATION IS BY APPOINTMENT ONLY**

WHEN PACKET IS COMPLETE AND ALL NECESSARY DOCUMENTS ARE WITH YOU, PLEASE CALL MARIANNE MENSINGER AT 267-599-2486 TO MAKE AN APPOINTMENT.

# Bristol Township School District – Pupil Registration Form

<b>For Office Use Only</b>	Time and Date of Registration: _____	Entry Code: _____	Entry Date: _____
Student ID# _____	School: _____	Grade: _____	Attendance Area: _____
Agency Placement (Name of Agency): _____		Residency Signed (Date): _____	

## Please PRINT the information below

Has your child ever attended Bristol Township Schools before?  NO  YES If yes, When? \_\_\_\_\_

Student's Name: \_\_\_\_\_  Male  Female  
(LAST) (FIRST) (MIDDLE)

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Month Day Year City State/Country

Present Address: \_\_\_\_\_  
Street Number, Street Name Apartment Complex Name & Apartment #  
 \_\_\_\_\_  
City, State, Zip Home Phone Number Cell Phone Number

Previous Address: \_\_\_\_\_  
(If less than 2 years at present address) City, State and Zip Code

Previous School: \_\_\_\_\_ Telephone #: ( ) - Fax #: ( ) -

School's Address: \_\_\_\_\_ Date 1<sup>st</sup> Enrolled in ANY US School: \_\_\_\_\_

### Check One Box only

Ethnic Background:  American Indian/Alaskan Native  Asian  Black Non-Hispanic  
 Hispanic  White  Hawaiian/Pacific Islander  
**For PSSA purposes only, is your child multi-racial?**  Yes  No

Country of Origin: \_\_\_\_\_  Other Countries of Residence: \_\_\_\_\_  
 United States Citizen: \_\_\_\_\_  Other Citizenship (name) \_\_\_\_\_

The information below will be used to contact you through our messaging system. The system will let you know when your child is absent and school closing information ONLY.  Check this box if you would **NOT** like to be contacted.

Mother/Guardian's full name	Cell Phone # ( ) -	Email	DOB
Father/Guardian's full name	Cell Phone # ( ) -	Email	DOB
Step-Parent's full name	Cell Phone # ( ) -	Email	DOB
Guardian's full name	Cell Phone # ( ) -	Email	Relationship DOB

Marital Status:  Single  Living with, but not married  Married  Separated  Divorced  
 If divorced or separated, do you have legal custody?  No  Yes If yes, please provide a copy of the custody papers.

## Family Employment Information

Mother/Guardian's Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Father/Guardian's Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Step-Parent/Guardian's Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Guardian's Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

### Household Children (Brother/Sisters, & Step-brother/sisters)

Name (First & Last)	Sex	DOB	School	Grade	Living home?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Has your child ever received Special Education Services?  No  Yes (fill in type of service below)  
 What type of services: \_\_\_\_\_

Is your child currently receiving Special Education Support?  No  Yes, Current IEP date: \_\_\_\_\_

Other information the school should know that is not listed above:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



*Registration is not complete until all the requirements for residency, proof of birth and immunization record have been fulfilled. Entrance into school is subject to completion of registration.*

**All the information regarding registration is complete and correct. I understand that false information will result in the immediate removal of the student(s) and make me personally liable for the annual tuition rate.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials of the Principal

## Student Records

The Bristol Township Board of School Directors authorizes the collection of this and other academic attendance information because it is necessary for the operation of the student's school program. Records of your child's total education program are kept in the school. Whenever any information is added to the record, you will be informed. You may receive copies if you desire them. Specialized information about your child will only be collected with prior, written permission from the Parent/Guardian. Only appropriate school personnel can see these records, which are kept in secure files. No one else can see them or obtain copies of them without the written permission of the Parent/Guardian. You may examine any and all of your child's school records if you wish. To do so, arrange an appointment with the principal or counselor.

## Authorization for Verification of Address Release of Information Agreement

(Parent/Guardian or Legal Custodian will print his/her name)

I, \_\_\_\_\_, do hereby give the **Bristol Township School District** authorization to contact **any or all of the following to obtain verification of my address which is on file**, or which I have used in filing forms with them. I further authorize the agency or employer contact to release the requested information which will verify my address upon receipt of a photocopy or electronically transmitted copy of this form.

1. Internal Revenue Service
2. Employer
3. Welfare Agency or related Health Services Agency
4. Bureau of Motor Vehicles
5. U.S. Postal Service
6. Credit Reporting Agencies
7. Landlord of (previous) address \_\_\_\_\_
8. Landlord of current address \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian or Legal Custodian

\_\_\_\_\_  
Date

**Bristol Township School District**  
**HOME LANGUAGE SURVEY\***

The Office of Civil Rights (OCR) requires that school districts/charter schools/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 the identification.

School District: Bristol Township School District

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ 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

If yes, specify the language(s): \_\_\_\_\_

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): \_\_\_\_\_

Parent/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 for 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.

**School District of Bristol Township  
Health History**

Form#40

School \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_

SCHOOL AND DISTRICT LAST ATTENDED \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ DR.'S PHONE NUMBER \_\_\_\_\_

DOES YOUR CHILD HAVE AN I.E.P. OR 504 PLAN? \_\_\_\_\_

DOES YOUR CHILD HAVE:	YES	NO	HAS YOUR CHILD HAD:	YES	DATE	NO
6 OR MORE COLDS PER YEAR	_____	_____	CHICKENPOX	_____	_____	_____
6 OR MORE SORE THROATS PER YEAR	_____	_____	CONVULSIONS	_____	_____	_____
ASTHMA OR WHEEZING	_____	_____	GERMAN MEASLES	_____	_____	_____
HAY FEVER	_____	_____	MEASLES	_____	_____	_____
CHRONIC COUGH	_____	_____	MUMPS	_____	_____	_____
FREQUENT EAR INFECTIONS	_____	_____	POLIO	_____	_____	_____
HEARING PROBLEMS	_____	_____	RHEUMATIC FEVER	_____	_____	_____
HEARING AID PRESCRIBED	_____	_____	MONO	_____	_____	_____
VISION PROBLEMS	_____	_____	BED WETTING	_____	_____	_____
GLASSES PRESCRIBED	_____	_____	HERNIA	_____	_____	_____
SPEECH DIFFICULTIES	_____	_____	HEPATITIS	_____	_____	_____
POOR POSTURE	_____	_____	APPENDICITIS	_____	_____	_____
EMOTIONAL PROBLEMS	_____	_____	TONSILS REMOVED	_____	_____	_____
EXTREME ACTIVITY OR RESTLESSNESS	_____	_____	TB	_____	_____	_____
DIFFICULTY SLEEPING	_____	_____	WHOOPING COUGH	_____	_____	_____
TEMPER TANTRUMS AFTER AGE 5	_____	_____	FAINING SPELL	_____	_____	_____
CONCUSSION	_____	_____	HEART MURMUR	_____	_____	_____
FREQUENT FALLS	_____	_____	OTHER	_____	_____	_____
FREQUENT STOMACH ACHES	_____	_____	FREQUENT HEADACHES	_____	_____	_____
IS YOUR CHILD ALLERGIC TO ANYTHING?	_____	_____	WHAT?	_____	_____	_____

TYPE OF REACTION \_\_\_\_\_

HAS YOUR CHILD HAD ANY OPERATIONS? \_\_\_\_\_ DATES \_\_\_\_\_

TYPE OF OPERATIONS \_\_\_\_\_

ANY OTHER PROBLEMS, NEEDS, OR CONCERNS? \_\_\_\_\_

WHAT MEDICATION(S) IS YOUR CHILD CURRENTLY TAKING? \_\_\_\_\_

CAN YOUR CHILD PARTICIPATE IN A FULL PHYSICAL EDUCATION PROGRAM? \_\_\_\_\_

IF NOT, WHY? \_\_\_\_\_

AGE CRAWLED \_\_\_\_\_ AGE TALKED \_\_\_\_\_ AGE WALKED \_\_\_\_\_ BIRTH WEIGHT \_\_\_\_\_

IS YOUR CHILD POTTY TRAINED? YES \_\_\_\_\_ NO \_\_\_\_\_

DOES ANYONE IN THE FAMILY HAVE: (PLEASE CIRCLE AND EXPLAIN ON BACK OF THIS FORM)

- TB    HEART DISEASE    CANCER    EPILEPSY    DEAFNESS    ALLERGY    DIABETES    ASTHMA
- KIDNEY CONDITION    BLINDNESS    VISION PROBLEM    NERVOUS BREAKDOWN

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **815. ACCEPTABLE USE OF ELECTRONIC RESOURCES**

### **Purpose**

The Bristol Township School District provides its employees, students, and guests (“users”) access to technology resources including, but not limited to, electronic communications systems, computers, computer networks, networked devices, hardware, software, internet access, mobile devices, peripherals, copiers, and cameras.

The Board supports the use of the District’s technology resources to facilitate teaching and learning, to provide access to information, to aid in research and collaboration, to foster the educational mission of the District, and to carry out the legitimate business and operation of the District.

The use of the District’s technology resources is for appropriate school-related educational and operational purposes and for the performance of job duties consistent with the educational mission of the District. Use for educational purposes is defined as use that is consistent with the curriculum adopted by the District as well as the varied instructional needs, learning styles, abilities and developmental levels of students. All use for any purpose must comply with this policy and all other applicable codes of conduct, policies, procedures, and rules and must not cause damage to the District’s technology resources.

All employees and students are responsible for the appropriate and lawful use of the District’s technology resources. This policy is intended to ensure that all users continue to enjoy access to the District’s technology resources and that such resources are utilized in an appropriate manner and for legitimate purposes.

### **Definitions**

#### **District Technology Resources**

District technology resources mean all technology owned, operated, and/or licensed by the District, including computers, projectors, televisions, video and sound systems, mobile devices, calculators, scanners, printers, cameras, portable hard drives, hardware, software, accounts, routers, and networks, including the Internet.

#### **User**

User means anyone who utilizes or attempts to utilize District technology resources while on or off District property. The term includes, but is not limited to, students, staff, parents and/or guardians, and any visitors to the District that may use District technology.

#### **Authority**

The Board establishes that access to and use of its technology resources is a privilege, not a right, which may be revoked at any time. The District’s technology resources are the property of the District. The District provides these resources for educational and operational purposes as stated herein and are not provided as a public access service or to provide a public forum.

The Superintendent or his/her designee is ultimately responsible for overseeing the District’s technology resources. The Superintendent will designate a network administrator who will serve as the coordinator and supervisor of the District’s technology resources and networks, and who will work with other regional and state organizations as necessary to educate users, approve activities, provide leadership for proper training for all users in the use of the District’s technology resources and the requirements of this policy, and who will establish a system to ensure that users who access District technology resources have agreed to abide by the terms of this policy.



the District's filters for a bona fide educational purpose. Such requests must be either granted or rejected within three school-days pursuant to the established procedure.

The Board directs that the Superintendent or his/her designee ensure that students at the elementary, middle school, and high school levels are educated about appropriate online behavior including interacting via social networks and in chat rooms, cyber-bullying, and disclosure of personal information.

### **Monitoring**

District technology resources shall be periodically monitored to ensure compliance with this and other District policies including monitoring of users' online activities. The network administrator designated by the Superintendent shall ensure that regular monitoring is completed pursuant to this section. However, the Superintendent, or his/her designee, shall also implement procedures to ensure that District technology resources are not utilized to track the whereabouts or movements of individuals and that remotely activated cameras and/or audio are not utilized except where necessary to recover lost or stolen District technology.

### **District Provided Resources**

District technology resources may be assigned or allocated to an individual user for his or her use (e.g. individual e-mail accounts, laptop computers, etc.) Despite being allocated to a particular user, the technology resources remain the property of the District and may be revoked, suspended, or inspected at any time to ensure compliance with this and other District policies. Users do not have an expectation of privacy in any District provided technology resource or any of its contents.

### **General Prohibitions**

The following uses of District technology resources are prohibited:

1. Use of technology resources to violate the law, facilitate illegal activity, or to encourage others to do so.
2. Use of technology resources to violate any other District policy.
3. Use of technology resources to engage in any intentional act which might threaten the health, safety, or welfare of any person or persons.
4. Use of technology resources to cause, or threaten to cause harm to others or damage to their property.
5. Use of technology resources to bully, or to communicate terroristic threats, discriminatory remarks, or hate.
6. Use of technology resources to communicate words, photos, videos, or other depictions that are obscene, indecent, vulgar, rude, profane, or that advocate illegal drug use.
7. Use of technology resources to create, access, or to distribute obscene, profane, lewd, vulgar, pornographic, harassing, or terroristic materials, firearms, or drug paraphernalia.
8. Use of technology resources to attempt to interfere with or disrupt District technology systems, networks, services, or equipment including, but not limited to, the propagation of computer "viruses" and "worms", Trojan Horse and trapdoor program codes.
9. Altering or attempting to alter other users' or system files, system security software, system or component settings, or the systems themselves, without authorization.
10. The attempted physical harm or attempted destruction of District technology resources.
11. Use of technology resources in a manner that jeopardizes the security of the District's technology resources, or in a manner that attempts to circumvent any system security measures.
12. Use of technology resources to intentionally obtain or modify files, passwords, and/or data belonging to other users or to the District.
13. Use that conceals or attempts to conceal a user's identity, including the use of anonymizers, or the impersonation of another user.
14. Unauthorized access, interference, possession, or distribution of confidential or private information.

**Bristol Township School District**

**INTERNET USE AGREEMENT**

I understand and will abide by the Internet Use Agreement and Technology Resource/Use of Internet Policy. I further understand that any violation of this policy and agreement is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and disciplinary action and/or appropriate legal action may be taken.

\_\_\_\_\_  
Student or Employee Full Name (PLEASE PRINT)

\_\_\_\_\_  
Expected Date of Graduation (student)

\_\_\_\_\_  
Signature

**PARENTAL CONSENT**

As the parent/guardian of the above named student user of the Internet through the facilities of the Bristol Township School District, I hereby state that I have read the policy and each and every term and condition of this agreement.

Further, I understand that Internet access is designed for educational purposes and that my child has agreed to the terms of this policy and agreement. I give my consent for my child to have access to the Internet and I accept full responsibility for my child's compliance with the terms of this policy and agreement. I also recognize that it is impossible for the Bristol Township School District to restrict or prevent access to all controversial materials. I agree to release the school district from any and all legal liability of any type whatsoever in respect to any materials which are seen, reviewed, or obtained on, or through, the Internet network.

I hereby give my permission for the school district to grant Internet privileges to my child and certify that the information provided below is true and correct.

\_\_\_\_\_  
Parent/Guardian Full Name (PLEASE PRINT)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Evening Telephone

\_\_\_\_\_  
Parent/Guardian Signature