



## West Greene School District Nonresident Enrollment Checklist

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Please check each box once form is completed and sign and the bottom of form.

- Nonresident Staff Member Application
- Parental Registration Statement
- Request for Records
- Special Services Waiver
- Transportation Agreement
- Disciplinary Agreement
- Policy Review Agreement
- Student Registration Form
- Request for Administration of Medication
- Request for Self-Administration of Medication
- Home Language Survey
- Student Residency Questionnaire
- Notification/Permission Form
- Emergency Card Information
- Free/Reduced Lunch Application

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Parent/Guardian Signature

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Date

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## West Greene School District Nonresident Staff Member Application

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1. Employee Name: \_\_\_\_\_  
SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Spouse Name: \_\_\_\_\_  
Spouse SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_/\_\_\_\_ - \_\_\_\_\_  
Spouse Work Number: \_\_\_\_/\_\_\_\_ - \_\_\_\_\_

2. Child's Name: \_\_\_\_\_  
SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade: \_\_\_\_\_  
Name of School Last Attended: \_\_\_\_\_  
School Address: \_\_\_\_\_  
\_\_\_\_\_

3. Method of Tuition Payment: (Please select one)

- \_\_\_\_\_ Check  
\_\_\_\_\_ One-Time Payroll Deduction  
\_\_\_\_\_ Payroll Deductions

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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<b>For Office Use Only:</b>
Date of Hire:
Position:
# of Hours worked per week:



## West Greene School District Parental Registration Statement

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/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 of 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 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 the 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 the school from which the 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:  
\_\_\_\_\_

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## West Greene School District Record Release Form

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Previous School District: \_\_\_\_\_

School District Information: \_\_\_\_\_

(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)

Send Records to:

\_\_\_ West Greene Elementary Center  
1350 Hargus Creek Road  
Waynesburg, PA 15370  
Ph: (724)499-5183 Fax: (724)499-5085

\_\_\_ West Greene Middle-Senior High  
1352 Hargus Creek Road  
Waynesburg, PA 15370  
Ph: (724)499-5183 Fax: (724)499-5492

Records Requested for:

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Please send **ALL** of the following school records:

PA Secure ID \_\_\_\_\_ Grade 9 Entry Date \_\_\_\_\_ (if applicable)

\_\_\_ Transcript

\_\_\_ Health and Dental Records

\_\_\_ Academic Test Results

\_\_\_ Attendance Records

\_\_\_ Psychiatric Evaluation

\_\_\_ Psychological Testing

\_\_\_ Discipline Record

\_\_\_ IEP, ER (CER), NOREP (NORA)

\_\_\_ Other

Parent/Guardian authorization is given for the transfer of all my child's records to West Greene School District.

\_\_\_\_\_  
(Parent/Guardian Signature)



## West Greene School District Special Services Waiver

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In order for the West Greene School District to meet its resident student requirements the district requires any nonresident staff member enrolling a student to meet any extenuating needs of their child. The district will not be responsible for any extra services required for the student's educational gain. If at any point in the student's educational career at the district the parent/guardian will be responsible for making financial arrangements outside of district funding.

I, \_\_\_\_\_, agree to cover and/or make arrangements to provide any extra special services that \_\_\_\_\_, will require.

If you child currently receives or requires services please list them below and agency that provides these services:

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Parent/Guardian Signature

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Date

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Witness Signature

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(Printed Name)

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Date

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## West Greene School District Transportation Waiver

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I, \_\_\_\_\_, full time employee of the West Greene School District hereby agree that all transportation of, \_\_\_\_\_ is solely my responsibility. The district will not provide any transportation for any nonresident students, including the children of nonresident staff members.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Date

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## West Greene School District Disciplinary Agreement

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I, \_\_\_\_\_, full time employee of the West Greene School District understand and agree to abide by the policies and procedures set in place by the West Greene School District board of directors. I understand that if at any point, \_\_\_\_\_ does not abide by these regulations it could result in revocation of attendance privileges to the West Greene School District regardless of employment status.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Date

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## West Greene School District Policy Review Checklist

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**Please review all district policies including those listed here:**

- Policy 202**
- Policy 204**
- Policy 221**
- Policy 237**
- Policy 815**

All other policies can be found on the district website.

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Parent/Guardian Signature

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Date

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West Greene Elementary Center (K-6) \_\_\_\_\_

West Greene Middle School (7-8) \_\_\_\_\_

West Greene High School (9-12) \_\_\_\_\_



PA SECURE ID \_\_\_\_\_

GRADE 9 ENTRY DATE \_\_\_\_\_

DOES CHILD HAVE AN: IEP, GIEP, 504, ESL

STUDENT NUMBER \_\_\_\_\_

## West Greene School District Student Registration Form

DATE ENTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME: \_\_\_\_\_

(last name)

(first name)

(m)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ( ) M ( ) F

Grade Currently Enrolled: \_\_\_\_\_ Homeroom Teacher and Number: \_\_\_\_\_

Please Check One: \_\_\_ Am. Indian \_\_\_ Asian \_\_\_ Black \_\_\_ Native Hawaiian \_\_\_ White \_\_\_ Hispanic \_\_\_ Multi Racial

HAVE YOU EVER ATTENDED SCHOOL IN THE WGSD? Y ( ) N ( ) SCHOOL: \_\_\_\_\_

Name of Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_

(street)

(city)

(state)

(zip)

How long if less than a year? \_\_\_\_\_ School Attended: \_\_\_\_\_

Living with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Guardian \_\_\_ Foster \_\_\_ Other \_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Ph: \_\_\_\_/\_\_\_\_-\_\_\_\_\_

Step Mother \_\_\_\_\_ Employer \_\_\_\_\_ Ph: \_\_\_\_/\_\_\_\_-\_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Ph: \_\_\_\_/\_\_\_\_-\_\_\_\_\_

Step Father \_\_\_\_\_ Employer \_\_\_\_\_ Ph: \_\_\_\_/\_\_\_\_-\_\_\_\_\_

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

(street)

(city)

(state)

(zip)

Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_-\_\_\_\_\_ Alt. Ph.: : \_\_\_\_/\_\_\_\_-\_\_\_\_\_

Person you are living with (if other than Parents): \_\_\_\_\_

Please list any other children living in the household age birth to 18: \_\_\_\_\_

Verification of Residency:

\_\_\_ Copy of dated rent receipt, if applicable

\_\_\_ Copy of current utility bill listing date and address

\_\_\_ Copy of current paid tax receipt

\_\_\_ Other, please identify \_\_\_\_\_

ADMISSION APPROVED BY: \_\_\_\_\_



## West Greene School District REQUEST FOR ADMINISTRATION OF MEDICATION

Dear Doctor:

The parents have requested that the school supervise the administration of prescribed medication to their child during the school day. It is the policy of the West Greene School District to request that prescribed medication be given before or after school hours whenever possible. Any medication which has not been prescribed by the physician, regardless of whether it may be purchased over-the-counter will **not** be administered by the West Greene School District.

If it is essential that the student receive the medication during school hours, please complete the following information and sign this form. Attach additional sheets if necessary. Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
School Nurse Signature

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Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

How to be Administered \_\_\_\_\_

Time Schedule for Administration \_\_\_\_\_

Duration of Medication Administration \_\_\_\_\_

Can the Student Self-Administer this Medication ( ) Yes ( ) No

Possible Side Effects or Contraindications \_\_\_\_\_

Any Curtailment of School Activities \_\_\_\_\_

Other medication prescribed by physician that student is taking outside of school hours \_\_\_\_\_

Other medication prescribed for student, of which physician is aware \_\_\_\_\_

Please include a brief statement as to how this medication has to be administered while the student is in school:

\_\_\_\_\_  
\_\_\_\_\_

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

Physician Phone Number \_\_\_\_/\_\_\_\_-\_\_\_\_

Physician Address \_\_\_\_\_  
\_\_\_\_\_



**West Greene School District**  
**PARENT REQUEST & AUTHORIZATION FOR THE ADMINISTERING AND/OR SUPERVISION**  
**OF THE SELF-ADMINISTRATION OF MEDICATION**

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I (We), the parent(s) of the student listed below, hereby request and authorize the West Greene School District to administer and/or supervise the self-administration of the medication listed below. I (We) have included with this Parental Consent Form, the Physician's signed Request and Authorization Form. No medication will be administered to any student unless both forms are received by the School District.

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ ex. \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ ex. \_\_\_\_\_

Name of Medication being prescribed \_\_\_\_\_ Dosage \_\_\_\_\_

How to be administered \_\_\_\_\_

Time Schedule for administration \_\_\_\_\_ Duration of medication administration \_\_\_\_\_

Name of Physician prescribing medicine \_\_\_\_\_ Physician Phone \_\_\_\_\_

Names of other Physicians or Health Care Practitioners providing treatment to your child \_\_\_\_\_

Other medication prescribed or suggested for use by your child \_\_\_\_\_

Other medication currently taken by your child, whether prescription or non-prescription medication, and regardless of when and where taken. \_\_\_\_\_

I (We) acknowledge that the individual responsible for administration, or supervision of self-administration, of medication for my child may not, in accordance with the terms of this Policy, in every instance be the school nurse.

I (We) acknowledge that in complying with this Request for Authorization for Administration of Medication, and in accordance with the current physician's order, I (we) are releasing and indemnifying the School District, its officers, agents and employees, from any and all liability resulting from administration of the medication, or supervision of my child's self-administration of the medication, PROVIDED, HOWEVER, that the parent(s) of a "protected handicapped student" as that term is defined within the Pennsylvania Department Regulations found at 22 PA Code Chapter 15, shall not be required to acknowledge or execute such a Release or Indemnification Agreement..

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

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## West Greene 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

Sex: ( ) M ( ) F

Home Phone: \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_

Does the student speak a language(s) other than English?  Yes  No

(Do not include languages learned in school.)

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

2. What language(s) is/are spoken in your home? \_\_\_\_\_

3. 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
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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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.



## West Greene School District Student Residency Questionnaire

Dear Parent or Guardian,

Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) Thank you for your cooperation.

1. Student name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Person completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
2. In what type of setting is the student living now? Check one box below:

SECTION A	SECTION B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings</p> <p>CONTINUE to Question 3 if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <div data-bbox="993 932 1149 1087" style="text-align: center;"></div> <p>If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.</p>

3. Contact number for person completing the form: \_\_\_\_\_  
Address where student is now living: \_\_\_\_\_
4. The student lives with:  
Check all that apply  
 Parent(s) or legal guardian  
 Relative, friend(s), or other adult(s)  
 Alone  
 Other: \_\_\_\_\_
5. Name Address and phone number of school last attended: \_\_\_\_\_  
\_\_\_\_\_
6. Does the student have an IEP or a Chapter 15/504 agreement?  
 NO  
 YES. Please explain: \_\_\_\_\_  
Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## West Greene School District Notification/Permission Form

Dear Parents/Guardians:

During the school year, students are often involved in activities that go beyond the classroom and the usual day-to-day instructional process. Please review the activities listed below. Sign this form at the bottom and return it as requested. Indicate any area of concern by signing the specific area(s). Please realize that this list may not include all activities that may arise during the year. If you have any other areas of concern, please contact your child's principal.

Student's Name	Grade	Date

### PERMISSION TO PARTICIPATE IN THESE ACTIVITIES/EVENTS

Academic group testing per State and Local regulations/practices.

I do not give permission \_\_\_\_\_

Participation in educational research studies (with student anonymity) as approved by school officials.

I do not give permission \_\_\_\_\_

Individual/Group Pictures in Yearbooks and other school publications, including videos.

I do not give permission \_\_\_\_\_

School Academic/Activity photographs in news articles for newspapers.

I do not give permission \_\_\_\_\_

Included in general interest/news television reports.

I do not give permission \_\_\_\_\_

Events/Parties, which relate to cultural observances such as Thanksgiving, holidays, cultural awareness months, etc.

I do not give permission \_\_\_\_\_

Access to Internet within school-use guidelines.

I do not give permission \_\_\_\_\_

Participation in Fund Raising Activities:

I do not give permission \_\_\_\_\_

Educational field trip sponsored by the school district supervised by the teacher(s) with prior notification of date, destination, and anticipated return.

I do not give permission \_\_\_\_\_

Medical condition sponsors should be aware of: \_\_\_\_\_

Other: \_\_\_\_\_

PLEASE SIGN AND RETURN \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE DATE



## West Greene School District Student Emergency Record Card

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First)

Student # \_\_\_\_\_ Grade: \_\_\_\_\_ Building: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student lives with:    Mother    Father    Both

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

When neither parent can be contacted, please contact the following:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Relationship to student \_\_\_\_\_

### MEDICAL AUTHORIZATION

TO WHOM IT MAY CONCERN: If neither parent can be contacted in case of serious illness or injury, I hereby authorize representatives of the WEST GREENE SCHOOL DISTRICT to act as my agent to secure emergency medical treatment for \_\_\_\_\_, a minor child for whom I am responsible, at WASHINGTON HOSPITAL OF GREENE COUNTY (or nearest hospital) when in the opinion of the school representatives such emergency medical treatment is deemed appropriate during the time when the student is attending, going to, or leaving school, I hereby agree to hold the WEST GREENE SCHOOL DISTRICT and its representatives harmless for exercising its judgment and authorize them to sign any required emergency hospital treatment forms on my behalf. I also agree to assume responsibility for any charges incurred as a result of such treatment.

Name any special health problem (s):  
\_\_\_\_\_

List any medications to which the above named child is allergic:  
\_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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