

**FRANKLIN REGIONAL SCHOOL DISTRICT  
STUDENT REGISTRATION  
3210 SCHOOL ROAD  
MURRYSVILLE, PENNSYLVANIA 15668**

**<http://www.franklinregional.k12.pa.us/>**

**REGISTRATION PACKET  
Grades 1-12**

**Appointments accepted Monday through Friday  
8:00 AM to 11:30 AM  
12:30 PM to 2:00 PM**

**Please call Donna Fornataro (724) 327-5456 x 7622 with any questions**

## **REGISTRATION**

### **RESIDENCY QUALIFICATION**

You must reside in the Franklin Regional School District or be in the process of building or buying a home within the boundaries of the district.

### **NON-RESIDENT/PRE-RESIDENT STATUS**

Families not yet living in the District but who are in the process of building or buying a home in the district and would like to register their children to begin school are required to pay tuition until their residency is established.

1. You must write a letter to the Superintendent attaching a copy of lease agreement or builder's agreement to the letter.
2. The Business Office will then send you a letter stating the amount of tuition due and the date it is due.
3. A copy of the District Policy 8304 is available on the website.

### **MULTIPLE OCCUPANCY**

If you are sharing a residence with another family within the Franklin Regional School District you must file a **NOTARIZED** Certificate of Multiple Occupancy. Forms are available from Donna Fornataro at the Franklin Regional Administration Building or on the website.

**REGISTRATION FORMS TO BE COMPLETED BY PARENT/GUARDIAN.**

**PLEASE BRING THE COMPLETED FORMS AND REQUIRED INFORMATION WITH YOU**

**ALL FORMS MUST BE COMPLETED IN FULL AND PRESENTED AT REGISTRATION.**

1. **Student Entry Information Form** - Please complete the student information, father's and mother's information, and guardian information, if applicable, in full. In order to register your child you must bring all of the following:
  - a. **Proof of the child's age**: any one of the following constitutes acceptable
    - Birth certificate
    - Notarized copy of birth certificate
    - Baptismal certificate
    - Copy of the record of baptism-notarized or duly certified and showing the date of birth
    - Notarized statement from the parents or another relative indicating the date of birth
    - A valid passport
    - A prior school record indicating the date of birth
  - b. **Proof of residency** in the Franklin Regional School District –  
**At least two of the following**:
    - A deed
    - A lease
    - Current utility bill
    - Current credit card bill
    - Property tax bill
    - Vehicle registration
    - Driver's license
    - DOT identification card
  - c. Custody order, if applicable
2. **District Forms**
  - a. Health Identification Form – health history
  - b. Immunization required by law
    - Acceptable documentation includes: either the child's immunization record, a written statement from the former school district or from a medical office that the required immunizations have been administered, or that a required series is in progress, or verbal assurances from the former school district or a medical office that the required immunizations have been completed, with records to follow.
  - c. Special Services Form - Please complete and sign
  - d. Home Language Survey - Please complete this form in its entirety
  - e. Internet Use Agreement – Please complete this form in its entirety
  - f. Census Enumeration - Please complete this form in its entirety.
  - g. Authorization for Verification of Address
  - h. Parental Registration Statement
3. **Additional Forms** (only as needed – available at Administration office or online)
  - Notarized Guardianship Order - Please complete, if applicable
  - Certification of Multiple Occupancy – Only if residing with another family within the Franklin Regional School District (needs notarized)

**We will not be able to register your child if any of this information is missing.**

FRANKLIN REGIONAL SCHOOL DISTRICT

Resident\_\_\_\_\_

Student ID\_\_\_\_\_

OFFICE OF CHILD ACCOUNTING  
STUDENT ENTRY INFORMATION  
PLEASE PRINT OR TYPE ALL INFORMATION

Non- Resident\_\_\_\_\_

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE	GRADE	BIRTHDATE	SEX	RACE CODE	ETHNICITY

Race Code: Please chose a code and enter above:

A = Asia/Pacific Islander B = African American EI = Indian I = Native American W = White

Ethnicity: Please chose a code and enter above:

H = Hispanic or Latino O = Not Hispanic or Latino

HOME ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
Street # Street Name City State Zip Area Code Phone #

CITY OF BIRTH \_\_\_\_\_ STATE OF BIRTH \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

PREVIOUS PRESCHOOL/SCHOOL'S NAME \_\_\_\_\_

PREVIOUS SCHOOLS ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

FATHER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_

FATHER'S HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

FATHER'S EMAIL ADDRESS \_\_\_\_\_

MOTHER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_

MOTHER'S HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

MOTHER'S EMAIL ADDRESS \_\_\_\_\_

> IF SINGLE PARENT FAMILY, PLEASE INDICATE PARENT WITH PRIMARY CUSTODY \_\_\_\_\_

GUARDIAN'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

GUARDIAN'S ADDRESS \_\_\_\_\_

GUARDIAN'S HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CHILD ACCOUNTING USE ONLY:**

PRIOR ATTENDANCE \_\_\_\_\_ BIRTH CERTIFICATE \_\_\_\_\_

IMMUNIZATION CERTIFICATE \_\_\_\_\_ PROOF OF RESIDENCY \_\_\_\_\_

IS THERE A CUSTODY ORDER? Yes \_\_\_\_\_ No \_\_\_\_\_ IF YES, HAS A COPY OF THE ORDER BEEN PROVIDED? \_\_\_\_\_

ENTRY DATE \_\_\_\_\_ ENTRY CODE \_\_\_\_\_ BUILDING \_\_\_\_\_ GRADE \_\_\_\_\_

AM BUS # \_\_\_\_\_ PM BUS # \_\_\_\_\_ BUS STOP # \_\_\_\_\_ BUS STOP LOCATION \_\_\_\_\_

LUNCH PIN# \_\_\_\_\_

COPY SENT TO: SENIOR \_\_\_\_\_ MIDDLE \_\_\_\_\_ HERITAGE \_\_\_\_\_ NEWLONSBURG \_\_\_\_\_ SLOAN \_\_\_\_\_

RECORDS REQUESTED \_\_\_\_\_ RECORDS RECEIVED \_\_\_\_\_

# Franklin Regional School District Student Health Identification Form

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

**Medical History:**

Please check if your child has now or has had in the past:

	NOW	PAST		NOW	PAST
Allergic reaction requiring emergency treatment			Asthma—treated with medication		
Diabetes			Seizures/Epilepsy		
Heart problems			Hearing problems		
Vision problems			Stomach problems		
Migraine headaches			Bladder/Kidney problems		
Skin disease			Cancer		
Respiratory problems			ADD/ADHD		
Blood disorder/anemia			Bone or joint problems		
Other			Other		
Serious Accidents			Operations		
Wheelchair Walker			Glasses Hearing aid Speech		

Chicken Pox Disease: Month \_\_\_\_\_ Year \_\_\_\_\_ VACCINE: \_\_\_/\_\_\_/\_\_\_

Please list any other medical conditions not mentioned above:

\_\_\_\_\_

List any serious illness or injuries: \_\_\_\_\_

List any medical procedures that must be performed at school:

\_\_\_\_\_

List any medications that must be given at school (medications can not be administered until the proper forms have been completed for each medication).

\_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Franklin Regional School District  
3210 School Road  
Murrysville, Pennsylvania 15668

**SPECIAL SERVICES – REGISTRATION FORM**

- My child has an I.E.P. or a 504 Service Agreement on file at the previous school attended.

If your child currently has an IEP, please check area/areas of exceptionality.

- Autistic Support
- Learning Disability
- Gifted
- Vision
- Physical Disability
- Mental Retardation
- Speech/Language
- Hearing
- Physical Therapy
- Occupational Therapy
- Special Transportation Needs (related to disability)
- Emotionally Disturbed
- Neurological Impairment
- Other Health Impairment
- Other (Please specify) \_\_\_\_\_

- Multidisciplinary Evaluation in Progress (MDE)
- My child does not need any special education services.

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Parent Signature

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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 has selected the Home Language Survey as the method for the identification.

**School District:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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:**

\_\_\_\_\_

# FRANKLIN REGIONAL SCHOOL DISTRICT

## Policy 7008 Internet and Computer Usage

The Franklin Regional School district makes every effort to provide a secure and productive computing environment. It supports confidentiality of information through the Family Educational Rights and Privacy Act (FERPA) and Internet Content Filtering guidelines through the Child Internet Protection Act (CIPA). In no way will the Franklin Regional School District assume responsibility for its students and staff for computer misconduct resulting from inappropriate use or redirection of bandwidth and unauthorized charges or fees. This Acceptable Use Policy will be reviewed annually with students and staff and revised as needed.

1. The Internet will be used to support the functions of the Franklin Regional School District, its curriculum, the educational community, and projects between schools, communication and research for school district administrators, teachers and students.
2. The Internet and computer technology will not be used for illegal activity, transmitting offensive materials, hate mail, discriminatory remarks or obtaining, transmitting or otherwise communicating indecent, obscene or pornographic material. Sending harassing, abusive, intimidating, discriminatory or other offensive e-mails is strictly prohibited.
3. The Internet and computer network will not be used for sending or initiating chain-mail, playing non-instructional games, downloading and storage of unauthorized multimedia files, and peer-to-peer file sharing systems such as KaZaa, Croakster, or similar systems.
4. The use of unauthorized chat, instant messaging systems, or discussion boards is strictly prohibited.
5. The Internet and computer technology will not be used for profit purposes, lobbying or advertising on behalf of any individual or employee of the Franklin Regional School District.
6. Use of the Franklin Regional School District's computer technology or the Internet for fraudulent or illegal copying, communication, taking or modification of material or any other activity in violation of the law is prohibited and will be referred to the proper authorities.
7. In no event shall the Franklin Regional School District be liable for any damage, whether direct, indirect, special or consequential, arising out of the use of the Internet, accuracy or correctness of databases or information contained therein or related directly or indirectly, to any failure or delay of access to the Internet.
8. The Franklin Regional School District may terminate the availability of the Internet and Network accessibility at its sole discretion.
9. From time to time, the Franklin Regional School District will make determination on whether specific uses of the Internet and Network are consistent with this policy and notify users of the same.
10. The Franklin Regional School District, in its discretion, reserves the right to log Internet use in terms of time and content and to monitor file server disk space utilization by users. It also reserves the right to process grievances against individuals who use the Internet in a manner inconsistent with this policy.
11. The Franklin Regional School District reserves the right to remove a user account on the Internet and Network to prevent further unauthorized activity as specified in this document.
12. The Network shall not be used to disrupt the work of others; hardware or software shall not be destroyed, modified or abused in any way.
13. Network accounts are to be used only by the authorized owner of the account for the authorized purpose.
14. Diligent effort must be made by the user to delete mail daily from personal mail directories to avoid unnecessary use of file server disk space.
15. Diligent effort must be made by the user to periodically delete obsolete files from the Network file server.
16. Users shall not intentionally seek information, obtain copies of or modify files, other data, or passwords belonging to other users, or misrepresent other users in the Network.
17. Uploading, downloading, installation, or use of unauthorized games, programs, files or other electronic media is prohibited.
18. The illegal use of copyrighted software is prohibited.
19. In order to maintain a high level of security on the Local Area Network, all Network users may need to update their passwords as needed.
20. The user shall be responsible for damages to the Franklin Regional School District's equipment, systems and software resulting from deliberate or willful acts.
21. The Internet, Network and e-mail are not guaranteed to be private. People who operate the systems do have access to all e-mail and files. Messages relating to, or in support of, illegal activities may be reported to the authorities.
22. Confidential information shall never be transmitted to unauthorized sources. This includes health records, academic records, financial information, social security numbers or passwords.
23. Failure to follow the procedures listed above by students of the Franklin Regional School District may result in suspension or loss of the right to access the Internet, to use the Franklin Regional School District's computer technology, and be subject to other disciplinary actions, including but not limited to, expulsion.

24. Violations of this policy and procedures by employees of the Franklin Regional School District may result in discipline, including but not limited to, dismissal.
25. All students in 7th grade and above who wish to use the Internet, Network, and computer technology tools must sign an Internet Agreement form which will be kept on file. Parents or guardians must sign for all students who are under the age of 18. Such signed agreements will be stored in the student's permanent file.
26. All staff must sign an Internet Agreement that will be kept on file.
27. Electronic e-mail messages will be stored by the District for the duration prescribed by law.

This policy covers the use of all company-owned electronic communications systems: e-mail, Internet access, district Intranet, district-wide telephone systems and all licenses software programs, whether or not they are associated with any of the above mentioned systems.

Applicable Laws and Regulations/Policy History Adopted: **2/28/05**/Amended/Effective: **2/28/05**

**As a student user of the FRSD network, I hereby agree to comply with the terms and conditions listed above:**

Student name (printed legibly) \_\_\_\_\_

Student signature \_\_\_\_\_

Date \_\_\_\_\_

**As a parent or legal guardian of the minor student signing above, I grant permission for my son/daughter to access networked computer services such as email and the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use, setting and conveying standards for my son/daughter to follow when selecting, sharing or exploring information and media.**

Parent name (printed legibly)

\_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ School Building \_\_\_\_\_ Grade \_\_\_\_\_





**Custodial/Guardianship Paperwork**

**Franklin Regional School District  
3210 School Road  
Murrysville Pennsylvania 15668  
Office: (724) 327-5456  
Fax #: (724) 327-6149**

And now, on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, pursuant to Section 1302 of the Public School Code of 1949, as amended, 24 P.S. § 13-1302, personally appeared before me, a Notary Public in and for said County of Westmoreland, duly authorized to administer oaths,

\_\_\_\_\_

\_\_\_\_\_  
**(Franklin Regional resident (s))**

\_\_\_\_\_  
**(Address)**

Who, being duly sworn according to law, deposes and says that he/she/they are residents of the Franklin Regional School District and are supporting \_\_\_\_\_  
**(name of student)**

gratis and that they assume all personal obligations for the support, conduct, and general well-being of said student and that they intend to so keep and support the child continuously and not merely through the school term, and they further understand that the sole purpose of this agreement is not for the student to attend the Franklin Regional School District; and that \_\_\_\_\_

**(Parents of student)**

**Have full knowledge of the within affidavit and have consented to the same.**

\_\_\_\_\_  
**Signature of present custodial parent**

\_\_\_\_\_  
**Signature of proposed custodial parent**

**SWORN to and subscribed before me**

**This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.**

\_\_\_\_\_  
**(Notary Public)**

**My commission expires \_\_\_\_\_**

**FRANKLIN REGIONAL SCHOOL DISTRICT  
OFFICE OF CHILD ACCOUNTING AND STUDENT REGISTRATION  
3210 SCHOOL ROAD  
MURRYSVILLE, PENNSYLVANIA 15668**

**AUTHORIZATION FOR VERIFICATION OF ADDRESS  
RELEASE OF INFORMATION AGREEMENT**

I, \_\_\_\_\_,  
*Parent or Guardian Printed Name*

Do hereby give the Franklin Regional 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 completing the registration forms with them. I further authorize the agency or employer contacted 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 Service Agencies
4. Bureau of Motor Vehicles
5. U.S. Postal Service
6. Credit Reporting Agencies
7. Landlord of previous address \_\_\_\_\_
8. Landlord of current address \_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of registering parent/guardian*

\_\_\_\_\_  
*House #      Street Name*

\_\_\_\_\_  
*Area Code & Telephone*

\_\_\_\_\_  
*City      State      Zip Code*

***Parental Registration Statement***  
**FRANKLIN REGIONAL SCHOOL DISTRICT**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

**Please complete the following:**

I hereby swear or affirm that my child was \_\_\_\_\_ was not \_\_\_\_\_ previously suspended or expelled, or is \_\_\_\_\_ is not \_\_\_\_\_ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A (b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or

expelled: \_\_\_\_\_

Dates of suspension or expulsion:

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

Reason for suspension/expulsion (optional) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

Any willful false statement made above shall be a misdemeanor of the third degree.  
This form shall be maintained as part of the student's disciplinary record.

Date \_\_\_\_\_

## PARENT CHECKLIST

GRADE \_\_\_\_\_

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

- Registration Form
- Original Birth Certificate
- Proof of Residency - (2 Required)
  - Utility Bill
  - Tax Receipt
  - Rental/Lease Agreement
  - Closing Settlement
  - Sales Agreement that indicates completion date of home
  - Driver's License
- Custody Order - (If applicable a copy must be made)
- Special Needs Form
  - IEP/GIEP
  - ER/Psychological Evaluation
- Home Language Survey
- Internet Use Agreement
- Immunization Card - Completed in full and Signed by a physician
- Student Health Needs Identification Form
- Varicella Form
  - Dental Card (if completed)
  - Physical Exam Form (if completed)
- Census Form (must include everyone living in house)
- Authorization for Verification of Address
- Parental Registration Statement