

REGISTRATION CHECKLIST

Parent Use Only

- ☐ Bring Student
- ☐ Bring Proof of Age
- ☐ Bring Immunization Records
- ☐ Bring Proof of Residency
- ☐ Bring Recent Transcript/Report Card
- ☐ Bring Special Education Files (If Applicable)

- ☐ Registration Form (1-4)
- ☐ Technology Resource Use Consent Form (815-AR)
- ☐ Consent for Release of Student Records
- ☐ Parent Notification/Permission Form
- ☐ Home Language Survey
- ☐ Notice of Automated Message Delivery
- ☐ School Physical Examination Permission
- ☐ Private Physician's Report of Physical Examination
- ☐ Parent/Guardian Notification of Physical Form
- ☐ Developmental Health History
- ☐ School Dental Screening Permission Form
- ☐ Parent Request for Private Dental Exam Form
- ☐ Emergency Card*
- ☐ Berkheimer Form
- ☐ Free/Reduced Lunch Application

Office Use Only

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RETURN

After completing all documents, go to www.esasd.net/register or call 570-424-8500 x10902 to make an appointment to complete this registration.

INFORMATION RECEIVED AND ENTERED ON

BY

* Must include Local Contact Information. If not available please state "no local contact."

**EAST STROUDSBURG AREA SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

Revised
10/2014

Student Biographical Information

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First) (Middle) (mm) (dd) (yyyy)

Gender ☐ M ☐ F **Grade Entering** _____ **Proof of Age Documentation attached** ☐ Y ☐ N

Name of Last School Attended _____

Address of Last School Attended _____ Last School's Phone # _____

(City) (State) (Zip Code) Last School's Fax # _____

Has student ever attended school in PA? ☐ Y ☐ N Has student ever attended in this school district? ☐ Y ☐ N

Did student ever attend school **outside** of the United States? ☐ Y ☐ N

If yes, what year did student first attend a school in the United States? _____

For state and federal reporting requirements, use the following (select one primary ethnicity and select all race codes that apply):

Select Primary Ethnicity ☐ Hispanic/Latino; ☐ Not Hispanic/Latino
(any race) (any race)

Race Code(s): ☐ American Indian or Alaskan Native; ☐ Asian ☐ Black or African American;
☐ Native Hawaiian or Other Pacific Islander; ☐ White

Building:

☐ J.T. Lambert Intermediate ☐ Lehman Intermediate ☐ East Stroudsburg High School-North ☐ East Stroudsburg High School-South
☐ East Stroudsburg Elementary ☐ J.M. Hill Elementary ☐ Smithfield Elementary ☐ Middle Smithfield Elementary ☐ Bushkill Elementary ☐ Resica Elementary

Student Miscellaneous Information

Student's Native Language _____ Student's Country of Birth _____

Is there a Court Order involving this student? ☐ Y ☐ N If **YES**, please provide a copy to the school office, otherwise we are unable to abide by its contents.

Will this student be attending day care during the school year? ☐ Y ☐ N

Has this student signed the Technology Consent permitting access to the Internet via the school district network? ☐ Y ☐ N

FOR OFFICE USE ONLY

Student ID# _____ **Date Entered/Reentered** _____

Proofs of Residency attached:

(List A)

☐ Lease ☐ Mortgage ☐ Deed ☐ School property tax bill

(List B)

☐ PA DL/ID card ☐ PA auto registration ☐ Income Tax ☐ Check Stub ☐ Local EIT Residency

Institutionalized Child (1306) ☐ Y ☐ N (If yes, complete PDE-4605 and submit to child accounting)

Foster Child (1305) ☐ Y ☐ N (If yes, attach 1305 – Affidavit)

Building Enrolled In _____ Building Tracking Attendance _____ Data Entry/Secretary's Initials _____

Administrator's Signature _____ Date _____

First Adult Resident with whom student resides

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____

Birthdate ____/____/____

Primary Phone Number's:

Home ____ - ____ - ____ Work ____ - ____ - ____ Ext ____; Cell ____ - ____ - ____

E-Mail Address _____

Second Adult Resident with whom student resides

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____

Birthdate ____/____/____

Primary Phone Number's:

Work ____ - ____ - ____ Ext ____ Cell ____ - ____ - ____

E-Mail Address _____

Address of Adult Resident(s) with whom student resides

The Residence is: _____ Shelter _____ Campground/Campsite
_____ Hotel/Motel _____ Single Family Home
_____ Car _____ Multi-Family Home
_____ Other

(Physical Address of Residence) (City) (State) (Zip Code)

(Mailing Address of Residence-if different from above) (City) (State) (Zip Code)

Exact Directions to Residence:

Name of Development/Subdivision: _____

Municipality to which you pay taxes: ☐ BOR/East Stroudsburg ☐ LEH/Lehman ☐ MID/Middle Smithfield ☐ POR/Porter ☐ PRI/Price
☐ SMI/Smithfield ☐ STB/Stroudsburg ☐ DEL/Water Gap ☐ PAR/Paradise ☐ STR/Stroud

Additional Information

Do you live on federal property or work for the federal government? ☐Y ☐N

Other children living at this address:

- 1.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____
- 2.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____
- 3.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____
- 4.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____
- 5.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____
- 6.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____
- 7.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____

Second Parent Information (Parent student does NOT reside with)

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____

Is this parent to receive notices? ☐Y ☐N

Mailing Address: _____

Primary Phone Numbers:

Home _____ - _____ - _____ Work _____ - _____ - _____ Ext _____ Cell _____ - _____ - _____

E-Mail Address _____

Student Program Information

Check **ALL** services that your child is currently receiving:

<input type="checkbox"/> Individualized Education Plan (Special Education Services)	<input type="checkbox"/> Gifted Individualized Education Plan (Gifted Education Services)
<input type="checkbox"/> Section 504/Chapter 15 Service Agreement (Special Accommodations for Health/Physical needs)	<input type="checkbox"/> Early Intervention Program
<input type="checkbox"/> Preschool Program	<input type="checkbox"/> Speech/Language Support
<input type="checkbox"/> ESL (English as a Second Language)	<input type="checkbox"/> IST (Instructional Support Team)
<input type="checkbox"/> Remedial Math (Extra Help)	<input type="checkbox"/> Remedial Reading (Extra Help)

PARENTAL REGISTRATION SWORN STATEMENT

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 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."

Please complete the following:

I hereby swear or affirm that my child ☐ was/☐ was not (check one) previously suspended or expelled, or ☐ is/☐ is not (check one) 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 the following:

- Name of the school from which student was suspended or expelled - _____
- Dates of suspension or expulsion _____
- Reason for suspension/expulsion (optional) _____

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

I ASSERT THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT IT IS A SUMMARY CRIMINAL OFFENSE TO KNOWINGLY PROVIDING FALSE INFORMATION IN THIS SWORN STATEMENT FOR THE PURPOSE OF ENROLLING A CHILD IN THE DISTRICT'S SCHOOLS, AND THAT THE PENALTY FOR SUCH AN OFFENSE IS A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000), OR 240 HOURS OF COMMUNITY SERVICE, OR BOTH, IN ADDITION TO PAYMENT OF THE DISTRICT'S COURT COSTS AND TUITION FEES.

I further certify that I will notify the East Stroudsburg Area School District immediately in the event that the facts set for herein shall no longer be correct or shall change. I also certify that I will cooperate with and be responsive to request for information or investigation concerning the continuing validity of this sworn statement.

I, the resident, have read and understand the contents of this document and have received a copy for my keeping. I have received a copy of the Pennsylvania school immunization requirements and required documents for application for registration for school attendance in Pennsylvania. I understand that my child will not be officially enrolled in the East Stroudsburg Area School District until all completed required documents have been approved by the school authorities. Through my notarized signature, I grant the school district permission to investigate the above information that I have presented in this sworn statement for confirmation and factual accuracy.

Signature required in presence of notary

Commonwealth of Pennsylvania
County of _____

Date

Sworn to and subscribed before me this ____ day of _____ 20 ____

Notary Public

**THE EAST STROUDSBURG AREA SCHOOL DISTRICT PROVIDES NOTARY
SERVICES FREE OF CHARGE FOR THIS FORM.**

REQUIRED DOCUMENTS FOR ALL CHILDREN

All applications for registration of students ***must*** contain the following:

1. Proof of Age [24 P.S. §13-1304]

1. Original or certified official birth certificate or;
2. Original or certified baptismal certificate.

2. Immunization Records [24 P.S. §13-1303a]

1. Certificate of immunization issued in accordance with the rules and regulations of the Pennsylvania Secretary of Health and the Advisory Health Board.

Students who are not immunized as required by the Pennsylvania Department of Health, or who are not medically or religiously exempt may *not be admitted to school*.

3. Proof of Residency* [24 P.S. §13-1302; Policy 202.1]

Application for registration must be accompanied by one proof residency from List 'A' and one proof residency from List 'B'.

List A

1. Fully executed current residential lease and/or;
2. Mortgage settlement document(s) and/or;
3. Recorded deed and/or;
4. School property tax bill for the current or immediately preceding tax year.

List B

1. Valid Pennsylvania driver's license or;
2. Valid Pennsylvania identification Card or;
3. Valid Pennsylvania automobile registration or;
4. Signed income tax return filed for current or immediately preceding tax year or;
5. Check stub from wages, public assistance, or social security issued within the past 30 days; or
6. Current Pennsylvania Local Earned Income Tax Residency Certification Form.

4. Parent Registration Statement [24 P.S. §13-1304a]

1. Parent Registration Statement attesting to whether the student has been or is suspended or expelled for offenses involving drugs or alcohol, weapons or violence.

The above mandated documents shall be completed and filed with the school district *prior* to any child being accepted as a pupil.

*** Proof of Residency document(s) must indicate the physical address of residence and the name(s) of property owner(s).**

REQUIRED DOCUMENTS FOR CHILDREN, NOT ONE'S OWN

Applications for registration of students not residing with their parent or guardian *must* contain the following *in addition to* all other REQUIRED DOCUMENTS:

1. Foster Children [24 P.S. §13-1305]

- a. Original letter from the court, association, agency or institution indicating compensated placement with the resident, and the resident school district of the natural parent(s) and;
- b. Signed sworn statement that the child has been placed by a bona fide agency in the home of the resident with compensation.

2. Other Children, Not One's Own [24 P.S. §13-1302]

- a. Appropriate legal documentation to show dependency/guardianship:

Custody orders or agreements are <i>not valid proof of guardianship</i> .

- b. Signed sworn statement that the child is being supported gratis and the resident will continuously assume all personal obligations for the child relative to school supported by one of the following:
 1. Copy of Federal or State tax form which lists child as a dependent of resident, or;
 2. Copy of insurance policy/card/statement listing child as eligible for services, or;
 3. Proof of parents' active military deployment.

<p>A child shall be considered a resident of the school district in which his <i>parents or the guardian</i> of his person resides, and will be enrolled in the school building he/she would normally attend in accordance with established school district attendance areas.</p>

<p>The school district shall normally enroll a child the next school day, but no later than five (5) school days, after the date of application and the receipt of all completed required documents.</p>
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School Children Immunizations

Pennsylvania School Immunization Requirements

Authority: 28 Pa. Code § 23(C)

All Students need the following immunizations to attend school:

- 4 doses of tetanus* (1 dose on or after the 4th birthday)
- 4 doses of diphtheria* (1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles* *
- 2 doses of mumps* *
- 1 dose of rubella (German measles)* *
- 3 doses of hepatitis B
- 2 dose of varicella (chickenpox) with first dose on or after 1st birthday or history of disease

** Usually given as DTP or DTaP or DT or TD*

** * Usually given as MMR with first dose on or after 1st birthday*

Students in 7th Grade also need the following immunizations:

- 1 dose of tetanus, diphtheria, acellar pertussis (Tdap) if 5 years has elapsed since last tetanus immunization
- 1 dose of meningoccal conjugate vaccine (MCV)

Proof of immunization means a written record showing the dates (month, day, year) your child was immunized.

The only exceptions to the school laws for immunization are medical reasons and religious beliefs. If your child is exempt from immunizations, your child may be removed from school during a disease outbreak.

SECTION: PUPILS

TITLE: DRESS AND GROOMING
















ADOPTED: August 19, 2002

REVISED: July 17, 2006
 August 18, 2008
 August 20, 2012
 June 16, 2014

EFFECTIVE: July 1, 2014
 November 17, 2014

EAST STROUDSBURG AREA SCHOOL DISTRICT

	<p style="text-align: center;">221. DRESS AND GROOMING</p>
<p>1. Purpose</p>	<p>The Board recognizes the right of every student to freedom of expression both in speech and the wearing of apparel as guaranteed by the U.S. Constitution and the U.S. Supreme Court.</p> <p>The Board also recognizes its paramount obligation to provide for the health, safety, and welfare of the students who attend its schools.</p> <p>The Board further recognizes its responsibility to maintain a positive learning environment in the schools under its jurisdiction and to minimize the opportunity for student distraction and/or disruption.</p> <p>The Board believes that this Dress & Grooming policy will address the issues related to the health, safety, and welfare of the students attending its schools and will further aid in the maintenance of a positive learning environment and promote school pride and school spirit.</p>
<p>2. Authority Title 22 Sec. 12.11 SC 1317.3</p>	<p>Students may be required to wear certain types of clothing while participating in physical education classes, technical education classes, extracurricular activities, or other situations where special attire may be required to ensure the health or safety of the student.</p> <p>The Board authorizes and directs the school principal or designee to monitor student dress and grooming, and to enforce Board Policy and school rules regarding student dress and/or grooming.</p> <p>At no time, shall students dress or groom themselves in a manner which could:</p> <ol style="list-style-type: none"> 1. Present a hazard to the health or safety of the student or to others in the school. 2. Materially interfere with schoolwork, create disorder, or disrupt the educational program. 3. Cause excessive wear or damage to school property.

	<p>4. Prevent the student from achieving educational objectives because of blocked vision or restricted movement.</p>																								
3. Delegation of Responsibility	<p>The Superintendent shall develop procedures to implement this policy, which designates the building principal to monitor student dress in his/her building to ensure this Policy is enforced.</p> <p>Students shall have the responsibility to keep themselves, their clothes and their hair clean.</p>																								
4. Guidelines	<p>The following standards regarding student dress and grooming shall be followed by students on school property during the school day:</p> <table><tr><th colspan="4">STANDARD REQUIREMENTS</th></tr><tr><td>Choose at least one from each column (may be any color and/or pattern):</td><td><p>Opaque Top with sleeves*</p><p>No gap between top and bottoms</p></td><td><p>Non-Denim Bottoms to top of knee or longer</p><p>No gap between top and bottoms</p></td><td><p>Footwear</p><p>Heels - 3.5” or less (permitted in grades 6-12 only)</p></td></tr></table> <p>*Tops must cover the wearer within 3 3/8” (school district-issued photo ID card length) of the base of the collar bone.</p> <table><tr><th colspan="4">APPROVED SELECTIONS</th></tr><tr><td></td><td>Top</td><td>Bottom</td><td>Footwear</td></tr><tr><td><p>Girls</p></td><td><p>Collared blouse* Collared shirt* Turtleneck Dress Tank dress w/top</p></td><td><p>Chino Slacks Dress Slacks Chino Capri pants Chino Shorts Dress Jumper Skirt/Skort Cargo pants/shorts</p></td><td><p>Boots Espadrilles Loafers Moccasins Oxfords Sandals w/ heel strap Sling backs Sneakers</p></td></tr><tr><td><p>Boys</p></td><td><p>Collared shirt* Turtleneck</p></td><td><p>Chino pants Dress pants Chino shorts Cargo pants/shorts</p></td><td><p>Boots Loafers Moccasins Oxfords Sandals w/ heel strap Sneakers</p></td></tr></table>	STANDARD REQUIREMENTS				Choose at least one from each column (may be any color and/or pattern):	<p>Opaque Top with sleeves*</p>  <p>No gap between top and bottoms</p>	<p>Non-Denim Bottoms to top of knee or longer</p>  <p>No gap between top and bottoms</p>	<p>Footwear</p>  <p>Heels - 3.5” or less (permitted in grades 6-12 only)</p>	APPROVED SELECTIONS					Top	Bottom	Footwear	<p>Girls</p> 	<p>Collared blouse* Collared shirt* Turtleneck Dress Tank dress w/top</p>	<p>Chino Slacks Dress Slacks Chino Capri pants Chino Shorts Dress Jumper Skirt/Skort Cargo pants/shorts</p>	<p>Boots Espadrilles Loafers Moccasins Oxfords Sandals w/ heel strap Sling backs Sneakers</p>	<p>Boys</p> 	<p>Collared shirt* Turtleneck</p>	<p>Chino pants Dress pants Chino shorts Cargo pants/shorts</p>	<p>Boots Loafers Moccasins Oxfords Sandals w/ heel strap Sneakers</p>
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221. DRESS AND GROOMING - Pg. 3

<p>Title 22 Sec. 12.11 Pol. 806</p>	<p>Clothing shall not have frayed edges or holes in the fabric.</p> <p>Full-length leggings/tights may be worn under skirts or dresses that meet the length requirement.</p> <p>Sweaters, sweatshirts, scarves, belts, and other accessories may be worn in addition to tops, bottoms and footwear listed above.</p> <p>Headwear shall not be worn in the school building, including but not limited to caps, hats, hoods, scarves, bandanas, hair nets, sweatbands or do-rags. Hair accessories and headbands may be worn.</p> <p>Sunglasses and non-prescription glasses are not permitted.</p> <p>Outerwear (i.e.: coats, jackets, parkas, gloves) shall not be worn indoors during the school day, excluding when traveling to or from one's locker or homeroom when entering or exiting the building.</p> <p>School district issued photo identification shall be visibly worn on a lanyard or clipped to the shirt collar on the front of the torso, above the waist and below the shoulders for all high school students.</p> <p><u>Exceptions/Exclusions to Approved Selections</u></p> <ol style="list-style-type: none">1. As required by an eligible student's Individualized Education Plan;2. As required by a Chapter 15 - Section 504 Service Agreement;3. As required by one's religious order as evidenced in writing by an official thereof;4. As required for participation in school sponsored activities/athletics and/or physical education classes as set forth in the Code of Student Conduct;5. Official school district licensed, approved school activity/ organization, college/university, and/or United States military apparel. <p>Exceptions/Exclusions remain subject to Standard Requirements.</p> <p><u>Definitions</u></p> <p>chino: A non-denim, cotton and/or polyester fabric. school property: (see Pennsylvania School Code) school day: (see Policies 803 and 804)</p> <p>School district officials will not make school-wide policies limiting the length or style of hair, but they may require changes in either style or length on an individual basis if they can demonstrate that a student's hairstyle is a health and/or safety hazard and/or disruptive to the educational process.</p>
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Pol. 218.3	<p>Casual for a Cause</p> <p>No more than two (2) Fridays per month may be designated as Casual for a Cause by the building/district administrator. Students who choose to participate will have the opportunity to dress in alternate attire specified by administration in exchange for a contribution to a designated charity/cause and/or by redeeming earned Positive Behavior Award Points/Coupons.</p> <p><u>Transfer Students</u></p> <p>Upon enrollment in the East Stroudsburg Area School District, new students will be granted a grace period of one week before being required to conform to the dress policy, but dress must comply with the spirit and intent of this Policy.</p> <p><u>Disciplinary Consequences</u></p> <p>Students violating this policy shall be subject to disciplinary consequences as outlined in the Code of Student Conduct, and/or Policy 218.3, as applicable.</p> <p>A student may change from non-compliant clothing to compliant clothing provided by the school, when available.</p> <p>A dress code is a dynamic document. Administrative discretion may be used to determine appropriate attire in the school setting. Students and parents/guardians shall be notified of any change in policy. Solutions to situations not specifically covered herein are the responsibility of building-level administrators.</p> <p>Appropriate decisions will be made based on the Board policy. Students and parents/guardians are expected to exercise careful judgment in the selection of appropriate attire for school.</p> <p>References:</p> <p>School Code – 24 P.S. Sec. 1317.3</p> <p>State Board of Education Regulations – 22 PA code Sec. 12.11</p> <p>Board Policy – 218.3, 806</p>
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OFFICIAL USE ONLY:



Sharon S. Laverdure
Superintendent

9-5-14

Effective
Date

EAST STROUDSBURG AREA
SCHOOL DISTRICT

ADMINISTRATIVE
REGULATION

221-AR: PUPILS - DRESS AND GROOMING

The purpose of this Administrative Regulation is to provide guidance to help ensure consistent application of the Guidelines set forth in Policy 221, by providing answers to frequently asked questions.

Q: *What colors or patterns may students wear?*

A: There are no restrictions on colors or patterns, as long as they do not create disorder or disrupt the educational program.

Q: *Do dresses worn by students need to have collars?*

A: No. However, dresses must have sleeves and meet the length requirement for bottoms and the neckline requirement for tops.

Q: *Can students wear tank dresses?*

A: Yes. Tank style dresses may be worn as long as a shirt or blouse with sleeves is worn underneath, and the dress meets the length requirement for bottoms and the neckline requirement for tops.

Q: *Can a student opt-out of, or otherwise refuse to comply with this Policy?*

A: No. Any student who refuses to adhere to the Policy shall be subject to the progressive discipline consequences set forth in the Code of Student Conduct. The dress code is a duly adopted Policy of the school district and fully authorized by Commonwealth law and regulation.

Q: *What if I cannot afford to purchase compliant clothing for my student(s)?*

A: In addition to local retailer stores that offer new school clothing at discount prices, local faith-based organizations, thrift stores and community outreach programs have compliant clothing available at little or no cost.

Q: *Can students wear sweaters and/or sweatshirts?*

A: Yes. However, sweaters and/or sweatshirts must be worn together with a collared blouse, collared shirt, turtleneck/mock turtleneck or dress.

Q: *Can students wear clothing with hoods?*

A: Yes. However, hoods are headwear and shall not be worn on the head in any school building.

Q: *Are there any restrictions on logos or slogans?*

A: No. However, student clothing may not display any form of *unprotected student expression*, as set forth in the Code of Student Conduct.

221-AR: PUPILS - DRESS AND GROOMING

Q: *Can students wear sweatpants, jogging pants, and/or lounge pants?*

A: Students can only wear sweatpants, jogging pants, and/or lounge pants for the reasons set forth in the Exceptions/Exclusions section of the Policy.

Q: *What type of official school district licensed, approved student activity/organization, college/university, and/or United States Military apparel may students wear?*

A: The intent of this exception/exclusion is to permit students to wear sleeved tops without collars and/or bottoms other than those listed, which otherwise meet the length requirement for bottoms and the neckline requirement for tops set forth in our Policy.

Q: *Can students wear cargo pants/shorts?*

A: Yes. Pants/shorts with pockets on the legs may be worn, however, they must be chino, non-denim and meet the length requirement for bottoms.

Q: *Are there exceptions for elementary students on gym class days?*

A: Yes. Elementary students may wear clothing required for participation in physical education classes, as set forth in the Code of Student Conduct, throughout the day, since they do not change clothes for class.

Q: *Can students wear chino bottoms that have elastic waistbands for comfort?*

A: Yes. Bottoms may have elastic waistbands and do not need to have zippers, however they must still be chino, non-denim and meet the length requirement for bottoms.

Q: *Is all headwear prohibited?*

A: No. Students may wear hair accessories, but not *head coverings*. Thus, the term "headbands" as used in this Policy refers to sweatbands worn around the head, and not hair accessories.

SECTION: OPERATIONS
TITLE: ACCEPTABLE USE OF THE
COMPUTERS, NETWORK,
INTERNET, ELECTRONIC
COMMUNICATIONS AND
INFORMATION SYSTEMS
ADOPTED: April 19, 2002
REVISED: August 18, 2003
April 19, 2004
December 17, 2007
September 15, 2008
April 19, 2010
July 18, 2011

EAST STROUDSBURG
AREA SCHOOL DISTRICT

1. Purpose	815. ACCEPTABLE USE OF COMMUNICATIONS AND INFORMATION (CIS) SYSTEMS¹
	<p>TABLE OF CONTENTS</p> <p>1. Purpose</p> <p>2. Definitions</p> <p>3. Authority</p> <p>4. Responsibility</p> <p>5. Delegation of Responsibility</p> <p>6. Guidelines</p> <p>Access to the CIS Systems</p> <p>Parental Notification and Responsibility</p> <p>School District Limitation of Liability</p> <p>Prohibitions</p> <p>Copyright Infringement and Plagiarism</p> <p>School District Website</p> <p>Blogging</p> <p>Safety and Privacy</p> <p>Consequences for Inappropriate, Unauthorized, and Illegal Use</p> <p>The East Stroudsburg Area School District ("School District") provides employees, students, and Guests ("Users") with hardware, software, and access to the School District's Electronic Communication System and network, which includes internet access, whether wired, wireless, virtual, cloud, or by any other means. Guests include, but are not limited to, visitors, workshop attendees, volunteers, adult education staff, students, School Board members, independent contractors, vendors, and School District consultants.</p>

¹See Definition section for the defined terms generally provided in initial capital letters throughout this Policy and the accompanying Administrative Regulation.

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	<p>Computers, network, internet, Electronic Communications, information systems, databases, files, software, and media, collectively called "CIS systems," provide vast, diverse and unique resources. The Board of School Directors will provide access to the School District's CIS systems for Users if there is a specific School District related purpose to access information, to research; to collaborate; to facilitate learning and teaching; and/or to foster the Educational Purpose and mission of the School District.</p> <p>For Users, the School District's CIS systems must be used for Educational Purposes and/or performance of School District job duties in compliance with this Policy and accompanying Administrative Regulation #815.<i>Incidental Personal Use</i> (as defined in this Policy) of School District Computers is permitted for employees. However, they should have no expectation of privacy in anything they create, store, send, receive, or display on or over the School District's CIS systems, including their personal files, or any of their use. Students may only use the CIS systems for Educational Purposes.</p> <p>CIS systems may include School District Computers which are located or installed on School District property, at School District events, connected to the School District's network and/or systems, or when using its mobile computing equipment, telecommunication facilities in unprotected areas or environments, directly from home, or indirectly through another Internet Service Provider ("ISP"), and if relevant, when Users bring and use their own personal Computers or personal electronic devices, and if relevant, when Users bring and use another entity's Computer or electronic devices to a School District location, event, or connect to a School District network.</p> <p>If Users bring personal Computers or personal technology devices onto the School District's property, to School District events, or connect them to the School District's network and systems, and if the School District reasonably believes the personal Computers and personal electronic devices contain School District information or contain information that violates a School District policy or administrative regulation, the legal rights of the School District or another person, or involves significant harm to the School District or another person, or involves a criminal activity, the personal Computers or personal electronic devices may be legally accessed to insure compliance with this Policy and accompanying administrative regulation, other School District policies, regulations, rules, procedures, ISP terms, and local, state and federal laws. Users may not use their personal Computers and personal technology devices to access the School District's intranet, internet or any other CIS system unless approved by the Director of Technology, and/or designee.</p> <p>The School District intends to strictly protect its CIS systems against harm or</p>
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<p>outside and internal risks and vulnerabilities. Users are important and critical players in protecting these School District assets and in lessening the risks that can destroy these important and critical assets. Consequently, Users are required to fully comply with this Policy, and accompanying administrative regulation, and to immediately report any violations or suspicious activities to the Superintendent, and/or designee. Noncompliance will result in actions further described in the "Consequences for Inappropriate, Unauthorized and Illegal Use" section found in the last section of this Policy, and provided in other relevant School District policies and regulations, rules and procedures.</p>	
<p>2. Definitions</p> <p>20 U.S.C. § 6777; 18 U.S.C. §2256(8); 47 U.S.C. § 254(h)(7)(F)</p>	<p>Child Pornography- under federal law, any Visual Depiction, including any photograph, film, video, picture, or Computer or Computer-generated image or picture, whether made or produced by electronic, mechanical, or other means, of sexually explicit conduct, where:</p> <ol style="list-style-type: none"> 1. The production of such Visual Depiction involves the use of a Minor engaging in sexually explicit conduct. 2. Such Visual Depiction is a digital image, Computer image, or Computer-generated image that is, or is indistinguishable from, that of a Minor engaging in sexually explicit conduct; or 3. Such Visual Depiction has been created, adapted, or modified to appear that an identifiable Minor is engaging in sexually explicit conduct. <p>Under Pennsylvania law, any person who intentionally views or knowingly possesses or controls any book, magazine, pamphlet, slide, photograph, film, videotape, Computer depiction or other material depicting a child under the age of eighteen (18) years engaging in a prohibited Sexual Act or in the simulation of such act is guilty of a felony of the third degree for their first offense, or is guilty of a felony of the second degree for a second offense.</p>
<p>18 Pa.C.S.A. §6312(d); 24 P.S. § 4603</p>	<p>Computer- includes any School District owned, leased or licensed or User-owned personal hardware, software, or other technology device used on School District premises or at School District events, or connected to the School District network, containing School District programs or School District or student data (including images, files, and other information) attached or connected to, installed in, or otherwise used in connection with a Computer.</p> <p>For example, <i>Computer</i> includes, but is not limited to, the School District's and Users'; desktop, notebook, powerbook, MacBook, tablet PC, iPad, Kindle, eBook Reader, or laptop Computers, printers, facsimile machine, servers, cables, modems,</p>

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	<p>and other peripherals, specialized electronic equipment used for students' special Educational Purposes, Global Position System ("GPS") equipment, RFID, personal digital assistants ("PDAs"), iPods, MP3 players, thumb drives, cell phones (with or without internet access and/or recording and/or camera/video and other capabilities and configurations), telephones, mobile phones or wireless devices, two-way radios/telephones, beepers, paging devices, laser pointers and attachments, Pulse Pens, and any other such technology now existing or subsequently developed.</p> <p>Electronic Communications Systems- any messaging, collaboration, publishing, broadcast, or distribution system that depends on Electronic Communications resources to create, send, forward, reply to, transmit, store, hold, copy, download, display, view, read, or print electronic records for purposes of communication across electronic communications network systems between or among individuals or groups, that is either explicitly denoted as a system for Electronic Communications or is implicitly used for such purposes. Further, an <i>Electronic Communications system</i> means any wire, radio, electromagnetic, photooptical or photoelectronic facilities for the transmission/transfer of signs, signals, writing, images, sounds, data, or intelligence of any nature, wire or Electronic Communications, and any Computer facilities or related electronic equipment for the electronic storage of such communications.</p> <p>Examples include, without limitation, the internet, intranet, voice mail services, electronic mail services, tweeting, text messaging, instant messaging, GPS, PDAs, facsimile machines, cell phones (with or without internet access and/or electronic mail and/or recording devices, cameras/video, and other capabilities and configurations).</p> <p>Educational Purpose - includes use of the CIS systems for classroom activities, professional or career development, and to support the School District's curriculum, policies, regulations, rules, procedures, and mission statement.</p> <p>Harmful to Minors- under federal law, any picture, image, graphic image file or other Visual Depictions that:</p> <ol style="list-style-type: none"> 1. Taken as a whole, with respect to Minors, appeals to the prurient interest in nudity, sex, or excretion; 2. Depicts, describes, or represents in a patently offensive way with respect to what is suitable for Minors, an actual or simulated Sexual Act or Sexual Content, actual or simulated normal or perverted Sexual Acts, or lewd exhibition of the genitals, and 3. Taken as a whole lacks serious literary, artistic, political, educational or scientific value as to Minors.
<p>20 U.S.C. § 6777(e)(6); 47 U.S.C. § 254(h)(7) (G)</p>	

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18 Pa.C.S.A. § 5903 (e)(6); 24 P.S. § 4603	<p>Under Pennsylvania law, that quality of any depiction or representation, in whatever form, of nudity, sexual conduct, sexual excitement, or sadomasochistic abuse, when it:</p> <ol style="list-style-type: none"> 1. Predominantly appeals to the prurient, shameful, or morbid interest of Minors; and, 2. Is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable for Minors; and, 3. Taken as a whole, lacks serious literary, artistic, political, educational or scientific value for minors. <p>Inappropriate Matter - includes, but is not limited to visual, graphic, video, text and any other form of indecent, Obscene, pornographic, Child Pornographic, or other material that is Harmful to Minors, sexually explicit, or sexually suggestive. Examples include, taking, disseminating, transferring, or sharing Obscene, pornographic, lewd, or otherwise illegal images or photographs, whether by electronic data transfer or otherwise (such as sexting, e-mailing, texting, among others). Others include, hateful, defamatory, lewd, vulgar, profane, rude, inflammatory, threatening, harassing, discriminatory (as it pertains to race, color, religion, national origin, gender, marital status, age, sexual orientation, political beliefs, receipt of financial aid, or disability), violent, bullying, flagging, terrorist material, and advocating the destruction of property.</p> <p>Incidental personal use - <i>Incidental Personal Use</i> of school Computers is permitted for employees so long as such use does not interfere with the employee's job duties and performance, with system operations, or with other system Users. Personal use must comply with this Policy, its accompanying administrative regulation, and all other applicable School District policies, regulations, procedures and rules, as well as ISP terms, local, state and federal laws, and must not damage the School District's CIS systems.</p> <p>Minor- for purposes of compliance with the Federal Children's Internet Protection Act ("FedCIPA"), an individual who has not yet attained the age of seventeen (17). For other purposes, Minor shall mean the age of minority as defined in the relevant law.</p> <p>Obscene- under federal law, analysis of the material meets the following elements:</p>
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254(h)(7)(E)	<ol style="list-style-type: none"> 1. Whether the average person, applying contemporary community standards, would find that the material, taken as a whole, appeals to the prurient interest; 2. Whether the work depicts or describes, in a patently offensive way, sexual conduct specifically designed by the applicable state or federal law to be Obscene; and 3. Whether the work taken as a whole lacks serious literary, artistic, political, educational, or scientific value. <p>Under Pennsylvania law, any material or performance, if:</p> <ol style="list-style-type: none"> 1. The average person, applying contemporary community standards, would find that the subject material taken as a whole appeals to the prurient interest; 2. The subject matter depicts or describes in a patently offensive way, Sexual Conduct described in the law to be Obscene; and 3. The subject matter, taken as a whole, lacks serious literary, artistic, political, educational or scientific value. <p>Sexual Act and Sexual Contact- is defined at 18 U.S.C. § 2246(2), at 18 U.S.C. § 2246(3), and at 18 Pa. C.S.A. § 5903.</p> <p>Technology Protection Measure(s)- a specific technology that blocks or filters internet access to Visual Depictions that are Obscene, Child Pornography or Harmful to Minors.</p> <p>Visual Depictions- includes undeveloped film and videotape, and data stored on a Computer disk or by electronic means which is capable of conversion into a visual image that has been transmitted by any means, whether or not stored in a permanent format, but does not include mere words.</p> <p>Access to the School District's CIS systems through school resources is a privilege, not a right. These CIS Systems and Resources, as well as the User accounts and information, are the property of the School District. The School District reserves the right to deny access to prevent unauthorized, inappropriate or illegal activity, and may revoke those privileges and/or administer appropriate disciplinary action. The</p>
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<p>20 U.S.C. § 6777(c); 24 P.S. § 4610</p>	<p>School District will be reasonably cooperative with ISP, local, state and federal officials in any investigation concerning or related to the misuse of the CIS systems.</p> <p>It is often necessary to access Users' accounts in order to perform routine maintenance and security tasks. System administrators have the right to access by interception, and to access the stored communication of User accounts for any reason in order to uphold this Policy, accompanying administrative regulation, the law, and to maintain the system. USERS SHOULD HAVE NO EXPECTATION OF PRIVACY IN ANYTHING THEY CREATE, STORE, SEND, RECEIVE, OR DISPLAY ON OR OVER THE SCHOOL DISTRICT'S CIS SYSTEMS, INCLUDING THEIR PERSONAL FILES OR ANY OF THEIR USE OF THE SCHOOL DISTRICT'S CIS SYSTEMS. The School District reserves the right to record, check, receive, monitor, track, log access and otherwise inspect any or all CIS systems use and to monitor and allocate fileserver space. Users of the School District's CIS systems who transmit or receive communications and information shall be deemed to have consented to having the content of any such communications recorded, checked, received, monitored, tracked, logged, accessed, and otherwise inspected or used by the School District, and to the School District monitoring and allocating fileserver space. Passwords and message delete functions do not restrict the School District's ability or right to access such communications or information.</p> <p>The School District reserves the right to restrict access to any internet sites or functions it may deem inappropriate through general policy, software blocking or online server blocking. Specifically, the School District operates and enforces Technology Protection Measure(s) that block or filter online activities of Minors on its Computers used and accessible to adults and students so as to filter or block Inappropriate Matter as defined in this Policy on the internet. The Technology Protection Measure must be enforced during use of computers with internet access. Measures designed to restrict adults' and Minors' access to material Harmful to Minors may be disabled to enable an adult or a student (who has provided written consent from a parent or guardian) to access <i>bonafide</i> research, not within the prohibitions of this Policy, its accompanying administrative regulation, or for another lawful purpose. No person may have access to material that is illegal under federal or state law.</p> <p>Expedited review and resolution of a claim that the Policy and/or its administrative regulation is denying a student or adult to access material will be enforced by an administrator, supervisor, or their designee, upon the receipt of written consent from a parent or guardian for a student, and upon the written request from an adult presented to the Director of Information Technology and/or Assistant Superintendent for Curriculum and Instruction.</p> <p>The School District has the right, but not the duty, to inspect, review, or retain</p>
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	<p>Electronic Communication created, sent, displayed, received or stored on and over its CIS systems; to monitor, record, check, track, log, access or otherwise inspect; and/or to report all aspects of its CIS systems use. This includes any User's personal Computers, networks, internet, Electronic Communication systems, Computers, databases, files, software, and media that they bring onto School District property, or to School District events, that are connected to the School District systems and/or network, or when using the School District's mobile commuting equipment, telecommunications facilities in protected and/or unprotected areas or environments, directly from home, or indirectly through another ISP, and if relevant, when Users bring and use another entity's Computer or electronic device to a School District location, event, or connect it to a School District network and/or systems, and/or that contain School District programs, or School District or Users' data or information, all pursuant to the law, in order to insure compliance with this Policy, its administrative regulation, and other School District policies, regulations, rules, and procedures, ISP terms, and local, state, and federal laws, to protect the School District's resources, and to comply with the law.</p> <p>The School District reserves the right to restrict or limit usage of lower priority CIS systems and Computer uses when network and computing requirements exceed available capacity according to the following priorities:</p> <ol style="list-style-type: none"> 1. <u>Highest</u>- uses that directly support the education of the students. 2. <u>Medium</u>- uses that indirectly benefit the education of the student. 3. <u>Lowest</u>- uses that include reasonable and limited educationally-related employee interpersonal communications and employee limited incidental personal use. 4. <u>Forbidden</u>- all activities in violation of this Policy, its accompanying administrative regulation, other School District policies, regulations, rules, procedures, ISP terms, and local, state or federal law. <p>The School District additionally reserves the right to:</p> <ol style="list-style-type: none"> 1. Determine which CIS systems services will be provided through School District resources. 2. Determine the types of files that may be stored on School District file servers and Computers. 3. View and monitor network traffic, fileserver space, processor, and system utilization, and all applications provided through the network and Electronic Communications Systems, including e-mail, text messages, and other Electronic Communications.
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<p>4. Responsibility</p>	<p>4. Remove excess e-mail and other Electronic Communications or files taking up an inordinate amount of fileserver space after a reasonable time.</p> <p>5. Revoke User privileges, remove User accounts, or refer violations to legal authorities, and/or School District authorities when violation of this and any other applicable School District policies, regulations, rules, and procedures occur or ISP terms, or local, state or federal law is violated, including, but not limited to, those governing network use, copyright, security, privacy, employment, social media, vendor access, and destruction of School District resources and equipment.</p> <p>1. The Superintendent is granted the authority to create and carry out an administrative regulation to accompany this Policy. The administrative regulation must include, among other sections: <i>Prohibitions (General Prohibitions, Access and Security Prohibitions, and Operational Prohibitions)</i>, Content Guidelines, Due Process, Search and Seizure, and Selection of Material. This Policy must be incorporated into the administrative regulation.</p> <p>2. Due to the nature of the internet as a global network connecting thousands of Computers around the world, Inappropriate Matter can be accessed through the network and Electronic Communications Systems. Because of the nature of the technology that allows the internet to operate, the School District cannot completely block or filter access to these resources. Accessing these and similar types of resources may be considered an unacceptable use of School District resources and will result in actions explained further in the Consequences for Inappropriate, Unauthorized and Illegal Use section found in the last section of this Policy, its accompanying administrative regulation, and as provided in other relevant School District policies, regulations, rules, and procedures.</p> <p>3. The School District must publish a current version of this Policy and its accompanying administrative regulation so that all Users are informed of their responsibilities. A copy of this Policy, its accompanying administrative regulation, and <i>CIS Acknowledgement and Consent Forms</i> must be provided to all Users, who must sign the School District's <i>CIS Acknowledgement and Consent Form</i>, either by electronic or written means.</p> <p>4. Employees must be proficient in, capable of, and able to use the School District's CIS systems and software relevant to the employee's responsibilities. In addition, Users must practice proper etiquette, School District ethics, and agree to the requirements of this Policy, its accompanying administrative regulation, other School District policies, regulations, rules and procedures, ISP terms, and local, state, and federal laws.</p>
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<p>5. <u>Delegation of Responsibility</u></p>	<p>1. The Director of Technology, and/or designee, will serve as the coordinator to oversee the School District's CIS systems and will work with other regional or state organizations as necessary to educate Users, approve activities, provide leadership for proper training for all Users in the use of the CIS systems and the requirements of this Policy and its accompanying administrative regulation, establish a system to insure adequate supervision of the CIS systems, maintain executed User <i>CIS Acknowledgement and Consent Forms</i>, and interpret and enforce this Policy and its accompanying administrative regulation.</p> <p>2. The Director of Technology, and/or designee, must establish a process to set up individual and class accounts, to set quotas for disk usage on the system, establish Record Retention and Records Destruction Policies and Records Retention Schedule to include electronically stored information (see School District Policy #800), and establish the School District virus protection process.</p> <p>3. Unless otherwise denied for cause, student access to the CIS systems resources must be through supervision by the professional staff. Administrators, teachers and staff have the responsibility to work together to help students develop the skills and judgment required to make effective and appropriate use of the resources. All Users have the responsibility to respect the rights of all other Users within the School District and School District CIS systems, and to abide by the policies, regulations, rules, and procedures established by the School District, as well as ISP terms, and local, state and federal laws.</p> <p>The Assistant Superintendent for Curriculum and Instruction, and/or designee, have the responsibility to educate Minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyberbullying awareness and response.</p> <p>1. <u>Access To The CIS Systems</u></p> <p>a. The CIS systems accounts of Users must be used only by authorized owners of the accounts and only for authorized purposes.</p> <p>b. An account must be made available according to a procedure developed by appropriate School District authorities.</p> <p>c. CIS System. This policy, its accompanying administrative regulation, as well as other relevant School District policies, regulations, rules, and procedures, will govern use of the School District's CIS systems for Users.</p> <p>d. Types of Services include, but are not limited to:</p> <p>(1) Internet - School District employees, students, and Guests will have</p>
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	<p>access to the internet through the School District's CIS systems, as needed.</p> <p>(2) E-Mail and Text Messaging - School District employees may be assigned individual e-mail and text message accounts for work related use, as needed. Students may be assigned individual e-mail accounts, as necessary, by the Director of Technology, and/or designee, at the recommendation of the teacher who will also supervise the students' use of the e-mail service. Parents of students in the East Stroudsburg Area School District Virtual Academy must also supervise the child in his/her use of the School District's e-mail service. Students and Guests may not be assigned text message accounts.</p> <p>(3) Guest Accounts -Guests may receive an individual internet account with the approval of the Director of Technology, and/or designee, if there is a specific School District-related purpose requiring such access. Use of the CIS systems by a Guest must be specifically limited to the School District-related purpose and comply with this Policy, its accompanying administrative regulation, and all other School District policies (including the Vendor Access Policy), regulations, rules, and procedures, as well as ISP terms, local, state and federal laws, and may not damage the School District's CIS systems. A School District <i>CIS Acknowledgment and Consent Form</i> must be signed, and if the Guest is a Minor, a parent's written signature is required.</p> <p>(4) Blogs - Employees may be permitted to have School District-sponsored blogs, after they receive training, and the approval of the Director of Technology, or designee. All bloggers must follow the rules provided in this Policy, its accompanying administrative regulation, and other applicable policies (for example, Social Media), regulations, rules and procedures of the School District, as well as ISP terms, and local, state, and federal laws.</p> <p>(5) Web 2.0 Second Generation and Web 3.0 Third Generation Web-based Services - Certain School District authorized Second Generation and Third Generation web-based services, such as blogging, authorized social networking sites, wikis, podcasts, RSS feeds, social software, folksonomies, and interactive collaboration tools that emphasize online participatory learning (where Users share ideas, comment on one another's project, plan, design, or implement, advance or discuss practices, goals, and ideas together, co-create, collaborate and share) among Users may be permitted by the School District, however, such use must be approved by the Director of Technology, and/or designee, followed by training authorized by the School District. Users must comply with this Policy, its accompanying administrative regulation, as well as any other relevant policies (including the School District's Social Media Policy), regulations, rules, and procedures, including the copyright, participatory learning/collaborative/social networking regulations, ISP terms, and local, state, and federal laws during such use.</p>
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	<p>2. <u>Parental Notification and Responsibility</u></p> <p>The School District will notify the parents/guardians about the School District's CIS systems and the policies, and regulations governing their use. This Policy, and its accompanying regulation contain restrictions on accessing Inappropriate Matter. There is a wide range of material available on the internet, some of which may not be fitting with the particular values of the families of the students. It is not practically possible for the School District to monitor and enforce wide range of social values in student use of the internet. Further, the School District recognizes that parents/guardians bear primary responsibility for transmitting their particular set of family values to their children. The School District will encourage parents to specify to their children what material and matter is and is not acceptable for their children to access through the School District's CIS system. Parents are responsible for monitoring their children's use of the School District's CIS Systems when they are accessing the systems.</p> <p>3. <u>School District Limitation of Liability</u></p> <p>The School District makes no warranties of any kind, either expressed or implied, that the functions or the services provided by or through the School District's CIS systems will be error-free or without defect. The School District does not warrant the effectiveness of internet filtering. The electronic information available to Users does not imply endorsement of the content by the School District. Nor is the School District responsible for the accuracy or quality of the information obtained through or stored on the CIS systems. The School District will not be responsible for any damage Users may suffer, including but not limited to, information that may be lost, damaged, delayed, misdelivered, or unavailable when using the CIS systems. The School District will not be responsible for material that is retrieved through the internet, or the consequences that may result from them. The School District will not be responsible for any unauthorized financial obligations, charges or fees resulting from access to the School District's CIS systems. In no event will the School District be liable to the user for any damages whether direct, indirect, special or consequential, arising out of the use of the CIS systems.</p> <p>4. <u>Prohibitions</u></p> <p>The use of the School District's CIS systems for illegal, inappropriate, unacceptable, or unethical purposes by Users is prohibited. Such activities engaged in by Users are strictly prohibited, including but not limited to the activities illustrated below and in the accompanying administrative regulation #815. The School District reserves the right to determine if any activity not appearing in the lists constitute an acceptable or unacceptable use of the CIS systems.</p> <p>The prohibitions are in effect any time School District resources are accessed</p>
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<p>17 U.S.C. § 101 et seq.; Policy 814</p>	<p>whether on School District property, through the East Stroudsburg Area School District Virtual Academy, at School District events, while connected to the School District's network, when using mobile computing equipment, telecommunication facilities in protected and unprotected areas or environments, directly from home, or indirectly through another ISP, and if relevant, when a User uses their own equipment. Students must also comply with the School District's Electronic Communication Devices Policy, # 237.</p>
<p>17 U.S.C. § 101 et seq.; Policy 814</p>	<p>5. <u>Copyright Infringement and Plagiarism</u></p> <p>a. Federal laws, cases, policies, regulations, and guidelines pertaining to copyright will govern the use of material accessed through School District resources. See School District Policy #814. Users will make a standard practice of requesting permission from the holder of the work, and complying with the Fair Use Doctrine, and/or complying with license agreements. Employees will instruct Users to respect copyrights, request permission when appropriate, and to comply with the Fair Use Doctrine and/or with license agreements.</p> <p>b. Violations of copyright law can be a felony and the law allows a court to hold individuals personally responsible for infringing the law. The School District does not permit illegal acts pertaining to the copyright law. Therefore, any User violating the copyright law does so at their own risk and assumes all liability.</p> <p>c. Violations of copyright law include, but are not limited to, making unauthorized copies of any copyrighted material (such as commercial software, text, graphic images, audio and video recording), distributing copyrighted materials over Computer networks, remixing or preparing mash-ups that violate the law, and deep-linking and framing into the content of others' websites. Further, the illegal installation of copyrighted software or files for use on the School District's Computers is expressly prohibited. This includes all forms of licensed software -- shrink-wrap, clickwrap, browwrap, and electronic software, downloaded from the internet.</p> <p>d. No one may circumvent a Technology Protection Measure that controls access to a protected work unless they are permitted to do so by law. No one may manufacture, import, offer to the public, or otherwise traffic in any technology, product, service, device, component or part that is produced or marketed to circumvent a technology protection measure to control access to a copyright protected work.</p>
<p>17 U.S.C. § 1202</p> <p>Policy 814</p>	<p>e. School District guidelines on plagiarism will govern use of material accessed through the School District's CIS systems. Users must not plagiarize works that they</p>

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<p>17 U.S.C. § 512</p>	<p>find. Teachers will instruct students about appropriate research and citation practices. Users understand that use of the School District's CIS Systems may involve the School District's use of plagiarism analysis software being applied to their works.</p> <p>6. <u>School District Website</u></p> <p>The School District has established and maintains a website and will develop and modify its web pages that will present information about the School District under the direction of the Director of Technology, and/or designee. Publishers must comply with this Policy, its accompanying administrative regulation, and other School District policies (for example, the School District's Website Development Policy, #815.1), regulations, rules, and procedures, ISP terms, and local, state, and federal laws.</p> <p>The School District may limit its liability by complying with the Digital Millennium Copyright Act's safe harbor notice and takedown provisions.</p>
<p>47 U.S.C. § 254</p>	<p>7. <u>Blogging</u></p> <p>If an employee, student or Guest creates a blog with their own resources and on their own time, the employee, student or Guest may not violate the privacy rights of employees and students, may not use School District personal and private information/data, images and copyrighted material in their blog, and may not disrupt the operations of the School District.</p> <p>Contrary conduct will result in actions further described in the "Consequences for Inappropriate, Unauthorized and Illegal Use" section of this Policy, its accompanying administrative regulation, and provided in other relevant School District policies, regulations, rules, and procedures.</p> <p>8. <u>Safety and Privacy</u></p> <p>To the extent legally required, Users of the School District's CIS systems will be protected from harassment or commercially unsolicited Electronic Communication. Any User who receives threatening or unwelcome communications must immediately send or otherwise provide them to the Director of Technology and/or designee.</p> <p>Users must not post unauthorized personal contact information about themselves or other people on the CIS systems. Users may not steal another's identity in any way, may not use spyware, cookies, or other program code, keyloggers, and may not use School District or personal technology or resources in any way to invade another's</p>

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	<p>privacy. Additionally, Users may not disclose, use or disseminate confidential and personal information about students or employees. Examples include, but are not limited to, revealing: biometric data, student grades, Social Security numbers, dates of birth, home addresses, telephone numbers, school addresses, work addresses, credit card numbers, health and financial information, evaluations, psychological reports, educational records, reports, and resumes or other information relevant to seeking employment at the School District by using a PDA, iPhone, BlackBerry, cell phone (with or without camera/video) and/or other Computer, unless legitimately authorized to do so.</p> <p>If the School District requires that data and information to be encrypted. Users must use School District authorized encryption to protect their security.</p> <p>Student Users, by their use of the School District's CIS Systems, agree not to meet with someone they have met online unless they have parental consent.</p> <p>9. <u>Consequences for Inappropriate, Unauthorized and Illegal Use</u></p> <p>a. General rules for behavior, ethics, and communications apply when using the CIS systems and information, in addition to the stipulations of this Policy, and its accompanying administrative regulation, other school district policies, regulations, rules, and procedures, ISP terms, and local, state and federal laws. Users must be aware that violations of this Policy, its accompanying administrative regulation, or other policies, regulations, rules, and procedures, or for unlawful use of the CIS systems, may result in loss of CIS access and a variety of other disciplinary actions, including but not limited to, warnings, usage restrictions, loss of privileges, position reassignment, oral or written reprimands, student suspensions, employee suspensions (with or without pay), dismissal, expulsions, breach of contract, and/or legal proceedings. This will be handled on a case-by-case basis. This Policy, and its accompanying administrative regulation, incorporate all other relevant School District policies, such as, but not limited to, the student and professional employee discipline policies, Code of Student Conduct, copyright, property, curriculum, terroristic threat, vendor access, and harassment policies.</p> <p>b. Users are responsible for damages to Computers, the network, equipment, Electronic Communications Systems, and software resulting from accidental, negligent, deliberate, and willful acts. Users will also be responsible for incidental or unintended damage resulting from negligent, willful or deliberate violations of this Policy, accompanying administrative regulation, other School District related policies, regulations, rules, and procedures, ISP terms, and local, state, and federal laws. For example, Users will be responsible for payments related to lost or stolen Computers and/or School District equipment, and recovery and/or breach of the data contained on them.</p>
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815. ACCEPTABLE USE OF COMMUNICATION AND INFORMATION (CIS)
SYSTEMS POLICY- Pg. 16

	<p>c. Violations as described in this Policy, and its accompanying administrative regulation, other School District policies, regulations, rules, and procedures may be reported to the School District, and to appropriate legal authorities, whether the ISP, local, state, or federal law enforcement. Actions that constitute a crime under state and/or federal law, could result in arrest, criminal prosecution, and/or lifetime inclusion on a sexual offenders registry. The School District will be reasonably cooperative with authorities in all such investigations.</p> <p>d. Vandalism will result in cancellation of access to the School District's CIS systems and resources and is subject to discipline.</p> <p>e. Any and all costs incurred by the School District for repairs and/or replacement of software, hardware and data files and for technological consultant services due to any violation of this Policy, its accompanying administrative regulation, other School District policies, regulations, rules, and procedures, or ISP terms, or federal, state, or local law, shall be paid by the User who caused the loss. If you have questions, contact the Director of Technology at 570-424-8500 x1350.</p> <p>References:</p> <p>PA Consolidated Statutes Annotated – 18 Pa. C.S.A. § 5903, 6312 PA Child Internet Protection Act – 24 P.S. § 4601 et seq. PA Bullying Act – 24 P.S. § 13-1303.1-A PA – 18 Pa. C.S.A. § 6312; 24 P.S. § 4603, 4604 U.S. Copyright Law – 17 U.S.C. § 101 et seq. Digital Millennium Copyright Act 17 U.S.C. § 512, 1202 United States Code – 18 U.S.C. § 1460, 2246, 2252, 2256; 47 U.S.C. § 254 Enhancing Education Through Technology Act of 2001 – 20 U.S.C. § 6777 Federal Children's Internet Protection Act – 47 U.S.C. § 254 Board Policies, Administrative Regulations, Rules, and Procedures</p>
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EAST STROUDSBURG AREA SCHOOL DISTRICT
50 Vine Street
East Stroudsburg, PA 18301

Acceptable Use of Communications and Information (CIS) Systems Policy #815

CIS Acknowledgment and Consent Form

Students

I have received, read, and understand the Acceptable Use of Communications and Information (CIS) Systems Policy #815, and will comply with it. Someone from the School District has also reviewed this Policy with me and my parents have reviewed it with me. In addition, I have been given the opportunity to obtain information from the School District and my parent(s) about anything I do not understand, and I have received the information I requested. If I have further questions, I will ask the Director of Technology and my parents. Additionally, I understand that if I violate this policy, other related policies, regulations, rules, and procedures, I am subject to the School District's discipline and could be subject to ISP, as well as local, state and federal laws.

Name of Student

Student ID

Signature of Student

Grade

Date of Signature

School

Parent(s)

As the parent of a student of the School District, I have received, read, and understand the Acceptable Use of the Communications and Information (CIS) Systems Policy. In addition, I reviewed this Policy with my child and answered questions he or she asked. If either my child or I have further questions, I will ask the Director of Technology. I agree to have my child comply with the requirements of this Policy, other related policies, regulations, rules, and procedures. Additionally, I understand that if (s)he violates this policy, other related policies, regulations, rules, and procedures (s)he is subject to the School District's discipline, ISP requirements, as well as local, state and federal laws.

Name of Parent

Signature of Parent

Date of Signature

EAST STROUDSBURG AREA SCHOOL DISTRICT

(PLEASE SEE ADDRESS AT BOTTOM OF FORM)

CONSENT FOR RELEASE OF STUDENT RECORDS

Student's Name: _____ Grade: _____

Name of Last School Attended: _____

Last School Phone: _____ Last School Fax: _____

Last School Complete Mailing Address: _____

EAST STROUDSBURG AREA SCHOOL DISTRICT MAY HAVE A COPY OF AND/OR ACCESS TO ALL OF _____'S SCHOOL RECORD AS INDICATED BELOW:

(Name of Pupil)

* Official Administrative Record (Name, Date of Birth, Last Grade Level Completed, Course Grades, Class Standing/Rank, & Attendance Record)

* Health Records

* If Applicable, Discipline History including the following:

a.) Discipline Record(s)

b.) Letter(s) to Parent(s)/Guardian(s) Regarding an Alternative Educational Placement (i.e. Administrative Review Letter)

c.) Manifestation Determination

* Official High School Transcript as of the Date of Withdrawal

* All Standardized Test Scores (PSAT, SAT, ACT, ASVAB, etc.). Also, Including Any Mandated State Assessment Tests such as PSSA.

* If Applicable, Special Education Documents not limited to but including all of the following:

a.) Current Individualized Education Program (IEP)

b.) Notice of Recommended Education Placement (NOREP)

c.) Evaluation Report (ER) Including the Relevant Psychological and/or Psychiatric Report

Parent/Guardian Signature

Date

PLEASE FORWARD RECORDS TO:

Signature of School Official

Date

The East Stroudsburg Area School District hires only individuals legally authorized to work in the United States and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the admission or access to, or in the provision of services, programs or employment.

PARENT NOTIFICATION/PERMISSION FORM

East Stroudsburg Area School District
50 Vine Street
East Stroudsburg, PA 18301
570-424-8500

Name of Student: _____ School: _____ Date: _____

Dear Parent(s)/Guardian(s):

During the school year, students can become involved in activities that go beyond the confines of the classroom or typical educational setting and/or the usual day-to-day instructional process. In most cases, these are routine events associated with a student's learning and personal development.

Please review the activities/events listed below. It is important to note that this list may not include all activities that could arise during the school year. If the types of activities/events listed below pose no concerns for you and your child, simply check the first box below, sign this form at the bottom, and return as requested. If you have concerns with any particular activities/events, they should be specifically listed, the second box below should be checked, and the form should be signed and returned.

ACTIVITIES/EVENTS

1. Individual/Group photographs in yearbooks and other school publications. Names may be used in conjunction with such pictures.
2. School academic/activity photographs in news articles for newspapers. Names may be used in conjunction with such pictures.
3. Inclusion in general interest news media reports/interviews (i.e. television, radio, newspapers), including listings of student accomplishments (e.g., honor rolls, spelling bees). Students may be identified in such reports/interviews/listings.
4. Events/Parties that relate to cultural observances such as Thanksgiving, holidays, cultural awareness months, etc.
5. The release of student directory information as per the federal Family Educational Rights and Privacy Act (FERPA) and Board Policy #216, as is applicable.
6. Participation in educational research studies (with student anonymity) as approved by school principals.
7. Academic group testing per state and local regulations/practices.
8. Individual/Group photographs/videos that include the student and/or oral or written comments by the student that appear on the school district website, intra-district broadcasts or other media. No student names will be included with such photos or videos.
9. Walking field trips within the vicinity of the school, but may be off of school premises.
10. Visitation by U.S. military recruiters and/or providing them with access to directory information as per Board Policy #216.

PLEASE CHECK THE APPROPRIATE BOX, SIGN AND RETURN

- ☐ I recognize the above events/activities and their like as possible components of a comprehensive school program and give permission for my child to be involved.
- ☐ I do not give my permission for my child to be involved in the following events/activities (Please specify any applicable numbers from the list above).

Signature of Parent(s)/Guardian(s)* _____ Date _____

*Please be advised that the school district may require additional permission for specific other activities or programs.

PLEASE NOTE: WHERE A STUDENT IS A MEMBER OF A SCHOOL-SPONSORED EXTRACURRICULAR ACTIVITY AT WHICH THE PUBLIC, INCLUDING MEMBERS OF THE NEWS MEDIA, IS INVITED TO ATTEND, PROVIDED ANY ENTRANCE FEES AND/OR OTHER ENTRANCE REQUIREMENTS HAVE BEEN MET, THE PARENT(S)/GUARDIAN(S) MAY NOT PROHIBIT THE PHOTOGRAPHING AND/OR VIDEOTAPING OF ANY PARTICIPANT, INCLUDING THEIR OWN CHILD. PARENT(S)/GUARDIAN(S) WHO HAVE AN OBJECTION TO SUCH PHOTOGRAPHING AND/OR VIDEOTAPING ARE ADVISED TO WITHDRAW THEIR CHILD FROM PARTICIPATION IN SUCH ACTIVITIES.



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www.esasd.net

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Superintendent for Curriculum and
Instruction Grades K-5

Thomas A. Lesniewski, Ed. D.
Assistant Superintendent for Curriculum
and Instruction Grades 6-12

Jeffrey S. Bader,
Business Manager

Sharon S. Laverdure
Superintendent
Human Resources/Special Projects

HOME LANGUAGE SURVEY*

The Office of Civil Rights requires that school districts identify limited English proficient students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Please answer the following questions:

Student Name _____ Today's Date _____

Student Date of Birth _____ Age _____ Place of Birth _____
Month/Day/Year

If your child was NOT born in the USA, on what date did your child arrive in the U.S.A.? _____

Parents/Guardians Names _____

Telephone Number Home: _____ Work: _____ Cell: _____

School Name _____ Grade _____

1. What language did your child speak first? _____

2. Does your child speak a language other than English? _____
If yes, specify language _____
(Do not include languages learned in school.)

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:

<u>Name of School</u>	<u>State</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): _____

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 district as well as from students who enroll in the school district in the future.*

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHILD'S SCHOOL.

Revised 02/06/2010

The East Stroudsburg Area School District hires only individuals legally authorized to work in the United States and does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in the admission of, access to, or in the provision of services, programs or employment. 9/19/07



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Jeffrey S. Bader,
Business Manager

Sharon S. Laverdure
Superintendent
Human Resources/Special Projects

NOTICE OF AUTOMATED MESSAGE DELIVERY

The East Stroudsburg Area School District utilizes an automated message delivery system to contact parents via telephone and/or email for various reasons. Examples of such use include:

Community Outreach Messages

These messages are sent on a regular basis (often monthly) by school principals to keep parents informed of happenings in their child's school. Community outreach messages are delivered to the primary home telephone number of the parent(s) with whom the child resides, during regular business or early evening hours, including weekends.

Emergency Messages

These messages are sent only when absolutely necessary, and are delivered to all telephone numbers and e-mail addresses of the parent(s) with whom the child resides. Emergency messages are sent to announce school closings, early dismissals, and other events that may have an imminent impact on the educational community, and may be sent at any time, but usually between the hours of 5:00 AM and midnight.

Survey Messages

These messages may be sent on rare occasions to solicit input on important matters. Survey messages are delivered to the primary home telephone number of the parent(s) with whom the child resides, during regular business or early evening hours, including weekends.

Attendance Messages

These messages are sent to the primary home telephone number of parent(s) whose student was absent from school during regular business or early evening hours on days when school is in session.

While it is important that we maintain an up to date record of all your telephone numbers, we recognize that it is not always prudent to contact you at every number provided. Therefore, we offer the option of opting out of automated message delivery for all, or selected telephone numbers. Please check the appropriate box(es) below to indicate your choice(s).

☐ The district may contact me at any telephone number, as described above.

Please **do not** contact me at the following telephone number(s):

- ☐ - Primary Home Number
- ☐ - Primary Work Number
- ☐ - Primary Cell Number
- ☐ - Other Work Number
- ☐ - Other Cell Number

Student Name (Print)

Parent/guardian signature

Date

GUIDELINES FOR PHYSICAL EXAMINATIONS

According to Pennsylvania School Law “a medical examination shall be provided...” in Grades (K) or 1, 6, and 11. Children transferred from another school system shall be examined as soon as possible after the transfer regardless of their age or grade. Any child of school age may furnish the local school officials with a medical report of examination made at his/her own expense by his/her family physician.

A. Objectives

1. Protect and promote the health and welfare of school age children.
2. Assure early diagnosis, referral and correction of health problems.

B. Procedure for Parent Notification of Required Examination.

1. Notice of physical examinations required by the Pennsylvania School Code will be printed annually in the school calendar.
2. Student handbooks at all levels will include notice of mandated physical examinations.
3.
 - a. Parents of all pupils currently enrolled in grades five and ten will receive by mail information (including cover letter, physical exam form, form allowing parent to select a private or school exam and a form stating guidelines for a school physical exam) to be completed and returned to the school. This information will relate to physical examinations to be given in the sixth and eleventh grades.
 - b. All new entries will receive the “Private Physician’s Report of Physical examination,” a letter of explanation and the “School Physical Examination Notification to Parents” at the pre-school interview.
 - c. All transfer students from out of state receive the “Private Physician’s Report of Physical examination,” a letter of explanation and the “School Physical Examination Notification to Parents” at the time of registration.
4. Parents will also be informed by the school nurse of mandated physical examinations at kindergarten orientation programs and the sixth grade orientation programs prior to the beginning of the school year. Eleventh grade students will be notified of the physical examination requirements at the eleventh grade class meeting at the beginning of the school year.
5. For students who have not returned permission slips for a school examination and who have not returned a completed “Private Physician’s Report of Physical Examination,” a second notification will be mailed to the parent after November 1 of the current school year and again in March, if necessary.
6. Failure to return a completed “Private Physician’s Report of Physical Examination” to the school nurse by the end of the school year will result in exclusion as per Board Policy #209. Parents are encouraged to attend school physicals.

C. Procedure for Medical Examination by the Private Physician

1. The “Private Physician’s Report of Examination” and a letter of explanation is sent to parents of all pupils in grades five and ten after May 1.
2. All new entries receive the “Private Physician’s Report” at pre-school interview.
3. All transfer students from out of state receive the “Private Physician’s Report” at the time of registration.

D. Procedure for Medical Examination by the School Physician

1. Mail parental notice of date and time exam.
2. At the time of examination, the removal of sufficient clothing is required to ensure a complete examination.
3. A screening examination is performed by the physician, which may include:
 - a. General survey – observe the apparent state of health;
 - b. Vital signs – measure pulse, respiratory rate, blood pressure and indicated, temperature;
 - c. Skin – observe color, its vascularity and lesions, edema, moisture, temperature, texture thickness, mobility and turgor;
 - d. Head – inspect hair, scalp, skull, and face;
 - e. Eyes – examine external ocular structures and internal ocular structures including position and alignment, eyebrows, eyelids, conjunctiva and sclera, cornea, iris, pupils, extraocular movement;
 - f. Ears – examine auricles, canals and drums;
 - g. Nose and sinuses – examine external nose, mucosa, septum, turbinates;
 - h. Mouth and pharynx – inspect lips, buccal mucosa, gums and teeth, roof of mouth tongue and pharynx;
 - i. Neck – inspect and palpate the cervical nodes, trachea and thyroid;
 - j. Back – inspect and palpate the spine and muscles of the upper back;
 - k. Posterior thorax and lungs – inspect, palpate, percuss and auscultate;
 - l. Breasts and axillae – inspect;
 - m. Anterior thorax and lungs – inspect, palpate, percuss and auscultate;
 - n. Heart – inspect, palpate, percuss and auscultate;
 - o. Abdomen – inspect, auscultate, percuss, palpate lightly and deeply;
 - p. Musculoskeletal system – examine the range of motion of the spine and check the alignment of the spine, hips, legs and feet, observe gait;
 - q. Neurological – check reflexes, if indicated.



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and Instruction Grades 6-12

Jeffrey S. Bader,
Business Manager

Dear Parents/Guardians:

It is important that the school has a record of a child's health status. The Pennsylvania Public School Code Section 1402 requires all children to have a medical examination upon original entry into school, in the sixth grade and in the eleventh grade.

You are urged to have these examinations done by your family physician, because he/she has a better knowledge of your child's health and can assist you in treatments and corrections.

Your family physician can also ensure that your child's immunizations are current. (Please Note: immunization requirements for entry into kindergarten and 7th grade include three (3) doses of hepatitis B (vaccine and varicella immunity).

The completed *Private Physical Exam* form must be returned to the school nurse by **November 1** of the current school year.

Please feel free to contact the school nurse if there are any questions. Please see enclosures as to the nature and scope of the medical examinations.

Sincerely,

School Nurse

Enc.

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East Stroudsburg Area School District
East Stroudsburg, Pennsylvania 18301

School Physical Examination
Parent Notification and Permission

Student Name _____ Grade _____

Dear Parent/Guardian:

According to the Pennsylvania Public School Code, section 1402e:

“The school physicians of each district or joint board shall make a medical examination and a comprehensive appraisal of the health of every child of school age (1) upon original into school in the Commonwealth, and (2) while in the sixth grade, (3) while in eleventh grade...”

Any child or school age may furnish the local school officials with a medical report of examination made at his/her own expense by his/her family physician. Examinations shall be made and the report shall be furnished prior to the date fixed for the regularly scheduled (school) examination but no earlier than one year prior to the opening of the school term.

East Stroudsburg Area School District requires that a completed private examination report be submitted by November 1 of the current school year or 60 days after enrolling your child in the district.

Please complete the following request indicating your choice and return signed and dated to the school nurse.

☐ **We wish to be present during the physical administered by the school physician.**
School physicals are done on a SATURDAY. Notification of date and time will be mailed. No make-ups can be scheduled.

☐ **We wish to have the physical exam administered by our family doctor.** A completed physical form will be sent to school by November 1 of the current school year.

Doctor _____ **Date Scheduled** _____

As per Board Policy #209, “Students who fail to complete and/or submit acceptable evidence of required medical examinations or dental screenings within the appropriate time period will not be admitted to school the following school year unless or until acceptable proof of compliance is received.”

Parent/Guardian Signature

Date

INFORMATION AND GUIDELINES for SCHOOL PHYSICAL EXAMINATIONS

The Pennsylvania Public School Code mandates that the school district physician make a medical examination and a comprehensive appraisal of the health of every child of school age (1) upon original entry into school in the Commonwealth, (2) while in the sixth grade, and (3) while in the eleventh grade. The School Code further requires that every school physician be assisted by a school nurse who shall be present during each examination.

In lieu of the medical examinations required to be performed by the school physician, any child of school age may furnish school district officials with a medical report of examination made at his/her own expense by his/her family physician on a form approved by the Secretary of Health. Copies of this form are available in the nurse's office of each school in the district.

Medical examinations made by a child's family physician shall be performed no earlier than **one year prior to the opening** of the school term during which the regular examination by the school physician is scheduled. The medical report shall be furnished to the district on or before November 1 of the school term in the case of children enrolled at the beginning of the school term.

Parents/guardians of students are encouraged to have the required medical examinations performed by their child's family physician. School medical examinations will be given only with written parent/guardian permission. **Parents are encouraged to attend school examinations.**

Medical examinations by the school physician shall be conducted in rooms identified and equipped for this purpose. The school physician shall require the removal of sufficient clothing to insure complete examination. Parents/guardians will be advised in advance of the date of examination and urged to be present. School medical examinations shall be made in the presence of the parent or guardian when so requested by the parent or guardian.

The medical examination, whether conducted by the school physician or the family physician, shall include:

A. Health history and interview of the student which may include at the discretion of the health care provider:

- Past medical history
- Family and social history
- Review of systems

B. Review of immunization records

- Head, eyes, ears, nose, mouth, throat
- Neck, chest, lungs
- Abdomen
- Spine/scoliosis-bending position
- Musculoskeletal system
- Cardiovascular system, blood pressure
- Skin

Any recommendations as to medical care shall be sent to each parent/guardian on appropriate forms with instructions to the parent/guardian to consult the family physician and to notify the school authorities of the action taken with respect to the recommendations.

The periodic medical examination will be a health appraisal as well as serve as a learning experience for the student and parent (if present), in an effort to promote responsible and healthful living habits. Parents are encouraged to be present for medical examinations.

As per Board Policy #209, "Students who fail to complete and/or submit acceptable evidence of required medical examinations or dental screenings within the appropriate time period will not be admitted to school the following school year unless or until acceptable proof of compliance is received."

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20 _____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD

DATE OF BIRTH

SEX

☐ ☐
M F

Last

First

Middle

ADDRESS

No. and Street

City or Post Office

Borough or Township

County

State

Zip Code

**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day and Year Each Immunization Was Given			DOSES			BOOSTERS & DATES		
	1	/	/	2	/	/	3	/	/
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, Td									
Polio (Circle): OPV, IPV									
Measles, Mumps, Rubella									
Hepatitis B									
HIB									
Varicella							Varicella Disease or Lab Evidence Date: _____		
Other _____									

☐ **MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health

☐ **RELIGIOUS EXEMPTION** (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)
If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on. _____
DateResults of Diagnostic Studies: _____
DatePreventive Anti-Tuberculosis – Chemotherapy ordered. ☐ ☐
NO YES Date

(Continued on Back)

Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Dependency.....	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might effect his/her education? If so, specify.

Report of Physical Examination (✓)

	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth & Gingiva				
• Lymph Glands				
• Heart – Murmur, etc.				
• Lung – Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

Date of Examination

Signature of Examiner

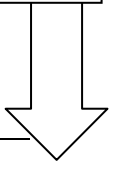
PRINT Name of Examiner

Address

Telephone Number

**East Stroudsburg Area School District
Parent/Guardian Notification of Physical Exam**

**Please sign and
date in the box
below.**



Student Name _____

Address (or sticker) _____

1. First Notice:

A. Mailed home on: _____
Date _____

Initials _____

B. Given directly to parent: **X** _____

Date _____

Parent's Signature _____

C. Sent home with student: _____
Date _____

Initials _____

2. Second Notice:

A. Mailed home on: _____
Date _____

Initials _____

B. Given directly to parent: _____
Date _____

Parent's Signature _____

C. Sent home with student: _____
Date _____

Initials _____

3. Third Notice:

A. Mailed home on: _____
Date _____

Initials _____

B. Given directly to parent: _____
Date _____

Parent's Signature _____

C. Sent home with student: _____
Date _____

Initials _____

4. Notice of Date of School Physical Examination

A. Mailed home on: _____
Date _____

Initials _____

B. Given directly to parent: _____
Date _____

Parent's Signature _____

C. Sent home with student: _____
Date _____

Initials _____

5. Telephone Contacts with Parents:

Comments: _____

Date/Initials _____

Comments: _____

Date/Initials _____

Comments: _____

Date/Initials _____

Parent/Guardian Response:

School Physical Exam: _____ Parent Present
_____ Parent **not** Present

Private Physical Exam: Doctor: _____

Date Scheduled: _____

Comments: _____

_____ Date

_____ Initials

Referred to Administration for parental/guardian non-response to notification: _____

_____ Date

_____ Initials

East Stroudsburg Area School District
Developmental Health History
CONFIDENTIAL

Student Name _____ Birth Date _____

Mother/Guardian _____ Father/Guardian _____

Most Recent Schools Attended:

Name of School	City	State

FAMILY HISTORY

Student lives with:

Name	Age	School	Relationship

Are there any family stressors? (marital, financial, moving, accidents, incarceration, etc.)

Please comment: _____

DEVELOPMENTAL HISTORY (ELEMENTARY STUDENTS)

	Earlier	When expected	Later	Age
Sit up alone				
Crawl				
Walk				
Talk				
Feed self				
Dress self				
Use the toilet				
Follow direction				

BIRTH HISTORY

Were there any unusual illnesses, conditions, or complications during the pregnancy?

_____ Yes _____ No

Please explain: _____

Did your child attend preschool/daycare? _____ If so where? _____

How long has he/she attended? _____ Full or Part time? _____

Will daycare continue when your child begins school? _____

HEALTH HISTORY

Does your child have any of the following conditions or diseases?

	Yes	No	Treatment/Medication
Allergies			
ADD/ADHD			
Asthma			
Behavioral problem			
Bowel/Bladder problem			
Cancer			
Chicken Pox			Date :
Diabetes			
Epilepsy (seizures)			
Fears or nightmares			
Headaches			
Head trauma			
Hearing problem			
Heart problem			
Hospitalizations			
Lead poisoning			
Lyme Disease			
Mental health problem			
Nervous habits			
Nose bleeds			
Separation anxiety			
Skin problems			
Speech problem			
Temper tantrums			
Vision problem			
Other			

FAMILY HEALTH HISTORY

Please complete the following history. Indicate the relationship & side of family

Disease	Relationship	Maternal	Paternal
Alcoholism			
Allergy			
Asthma			
Cancer			
Diabetes			
Drug Addiction			
Heart Problems			
Learning Problems			
Mental Illness			
Seizure Disorder			
Vision Problems			

Signature of parent/guardian _____ Date _____

**East Stroudsburg Area School District
School Dental Screening Permission Form**

RETURN TO SCHOOL DENTAL HYGIENIST

Student Name _____

Grade _____ Teacher's Name _____

The Pennsylvania School Code requires periodic dental exams or dental screenings for all students in K, 3rd, and 7th grade, including all new students upon original entry into the district. Please place an (X) in a box below to indicate your request for meeting the requirements as outlined by board policy #209.

- ☐ **I give permission for school dental screenings by the school dental hygienist while my child is enrolled in the East Stroudsburg Area School District.**

I understand that:

I will be notified with an announcement letter when the screenings will be provided at my child's school.

I will receive a written report of the findings.

I may in writing withdraw this permission and will then be responsible for providing report of dental examination as outlined in the choice for private dental examination.

A dental screening by a licensed and certified dental hygienist may include an assessment of the hard and soft tissues of the oral cavity, oral hygiene education, referrals, and the use of a sterilized mouth mirror and explorer.

- ☐ **I will provide a dental report to the school, from my family dentist, at my own expense by November 1 of the current school year or sixty days after enrolling in the district.**

I understand that:

I must provide a report of a private dental examination made at my expense.

I must return a report of dental examination by November first or sixty days after enrolling in the district.

The report shall be on a form approved by the Secretary of Health and provided by the school.

The exam shall not be made prior to one year before the opening of the school term for which the report is being requested.

Parent Signature _____ Date _____

East Stroudsburg Area School District
DENTAL REQUIREMENT INFORMATION
and
PERMISSION FORM

Dear Parent/Guardian of Kindergarten, Third and Seventh Grade, and New Students,

The Pennsylvania School Code **requires** dental exams or screenings for all students in Kindergarten, Third Grade, Seventh Grade, and all New Students to the district. To fulfill that requirement at no cost to you, East Stroudsburg Area School District offers the services of a school dental hygienist to provide the dental screening. The district's Dental Hygiene Services Program has education as its main focus and provides students with dental hygiene services and dental health education.

Permission forms must be on file in order for the school dental hygienist to provide the school screening. The form on the back allows you to record your preference for meeting the state requirement. We ask that you kindly return this form as soon as possible being sure to complete all requested information.

Dental screenings will be conducted throughout the school year as the Dental Hygienist moves from school to school. You will be informed by memo when the Dental Hygiene Services Program begins in your child's school.

PLEASE NOTE:

The school dental screenings are not complete dental exams nor are they meant to replace a scheduled dental visit. We strongly urge that regular dental care with a family dentist be maintained. The Dental Hygiene Services Program offers school screenings to meet state requirements, evaluate the student population for program planning, and complement regular dental care.

If you do not give permission for the school dental screening, you will be required at your own expense to obtain a report of dental examination from a licensed dentist. The examination shall not have been made prior to one year before the opening of the school term for which the exam is being requested. The report of examination is due by **November 1 of the current school year or sixty days after enrolling in the district for new students**, and shall be on a form approved by the Secretary of Health and provided by the school for the purposes of reporting private family dental examinations.

Students who fail to complete and/or submit acceptable evidence of required dental exams/screenings within the appropriate time period will not be admitted into school after May 1 of the current school year unless and until acceptable proof of compliance is received. Detailed information can be found in Health Policy #209.

EAST STROUDSBURG AREA SCHOOL DISTRICT

RE: Parent Request For Private Dental Exam

Name _____ Date _____

Teacher _____ Grade _____

Dear Parent/Guardian:

We have filed your request for a private dental exam in your child's records and have provided you with the required reporting form.

Please note that your dentist's office records can be used to complete the form if your child has had a recent exam, no more than one year prior to the opening of the school term.

For your convenience, you may have your dentist **fax** the report to your child's school to the attention of Karen Buis, RDH or Gayle Turtzo, RDH. Please be certain to complete the information in the top box before giving the form to your dentist.

Fax Numbers:

	(570)	
J.M. HILL SCHOOL		476-0720
MIDDLE SMITHFIELD SCHOOL		223-2110
SMITHFIELD SCHOOL		476-0488
RESICA SCHOOL		223-2100
EAST STROUDSBURG ELEM.		420-8310
J.T. LAMBERT INTERMEDIATE		476-0464
EAST STROUDSBURG H.S. (S)		420-8353
BUSHKILL SCHOOL		588-4406
LEHMAN INTERMEDIATE		588-4411
EAST STROUDSBURG H.S. (N)		588-4421
NOTRE DAME H.S.		476-0629
NOTRE DAME ELEMENTARY		422-6935
NOTRE DAME M.S.		421-2366

If the necessary screening is not performed by the school dental hygienist or a private dentist exam report form is not filed prior to May 1 of the current school year, your child may be excluded from school until compliance is met with Board Policy #209.

East Stroudsburg Area School District
East Stroudsburg, Pennsylvania 18301
Family Dental Report

To be completed by parent before November 1 of current school year

_____	_____
(Name of Child)	(Name of Teacher)
_____	_____
(Name of School)	(Grade)

To be completed by dentist

1. This child last visited my office _____
(Date)
2. All necessary treatment was received at this time. ☐ Yes ☐ No
3. If the above answer is no, complete the following:

This child is in need of treatment for:

- | | | |
|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Primary Teeth | <input type="checkbox"/> Fillings | <input type="checkbox"/> Extractions |
| <input type="checkbox"/> Permanent Teeth | <input type="checkbox"/> Fillings | <input type="checkbox"/> Extractions |
| <input type="checkbox"/> Mal-occlusion | | |
| <input type="checkbox"/> Prosthetic replacement for lost or missing teeth | | |
| <input type="checkbox"/> Other _____ | | |

This child is currently under my supervision for the above condition:

- ☐ Yes ☐ No

4. This child receives topical fluoride applications under my supervision:
- ☐ Yearly ☐ Every Six Months ☐ Never

_____	_____
(Print Name of Dentist)	(Signature of Dentist)

	(Address)

(Date)	

Note: If the child has been examined no earlier than one year prior to the opening of the school term for which the exam is being requested, the information may be supplied from office records. If the child has not been examined within one year of the opening of the school term, a new examination will be required.

**EAST STROUDSBURG AREA SCHOOL DISTRICT
EMERGENCY CARD**

☐ Change of address

1. STUDENT INFORMATION

Name _____ Grade _____
Address _____
Home Tel. # _____ Birth Date _____
Directions to Home _____

2. PARENT/GUARDIAN INFORMATION

Father's/Guardian's name _____ Home Tel. # _____
Work Tel. # (w/Ext) _____ Cell Phone # _____
Place of Work _____ E-mail _____
Mother's/Guardian's name _____ Home Tel. # _____
Work Tel. # (w/Ext) _____ Cell Phone # _____
Place of Work _____ E-mail _____

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school principal **immediately**, if there are any **COURT ORDERS** restricting non-custodial parents or others from contact with the child. Provide the school principal with a copy of the order.

Custody with (check all that apply): _____ Mother _____ Father _____ Other (specify) _____

3. CHILD CARE PROVIDER INFORMATION

Those designated below are authorized to pick up my child from school:

Child Care provider's name(s) _____
Tel. # _____ Cell Phone # _____

4. LOCAL CONTACT INFORMATION

Those designated below are authorized to pick up my child from school:

1. Local contact's name _____ Relationship _____
Home Tel. # _____ Work Tel. # _____
Place of Work _____ Cell Phone # _____
2. Local contact's name _____ Relationship _____
Home tel. # _____ Work tel. # _____
Place of Work _____ Cell Phone # _____

ADDITIONAL CONTACTS MAY BE LISTED ON THE BACK OF THIS CARD.

5. MEDICAL/PHYSICIAN INFORMATION

List child's known allergies, medical conditions, medications or current medical treatments (Please list): _____

PLEASE LIST ANY ADDITIONAL INFORMATION ON THE BACK OF THIS CARD.

Doctor's name _____ Tel. # _____
Insurance company _____
Dentist's name _____ Tel. # _____

Does the child: Wear glasses? ☐ Yes ☐ No Require pre-dental medication? ☐ Yes ☐ No

I/We give my/our permission for the school nurse to share health record information if the situation warrants it and, in a medical emergency, I/we hereby authorize the school district to seek emergency medical assistance for my/our child if I/we cannot be reached. I/We understand that this emergency care authority may be exercised either locally or when the child is away on trips. I/We understand I/we are responsible for any bills incurred.

Signature of Parent(s)/Guardian(s)

Date

IMPORTANT: PLEASE UPDATE YOUR SCHOOL IMMEDIATELY IF ANY INFORMATION CHANGES. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

11/2/04

SOCIAL SECURITY #

GRADE

BIRTHDATE

FIRST NAME

LAST NAME



Earned Income Tax Administrator
50 North Seventh Street, Bangor PA 18013

EARNED INCOME TAX QUESTIONNAIRE

Please complete the reverse side of this form. Detach at perforation and return top portion to Berkheimer within ten (10) days.

To comply with Act 511 and its Amendments, and the Local Tax Resolutions or Ordinances, this questionnaire is necessary and must be answered fully by all residents.

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling Berkheimer at 610-599-3139, during the hours of 9:00 AM through 4:30 PM, Monday through Friday.

Name
Address
City
State
&
Zip

Resident Municipality:

Tax Rate:

Please detach and return top portion to Berkheimer

Dear Taxpayer,

We recently received information indicating that you reside in a school district and/or municipality in which an earned income tax has been levied on wages, commissions, net profits, etc. Berkheimer is the appointed earned income tax officer under the authority of the Local Tax Enabling Act (LTEA), commonly referred to as "Act 511". Act 511 is the current state law providing all Pennsylvania municipalities, except Philadelphia, with the right to impose the earned income tax.

Founded in 1946 in Bangor, Pennsylvania, Berkheimer is Pennsylvania's largest independent tax collection agency, maintaining several offices throughout the state. Over 1,100 municipalities and school districts process their tax records and payments through Berkheimer.

As the appointed Earned Income Tax collector, we are charged with the duty of administering the school district's and/or municipality's taxes. This includes collecting the tax, establishing rules and regulations to fairly enforce such tax, and creating accurate tax records and accounts for each taxpayer.

The reverse side of this letter contains an earned income tax questionnaire, which is to be completed and returned within ten (10) days. A completed questionnaire will fulfill your registration requirements under the earned income tax rules and regulations, and provide us with accurate tax rolls. More importantly, this information will ensure that your tax dollars are sent to your home taxing jurisdiction. *All residents eighteen (18) years of age or over must complete this questionnaire regardless of employment status* (unemployed, retired, college student, military personnel, homemaker). Please include a list of any additional members of your household who are (18) years of age or older. *Any individual under the age of eighteen (18), who has earned income, must also complete this questionnaire.* If you have recently moved, please give your current and former address.

Most resident taxpayers will have this tax deducted by their employers. Although, if you work where it is not withheld or you are self-employed, you will have to pay the tax directly to Berkheimer. After we receive your completed questionnaire, we will send you the necessary tax forms and create an accurate tax account reflecting your correct reporting status.

We appreciate your cooperation in returning this questionnaire. Kindly refer to the back of this letter for general questions and answers about the earned income tax. Should you have any additional questions, you may contact our office at the telephone number(s) listed above. We will be happy to assist you.

Sincerely,

Berkheimer
Earned Income Tax Administrator

Your Name _____ Spouse's Name _____
Your Social Security No. _____ Spouse's Social Security No. _____
Address _____ City _____ State _____ Zip _____
Telephone Number _____
Taxing Jurisdiction _____ Municipality (Twp/Boro/City) _____ School District _____
How long have you lived at this address? ____/____/____ to ____/____/____ (If less than 2 years, enter previous address below)

YOUR INFORMATION

SPOUSE'S INFORMATION

Previous Address _____
Employer's Name _____
Working Jurisdiction (Twp/Boro/City) _____
Is this Earned Income Tax withheld from your pay? ☐ YES ☐ NO ☐ YES ☐ NO
Are you Self-employed? ☐ YES ☐ NO ☐ YES ☐ NO
If you have no earned income, please record the reason why:
retired/homemaker/temporarily unemployed/disabled/student/minor (please state age)
other (please specify) _____

The information supplied on this form is deemed confidential under the applicable state laws and shall be used by the tax collector in accordance and conformity with those state laws.

QUESTIONS AND ANSWERS ABOUT THE EARNED INCOME TAX

Please keep this information with your tax records for future reference

What Is The "Earned Income Tax"?

The earned income tax has been levied by your resident taxing jurisdiction (i.e., the township, borough or school district in which you live). Earned income is defined as salaries, wages, commissions, bonuses, incentive payments, fees, tips and/or other compensation for services rendered, whether in cash or property, and whether paid directly to you or through an agent. In addition, the net profits of a business are subject to a net profits tax. Net profits are defined as the net income from the operation of a business, profession, or other activity, except corporations, after deductions for all operating costs and expenses incurred in conducting said business.

What Income Is Specifically Exempt From The Earned Income Tax?

Income such as dividends, interest, income from trusts, bonds, insurance and stocks is exempt. Also exempt are payments for third party sick or disability benefits, old age benefits, retirement pay, pensions - including social security payments, public assistance or unemployment compensation payments made by any governmental agency, and any wages or compensation paid by the United States for active service in the armed forces of the United States including bonuses or additional compensation for such service.

If The Tax Is Withheld In Another Community Where I Work, Do I Also Pay The District In Which I Live?

No. The tax withheld by your employer will be remitted to your resident taxing jurisdiction. It is still required that our Questionnaire be answered by ALL residents.

If I Am Subject To The Philadelphia Wage Tax, Must I Also Pay This Tax?

No. If employed in Philadelphia, you may use the Philadelphia Wage Tax as a credit against your liability to your resident municipality, but the credit may not exceed the current tax rate for your local taxing jurisdiction. No refund or credit can be taken for any withholding greater than the current tax rate for your resident municipality.

Whose Earned Income Tax Will Be Withheld By Their Employer?

Any individual working in a jurisdiction that levies the tax on **residents and non-residents** will have the tax withheld by their employer. If you work in a jurisdiction that does NOT tax non-residents, your employer is only required to withhold for those individuals who live in that jurisdiction. Occasionally, employers located in a jurisdiction where the tax is not levied will volunteer to withhold if your resident jurisdiction levies the tax.

From Whom Will The Earned Income Tax Be Collected Directly?

The earned income tax will be collected directly from those who are: 1) self-employed; 2) salaried but self-employed in a side business; or 3) work in a municipality where the tax is not in place, or out of state. Those persons must file a declaration of the total of such estimated net profits or income, together with the total estimated tax due, with the Earned Income Tax Collector. Proper forms for reporting the quarterly payments will be sent to each person so liable.

Must All Taxpayers File A Final Return?

Yes. A Local Earned Income Tax Return must be filed annually by April 15th.

What If I Neither File A Return Nor Pay The Tax Due?

State law, as well as the local tax resolutions and/or ordinances, make it a summary criminal offense if a taxpayer fails to file a tax return as required. This subjects the taxpayer to a fine not to exceed \$500.00 per offense, plus the cost of prosecution. In default of payment of said fine and costs, the taxpayer may be imprisoned for a period not exceeding thirty (30) days per offense. In addition, distress sale, wage attachment and/or civil suit proceedings may be used to collect any unpaid tax found to be due, and penalties and interest may also be assessed.


Must I Return This Questionnaire If I Have Moved Or Do Not Work?

Yes. All residents must return a completed questionnaire. If you move within the tax year, you will receive a Local Earned Income Tax return in order to file for the period of time that you resided in a jurisdiction for which we are the tax administrator. If you have no earned income, we will update our records to reflect that information.

EAST STROUDSBURG AREA SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. **East Stroudsburg Area School District** offers healthy meals every school day. Breakfast costs **\$1.35**; lunch costs **\$2.15 Elementary, \$2.25 Intermediate and Secondary Students**. Your children may qualify for free meals or for reduced price meals. Reduced price is **.30** for breakfast and **.40** for lunch.

- 1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Donna Marie Cassieri, Child Accounting Bookkeeper, 50 Vine Street, East Stroudsburg, PA 18301 (570) 424-8500 Ext. 1124 or 10903**. Families can also apply online for free or reduced school meals and other benefits at www.compass.state.pa.us.
- 2. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all those living in your household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
 If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.
- 3. WHO CAN GET FREE/REDUCED MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) can get free meals regardless of your income. This includes children living in the household who do not receive SNAP or TANF. Your children can get free/reduced meals if your household's gross income is within the free/reduced limits on the Federal Income Eligibility Guidelines. The required Federal Eligibility Income Chart is included in this letter.
- 4. CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income and should be included on the household application.
- 5. CAN HOMELESS, RUNAWAY, HEAD START AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, head start or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Eric D. Forsyth, SFO, PRSBO, Director of Administrative Services, (570) 424-8500 Ext. 1124 or 10903** eric-forsyth@esasd.net to see if they qualify.
- 6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. Call the school at **(570) 424-8500 Ext. 1124 or 10903** if you have questions.
- 7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application by **October 15, 2014** unless the school told you that your child is eligible for free meals for the new school year.
- 8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 9. WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
- 10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit.
- 11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **ERIC D. FORSYTH, SFO, PRSBO, 50 VINE STREET, EAST STROUDSBURG, PA 18301** eric-forsyth@esasd.net **(570) 424-8500 Ext. 1124 or 10903**.
- 12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
- 13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

14. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
15. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS THEIR COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to their basic pay because of their deployment and it wasn't received before they were deployed, combat pay is not counted as income. Contact your school for more information.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP and/or other assistance benefits, contact your local assistance office or call 1-800-692-7462 (1-800-451-5886 TDD number for individuals with hearing impairments).

If you have other questions or need help, call **(570) 424-8500 Ext. 1124 or 10903**.

Your children may qualify for reduced price or free meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2014-2015			
Household size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional person:	\$7,511	\$626	\$145

Sincerely,

ERIC D. FORSYTH, SFO, PRSBO

Use of Information Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil rights program complaint of discrimination, complete the USDA Program Discrimination complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR **TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List the name and nine (9) digit case number of any household member (including adults) receiving SNAP or TANF benefits.
- Part 2:** Skip this part.
- Part 3:** Complete section A including ALL household members. List the child(ren)'s school they attend and grade. *Do not complete section B*
- Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.
- Part 5:** Complete this part if you choose.

IF ANY CHILD IN YOUR HOUSEHOLD IS **HOMELESS, A MIGRANT, HEAD START OR RUNAWAY AND DOES NOT RECEIVE SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** Skip this part.
- Part 2:** If any child you are applying for is homeless, migrant, head start or a runaway, call **Eric D. Forsyth, SFO, PRSBO, (570) 424-8500 Ext. 1124 or 10903.**
- Part 3:** In section A, list the child(ren)'s name. Indicate if the child(ren) is homeless, a migrant, or runaway by circling Hom. for homeless; Mig. for migrant; or Run for a runaway. List what school they attend and their grade. Enter HS as the grade for Head Start children. Section B does not need to be completed.
- Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.
- Part 5:** Complete this part if you choose.

IF YOU ARE APPLYING FOR A **FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:**

If all children in the household are foster children:

- Part 1:** Skip this part.
- Part 2:** Skip this part
- Part 3:** In section A, list the foster child(ren)'s name. Indicate each child is a foster by circling Fos. List what school they attend and their grade. Section B does not need to be completed.
- Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.
- Part 5:** Complete this part if you choose.

If some of the children in the household are foster children:

Complete the application for the family based on SNAP or TANF benefits, homeless/migrant/runaway status or household income as described in the other sections of this page. Include foster children as household members in Part 3 of the application, circling Fos. to indicate the foster status. Do not include income from SNAP, WIC Federal education benefits, and foster payments received by the family from the placing agency.

ALL OTHER HOUSEHOLDS, INCLUDING **INCOME BASED AND **WIC HOUSEHOLDS**, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** Skip this part.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Section A – Name:** List all household members. List the child's school and grade. Enter HS as the grade for Head Start children. For any person, including children, with no income, you must check the "No Income" box.
 - **Section B – Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received. Circle W for weekly, E for every other week, T for twice a month, or M for monthly. For earnings, be sure to list the **gross income**, not the pay you take-home. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For self-employed ONLY, under *Earnings from Work*, report income after expenses (NET income). This is for your business, farm, or rental property. Do not include income from SNAP, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Adult household member must sign and date the form as well as list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one). Providing contact information could result in faster processing.
- Part 5:** Complete this part if you choose.

2014-2015 FREE AND REDUCED PRICE SCHOOL MEALS/SPECIAL MILK PROGRAM FAMILY APPLICATION

PART 1. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES **Pennsylvania SNAP** OR **TANF Cash Assistance**, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 3** to only fill out the child's name, grade and school the child attends. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 2.**

NAME: _____ CASE NUMBER: -

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS A (Fos.) FOSTER (legal charge of welfare agency or court), (Hom.) HOMELESS, (Mig.) MIGRANT, OR (Run.) RUNAWAY CIRCLE THE APPROPRIATE CODE IN

PART 3. CALL ERIC D. FORSYTH, SFO, PRSBO, DIRECTOR OR ADMINISTRATIVE SERVICES AT (570) 424-8500 EXT. 1124 IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT OR RUNAWAY CHILD.

PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us who, how much and how often.

A. NAME (List all household members. Attach an additional page if needed)	Indicate if a Foster, Homeless, Migrant or Runaway Child		Child's School (Write N/A for any household members not in school)	Child's Grade (Enter HS for Head Start)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: <i>circle one below: W = weekly; E = every other week; T = twice a month; M = monthly; A = Annual</i>																					
					Earnings From Work Before Deductions			Welfare, Child Support, Alimony			Pensions, Retirement, Social Security, SSI, VA Benefits			All Other Income			Check if NO income <input type="checkbox"/>									
	Fos.	Hom.			\$			W	E	\$			W	E	\$				W	E	\$			W	E	<input type="checkbox"/>
	Mig.	Run.						T	M	A			T	M	A			T	M	A			T	M	A	<input type="checkbox"/>
	Fos.	Hom.			\$			W	E	\$			W	E	\$			W	E	\$			W	E	<input type="checkbox"/>	
	Mig.	Run.						T	M	A			T	M	A			T	M	A			T	M	A	<input type="checkbox"/>
	Fos.	Hom.			\$			W	E	\$			W	E	\$			W	E	\$			W	E	<input type="checkbox"/>	
	Mig.	Run.						T	M	A			T	M	A			T	M	A			T	M	A	<input type="checkbox"/>
	Fos.	Hom.			\$			W	E	\$			W	E	\$			W	E	\$			W	E	<input type="checkbox"/>	
	Mig.	Run.						T	M	A			T	M	A			T	M	A			T	M	A	<input type="checkbox"/>
	Fos.	Hom.			\$			W	E	\$			W	E	\$			W	E	\$			W	E	<input type="checkbox"/>	
	Mig.	Run.						T	M	A			T	M	A			T	M	A			T	M	A	<input type="checkbox"/>
	Fos.	Hom.			\$			W	E	\$			W	E	\$			W	E	\$			W	E	<input type="checkbox"/>	
	Mig.	Run.						T	M	A			T	M	A			T	M	A			T	M	A	<input type="checkbox"/>
	Fos.	Hom.			\$			W	E	\$			W	E	\$			W	E	\$			W	E	<input type="checkbox"/>	
	Mig.	Run.						T	M	A			T	M	A			T	M	A			T	M	A	<input type="checkbox"/>

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Use of Information Statement on the Parent/Guardian letter.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign Here: _____ Print Name: _____ Date: _____

Address: _____

City: _____ State: Zip Code:

Phone Number: - - Last four digits of Social Security Number: * * * - * * - ☐ I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:
☐ Hispanic/Latino ☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):
☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Native Hawaiian or Other

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household Size: _____

Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____; ☐ Categorically Eligible; ☐ Other Source Categorically Eligible; Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____ Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____

Signature of School Employee Completing Verification: _____ Date: _____

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).



No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: [address] by [date].

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

-
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.