

Welcome to the Sto-Rox School District

Sto-Rox Primary Center (K-3)

300 Ewing Road

McKees Rocks, PA 15136

412-771-3213 x3

Fax: 412-771-8641

School Hours: 8:30 a.m. - 3:30 p.m.

(Students may enter at 8:15 a.m.)

Sto-Rox Upper Elementary School (4-6)

298 Ewing Road

McKees Rocks, PA 15136

412-771-3213 x2

Fax: 412-771-3848

School Hours: 7:45 a.m. - 2:45 p.m.

(Students may enter at 7:30 a.m.)

Sto-Rox Jr.-Sr. High School (7-12)

1105 Valley Street

McKees Rocks, PA 15136

412-771-3213 x1

Fax: 412-771-5193

School Hours: 7:20 a.m. - 2:13 p.m.

(Students may enter at 7:00 a.m.;
report to cafeteria for breakfast)



REGISTRATION:

Marsha Hansberry

412-771-3213 x4100

MEDICAL/IMMUNIZATIONS:

Judith Fenio (Primary & Upper Elem) 412-771-3213 x2040, x3040

Darcy Mueller (Jr.-Sr. HS) 412-771-3213 x1040

TRANSPORATION:

Tina Nagel

412-771-3213 x5217

GUIDANCE:

Desire Krawchyk (Primary)

412-771-3213 x4106

Helen Shearer (Upper Elementary)

412-771-3213 x4105

Stacy Huber (Jr.-Sr. HS Grades 7-9)

412-771-3213 x4104

Joe Herzing (Jr.-Sr. HS Grades 10-12)

412-771-3213 x4103

Sto-Rox School District Registration Checklist

*Sto-Rox District Policy states that students **MUST** be registered by the **SECOND WEEK** of school.*

- Proof of Child's Age (original birth certificate or certified duplicate issued from the Commonwealth of Pennsylvania)
- Two Proofs of Residency (utility bill, current automobile registration, driver's license, check stubs from wages or court-ordered custodial agreement)
- Student Enrollment Application (SRSD-01)
- Act 26 - Parent Registration Statement (SRSD-02)
- Home Language Survey Form (SRSD-03)
- School Immunization Regulations / Health History Form / Medication Form (SRSD-04)
- Transportation Registration Form (SRSD-05)
- Request for Alternate Transportation for Childcare Purposes (SRSD-05 Alt)
- Request for Records (if applicable) (SRSD-06)
- Pennsylvania Information Management System (PIMS) (SRSD-07)

* KINDERGARTEN: CHILD MUST BE FIVE (5) YEARS OLD ON OR BEFORE SEPTEMBER 1 OF SCHOOL YEAR *

* FIRST GRADE: CHILD MUST BE SIX (6) YEARS OLD ON OR BEFORE JANUNARY 31 OF SCHOOL YEAR *

Enrollment Application

Today's Date _____ Entering Grade _____ School year _____ New Re-Enrolling

_____ Male Female
 Legal Last Name Legal First Name Middle Name

_____ _____ _____ _____
 Address City State Zip

Date of Birth: _____ Birthplace: _____ (City, State)

Please select the student's ethnic/racial category(ies). (choose all that apply)

American Indian/Alaskan Native Asian Black/African American
 Caucasian/White Hispanic/Latino Native Hawaiian or Other Pacific Islander

Student resides with: (choose only one)

Both parents Father Mother Other _____

Is there a joint custody or parenting plan in effect? No Yes (if yes, plan must be on file with school)

Is there a PFA in effect? No Yes (if yes, plan must be on file with school)

Name of Parent/Guardian 1	Relationship to Student	Primary phone #
Address		Cell phone #
Email:		Work phone #

Name of Parent/Guardian 2	Relationship to Student	Primary phone #
Address		Cell phone #
Email:		Work phone:

Name of Parent/Guardian 3	Relationship to Student	Primary phone #
Address		Cell phone #
Email:		Work phone #

IN THE EVENT THAT A PARENT/GUARDIAN CANNOT BE REACHED, please list two EMERGENCY contacts and their relationship to your child.

Emergency Contact 1	Relationship to Student	Phone Number
Emergency Contact 2	Relationship to Student	Phone Number

Other Children in Family

Sibling Name	M/F	Date of Birth	School Attending	Grade

Previous Schools Attended

School Name/District	City	State	From Year	To Year

Special Services:

Has your child ever qualified for or been enrolled in a Special Education class? Yes No

Does your child have a current IEP, GIEP, speech, or 504 plan? Yes No

Please add any other information that you feel would be helpful for the school district to know about your child.

PLEASE FILL IN ONLY IF APPLICABLE: To address the requirements of the McKinney-Vento Act, the following questions will help the District determine if the students meets the eligibility criteria for services provided under the McKinney-Vento Act.

The student lives with: parent an adult who is not a parent/legal guardian no adult/unaccompanied

Does the family live with friends or relatives for the time being because of economic hardship Yes No

Does the student stay in any of the following at night:

- in a shelter in a motel/hotel in a location not appropriate for regular habitation
- Substandard Housing Doubled up with relatives A space that is not fixed, adequate or regular

I understand that I must be a resident living within the boundaries of the Sto-Rox School District to register my child for school and I have provided the Sto-Rox School District will accurate information pertaining to my residency. If the information is incorrect, I fully understand that I am responsible for reimbursing the district the cost of my child’s education. The District reserves the right to investigate residencies in question at any time.

Signature of Parent/Guardian

Date

Parent Certification Statement

Sworn Statement of Previous Suspension or Expulsion for Admission of _____ as a pupil in the Sto-Rox School District.

I/We, _____, the parent(s)/guardian(s) in control of whom I/we desire to register with and attend classes in the Sto-Rox School District, hereby swear/affirm that the pupil **was / was not (circle one)** previously suspended or expelled from any public or private school of the Commonwealth of Pennsylvania or of any other state for an act or offense involving weapons, alcohol or drugs, or for an offense involving the willful infliction of injury to another person or for any act of violence committed on school property.

Complete the following in the event the above-named student was suspended or expelled for the above reasons:

The student, _____, was suspended or expelled from the _____ School on _____. The expulsion/suspension was effective from _____ to _____. The expulsion/suspension was for the following reasons: _____

I/We fully understand that any false statement herein would be a violation of Act 26 of 1995 and shall be a misdemeanor of the third degree, and would also constitute a violation of the Pennsylvania crimes code, Title 18, consolidated Pennsylvania statutes, 18 PA. C.S.A. 4903 and 4904, as amended, and could subject me to a fine of up to \$2,000.00 or imprisonment for up to 1 year or both.

Signature of Parent/Guardian

Date

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 Department of Education has selected the Home Language Survey as the method for the identification.

School District: Sto-Rox School District Date: _____

Name of Child: _____ Grade: _____

Address: _____

1. What is/was the student's primary language? _____
2. Does the student speak a language other than English? Yes No
(Do not include languages learned in school.) If yes, specify the language(s): _____
3. What language(s) is/are spoken in your home? _____
4. Please indicate the number of months the student has been enrolled in US schools:
 - 0 to 12 months
 - 13 to 24 months
 - 25 to 36 months
 - 37 or more months

Parent/Guardian signature: _____

* The school district 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 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 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 in the future.

ALLEGHENY COUNTY HEALTH DEPARTMENT SCHOOL IMMUNIZATION REGULATIONS

IMPORTANT* Immunizations must be completed before entry into the first day of school or risk exclusion from school. There will be no provisional enrollment.**

ALL GRADES K-12

- 4 doses of tetanus, diphtheria and acellular pertussis*
(1 dose on or after 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)
- 2 doses of measles, mumps and rubella**
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or written statement from physician/designee indicating month and year of chicken pox illness or serologic proof of immunity

GRADE 7

- 1 dose of tetanus/diphtheria/pertussis (Tdap)
- 1st dose of meningitis vaccine (MCV4)

GRADE 12

- 2nd dose of meningitis vaccine MCV

* Usually given as DTaP or DTP or DT or Td

* * Usually given as MMR

If your child does not have the above immunizations, they have five (5) days to complete the series or get a doctor's letter with the date to be given. If not given on this date, the child will be excluded until given or a new plan in place.

If they have multiple immunizations to catch up, this plan will again need to be written by your physician and followed.

Allegheny County Health Department, 4th floor Hartley-Rose Building (entrance on Cherry Way)
425 First Avenue, Pittsburgh PA 15219 Phone: 412-578-8060

Walk-in Immunization Services are available at the Allegheny County Health Dept. on Monday, Tuesday, Thursday, Friday from 9:00 a.m. to 4:00 p.m. and on Wednesday 1:00 p.m. to 8:00 p.m.

Confidential Health Services History

Today's Date _____ Grade entering _____ New student Re-enrolling student

_____ Male Female
 Legal Last Name Legal First Name Middle Name

_____ _____ _____ _____
 Address City State Zip

Phone #1: _____ Phone #2: _____ Date of Birth: _____

Significant Medical Conditions (check if yes). If yes, please explain.

	Check if applies. Explain.		Check if applies. Explain.
ADD/ADHD		Hearing Problems	
Allergies: Environmental, Food, Insects, etc.		Orthopedic Conditions	
Arthritis		Prematurity	
Asthma		Seizure Disorder	
Autism/PDD		Sickle Cell Disorder/Trait	
Cardiac		Skin Disorder	
Corrective Lenses		Speech Problems	
Developmental Delay		Vision Disorder	
Diabetes, Type 1 or 2		Other	
Gastrointestinal Disorders		Other	
Headaches			

Are there any special conditions which require restriction of activity or which might affect your child's education? If so, please explain.

Please list any past operations or accidents: _____

School Medication Policy

The law which regulates the administration of medication in the school is the same as that applied to hospitals and other institutions. **Written permission from Physician and Parent are required for your child to receive medication at school. All medications must be in a prescription container labeled by the pharmacy or in the original container labeled by the manufacturer. Students are not allowed to carry the medication to school to give to the nurse. An adult would need to bring the medication to the office.**

All medications must be stored and dispensed from the nurse’s office. These same requirements also apply to any over-the-counter medication needed during school hours.

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Current Medications

Medication Name	Taken For

Physicals and Dental Exams

Children entering Kindergarten, Grades 6 and 11 are required to have a physical examination. Children entering Kindergarten, Grades 3 and 7 are required to have a dental examination.

These procedures may be done either by your family doctor and dentist or by the school doctor and dentist, under the school program.

If you prefer to have your family doctor or dentist complete these procedures, special forms can be obtained at the school. These procedures must be done in the summer prior to entering school or during the school year.

However, these procedures will be done at school if the private physician or dental form is not completed and returned to the school by the time our school physician and dentist are available to us.

If my child needs immediate medical attention and the school is unable to contact the parent/guardian, you have my permission to take my child to the emergency room of a local hospital for treatment.

Hospital Preference: _____

Parent’s Signature _____ Date: _____

I have read the above information and understand my responsibilities.

Name of Student _____ Signature of Parent/Guardian: _____

Prescription Medication Consent Form to be completed by Physician

Sto-Rox School District

Primary (K-3) Fax: 412-771-8641

Upper Elem (4-6) Fax: 412-771-3848

Jr.-Sr. HS (7-12) Fax: 412-771-8395

Student's Name _____ DOB _____

Current Date _____ Grade _____ School Year _____

Medication and dosage _____

Time for administration during school hours _____

DAILY _____ or PRN _____

Specific instructions for administration _____

Physician's Signature

Date

Phone _____

Fax _____

All medication must be supplied in the ORIGINAL prescription container or it will not be given.

I grant permission for the school personnel to assist in the administration of medication/treatment noted above, including when the student is away from school property on school business. I release the Sto-Rox School District employees from all liability for damage my child may occur as a result of this request.

Signature of Parent/Guardian

Date



STO-ROX SCHOOL DISTRICT
Transportation Department
298 Ewing Road, McKees Rocks, PA 15136
412-771-3213 ext. 5217; 412-771-0238 (fax)
email: tnagel@srsd.k12.pa.us

REQUEST FOR TRANSPORTATION – New Student

Child’s Name _____ DOB: _____

Child’s Address _____

School Year _____ Grade entering _____ School Attending _____

Check what busing you will need _____ AM only _____ PM only _____ Both AM/PM

Mother’s Information

Father’s Information

Name (Please Print) _____

Main Phone # _____

Emergency Contact Names & Phone #'s (other than parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent Signature _____

Date _____

FOR DISTRICT USE ONLY:

AM Bus Number _____

PM Bus Number _____

AM Stop Location _____

PM Stop Location _____

Pick-up Time: _____

Drop-off Time: _____

Transportation Start Date: _____

NOTES:



STO-ROX SCHOOL DISTRICT
Transportation Department
 298 Ewing Road, McKees Rocks, PA 15136
 412-771-3213 ext. 5217; 412-771-0238 (fax)
 email: tnagel@srsd.k12.pa.us

REQUEST FOR ALTERNATE TRANSPORTATION

Requested start date: _____ Please allow **48 hours** for change to take effect. Proof of residency is required for all address updates.

Child's Name _____ DOB: _____

Child's Address _____

School Year _____ Grade entering _____ School Attending _____

Check what busing you will need _____ AM only _____ PM only _____ Both AM/PM

CHILD CARE INFORMATION for change in Transportation (Must be 5 days a week M-F)

AM ONLY: PM ONLY: BOTH: ADDRESS CHANGE ONLY:

Daycare Provider: _____ Phone: _____

Daycare Provider's Address: _____

I understand and agree that an alternative bus arrangement for childcare purposes depends on (1) the student may not travel outside the school's attendance area; (2) the site of the childcare provider must be on an existing bus route [there will be no re-routing of buses]; (3) the student must ride the alternate bus five days per week; (4) the assignment of students to an alternate bus is contingent on space availability at the time of the request.

Further, I agree that if the childcare provider is closed due to inclement weather and/or emergency situations, I am responsible for transportation to and/or from school. Additionally, I have read and understand the procedures listed on the reverse side of this form.

Parent/Guardian Signature _____ Date _____

FOR DISTRICT USE ONLY:

AM Bus Number _____

PM Bus Number _____

AM Stop Location _____

PM Stop Location _____

Pick-up Time: _____

Drop-off Time: _____

Transportation Start Date: _____

NOTES:

Procedures and Conditions for Requesting Alternate Bus Assignment for Childcare Purposes

In order to have students transported to an alternate site for childcare purposes, it is necessary to complete and submit to the school office the **Request for Alternate Bus Assignment due to childcare Arrangements** application. This application must be submitted a minimum of one week prior to when transportation is requested to start.

Approval of the request is contingent on the signature and approval of the building principal and the Director of Administrative Services. The request will be granted only if both the principal and Director of Administrative Services are in agreement and if the conditions listed below are followed and agreed to by the parent / guardian.

1. Same Bus

The student must ride the same bus in the morning all five days from the same location. The student must ride the same bus in the afternoon all five days to the same location. Example: A student may be picked up at a childcare provider on Bus 12 in the morning and taken home on Bus 15 from school to home.

2. Existing Bus Route

The location of the childcare provider must be on an existing bus route and, if possible, close to an existing bus stop. There will be no re-routing of a bus to accommodate a childcare request.

3. Space Availability

The assignment of a student to an alternate bus is contingent on space availability. If the bus route requested is full at the time of the request, the request will be denied. The district will not move stops from one bus to another or re-route buses to accommodate a childcare request.

4. Same Attendance Area

A student may not travel outside their attendance area to go to a childcare provider and receive alternate transportation services by the district. Even though some of the buses may cross attendance boundaries, students will not be eligible for alternate transportation if it is outside their assigned attendance area.

5. Emergency Closings

If the childcare provider's facility is closed due to emergency or inclement weather, parents are responsible for providing transportation to and from school. Students may not use their home school assignment in the event of an emergency. If the Childcare Program closes early, parents must pick up their child(ren) at the regular school dismissal time.

6. Yearly Request

The request for alternate transportation must be for the entire school year. If you change a childcare provider during the school year, you must submit another request for consideration. Up to two (2) changes may be made after the initial request. If subsequent requests are denied, parents must transport their child(ren) to school or the child(ren) must ride the transportation provided from their regular bus assignment. The alternate transportation form must be completed at the beginning of each school year.



Primary Center
 300 Ewing Road
 McKees Rocks, PA 15136
 412-771-3213 x3

Upper Elementary
 298 Ewing Road
 McKees Rocks, PA 15136
 412-771-3213 x2

Jr.-Sr. High
 1105 Valley Street
 McKees Rocks, PA 15136
 412-771-3213 x1

Authorization for Release of Information for School Records

Name of Previous School _____

_____ Address _____ City _____ State _____ Zip _____

Telephone/Fax _____

Student name: _____ DOB: _____ has been enrolled in grade _____
 at the Sto-Rox School District.

Please release the information listed below regarding the student who has withdrawn from your school:

Administrative records (name, address, grade, birth certificate, etc.)	Academic records/report cards/transcripts	Attendance records
Confidential records including custody papers	Health and Immunization Records	Discipline records
Standardized test scores	Specialized Education Services records (ER, IEP, GIEP, NOREP, Speech and Language, etc.)	Other (specify):

Send records to:

Sto-Rox Primary Center (K-3) 300 Ewing Road McKees Rocks, PA 15136 412-771-3213 x3 Fax: 412-771-8641	Sto-Rox Upper Elementary School (4-6) 298 Ewing Road McKees Rocks, PA 15136 412-771-3213 x2 Fax: 412-771-3848	Sto-Rox Jr.-Sr. High School (7-12) 1105 Valley Street McKees Rocks, PA 15136 412-771-3213 x1 Fax: 412-771-5193
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 Signature of Parent

 Date

PENNSYLVANIA INFORMATION MANAGEMENT SYSTEM (PIMS) STUDENT INFORMATION FORM

Male Female

_____ _____ _____
 Legal Last Name Legal First Name Middle Name

_____ _____ _____ _____
 Address City State Zip

Date of Birth: _____ Is the student a single parent? Yes No

Student's First Language is _____ Primary Language Spoken in the Home: _____

This information is part of a state-mandated program to make sure schools keep accurate information about your child on file throughout his/her entire school career, even if a child changes school districts.

Required Information	Instructions	Answer
1. Birth Country	Enter country of birth.	
2. Birth City and State	If the student was born in the USA, enter city and state of birth.	
3. Date enrolled in to current school	Date student enrolled into this school. Example "August 2017" or if you only know the year, "2017."	
4. Date enrolled into a Pennsylvania school	Date student first entered ANY school in Pennsylvania. Example, "August 2017" or if you only know the year, "2017."	
5. Date entered the United States	1. If the student was born in the USA, enter student's birthdate. 2. If you do not know the first date the student entered the USA, use the date the student first attended ANY school in the USA.	
6. Date student entered into Grade 9	Enter date student enrolled into the 9 th grade (if applicable). Example "August 2017" OR if you only know the year, "2017"	

Parent/Guardian signature: _____ Date: _____