

2021-2022 K-12 Student Enrollment Form*



*An enrollment can include either a new enrollment, a re-enrollment or a transfer from other Pittsburgh Public Schools building.

PPS Personnel ONLY:	
Date Received: _____ Date Processed: _____ Processed by: _____ Process Location: _____ Primary Guardian Home Access Center (HAC) Credentials: HAC User Name: _____ HAC Password (all capital letters): _____	Student ID#: _____ 2021-22 Grade: _____ School of Enrollment: _____ Enrollment Date: _____ <input type="checkbox"/> PPS to PPS Transfer from: _____ Date of Withdrawal: _____ <input type="checkbox"/> General Address Change <input type="checkbox"/> Approved PS6 Transfer <input type="checkbox"/> Other: _____ Proof of Child's Age (copy attached): _____ B =Birth Certificate, S =School Record, R =Religious Record (i.e. baptismal certificate), H =Hospital Record, P =Passport, N =Notarized Statement from Parent/Guardian 2 Current Proofs of Residency (check all that apply/copies attached): <input type="checkbox"/> Tax Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Lease (Notarization not necessary) <input type="checkbox"/> Bank Statement <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Drivers Licensure/State ID <input type="checkbox"/> Credit Card Statement <input type="checkbox"/> Official Public Assistance Letter/Document <input type="checkbox"/> Social Security Letter/Document <input type="checkbox"/> Other Other submitted/received documentation (check all that apply): <input type="checkbox"/> Current Immunizations <input type="checkbox"/> Student Records <input type="checkbox"/> Blood Lead Level Testing Status <input type="checkbox"/> Photo ID

Please Print or Type. Answer ALL questions and return form and necessary documentation in person to either your Neighborhood School OR:
 Pittsburgh Public Schools | Data, Research, Evaluation & Assessment | Student Data Entry Systems
 341 S. Bellefield Avenue | Pittsburgh, PA 15213-3516

Student Legal Last Name: _____ Student Legal First Name: _____ Student Legal Middle Name: _____

Generation (Jr.): _____ Date of Birth (Month/Day/Year): _____ 2021-22 Grade Level: _____

Gender (Check One): Female Male Country of Birth: _____

Student Race: White Black Hispanic Asian(not Pacific Islander) American Indian/Alaskan Native Hawaiian/Pacific Islander Multi-racial

Hispanic/Latino: Yes No Are you applying for our magnet program?: Yes, for 2021-22 SY Yes, for 2022-23 SY No

Student Address

Physical Street Address (House #, 1/2, Street Name, Street Suffix): _____

Apt# (#, Floor): _____ City, State, Zip: _____ Student Phone (if applicable): _____

Physical and Mailing Address are the same: Yes No *(If yes, do not fill out mailing address.)*

Mailing Address (House #, 1/2, Street Name, Street Suffix): _____

Apt# (#, Floor, Rear): _____ City, State, Zip: _____

Student E-mail Address (if applicable): _____

*Primary Phone: _____ Emergency Phone: _____

*Please note: the primary phone is the first number that we contact and the phone number used for automated calls from the district.

Revised 7/22/21

2021-2022 K-12 Student Enrollment Form

Student Legal Last Name

Student Legal First Name

Home Language Survey*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

What is/was the student's first language?: _____

Does the student speak a language(s) other than English? (Does not include languages learned in school.) Yes No

If Yes, specify the language(s): _____

What language(s) is/are spoken in your home (home language)?: _____

Has the student attended any other school in the United States during his/her lifetime?: Yes No

Name of School	State	Dates Attended

What language would you prefer to have District Communications in (language of correspondence)?:

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

**The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.*

Student Residency Questionnaire

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

1. In what type of setting is the student living now? Read all options under Section A and check any that may apply. If you've checked any boxes in Section A, proceed to Question #2. If no boxes were checked in Section A, please check the box in Section B that states that none of the choices in Section A apply and continue with the enrollment packet.

Section A	Section B
<p><input type="checkbox"/> In an emergency or transitional shelter.</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason.</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations.</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings.</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings.</p> <p>CONTINUE to Question 2 if you checked any box in SECTION A.</p> <p>2. The student lives with (check all that apply):</p> <p><input type="checkbox"/> Parent(s) or legal guardian</p> <p><input type="checkbox"/> Relative, friend(s), or other adult(s)</p> <p>Name: _____</p> <p><input type="checkbox"/> Alone</p> <p><input type="checkbox"/> Other: _____</p> <p>3. Phone number for person completing the form:</p> <p>_____</p> <p>4. Does the student have an IEP or a Chapter 15/504 agreement?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain: _____</p> <p>_____</p> <p>_____</p> <p>5. Signature of Parent/Guardian: _____</p> <p>Date: _____</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <div data-bbox="1047 672 1299 934" data-label="Image">A large octagonal sign with a thick border and the word "STOP" in bold, white, capital letters in the center.</div> <p>If you checked this section, please continue completing the student enrollment form.</p>

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Student Legal Last Name

Student Legal First Name

Primary Contact(s)

Primary contact(s) is/are the individual(s) who the student primarily is living with at the address given on

Page 1. Please PRINT name(s) and phone number(s) where the individual(s) can be reached during the day.

Relationship Type #1 (Please check one): Mother Father Substitute Parent Foster Institution Self

(Legally emancipated/
18 years and older.)

Parent/Guardian/Institution Name #1: _____ *Primary Phone: _____
(First Name, Last Name, Generation)

E-mail Address: _____ Emergency Phone: _____

Relationship Type #2 (if applicable): Mother Father Substitute Parent Foster Institution Self

(Legally emancipated/
18 years and older.)

Parent/Guardian/Institution Name #2: _____ *Primary Phone: _____
(First Name, Last Name, Generation)

E-mail Address: _____ Emergency Phone: _____

*Please note: the primary phone is the first number that we contact and the phone number used for automated calls from the district.

Please list the names and dates of birth of siblings in your household, grades PreK-12 (attending either a public or non-public school):

1. Student Name (First, Last): _____ Date of Birth (Month/Day/Year): _____

2. Student Name (First, Last): _____ Date of Birth (Month/Day/Year): _____

3. Student Name (First, Last): _____ Date of Birth (Month/Day/Year): _____

Secondary and Emergency Contact(s)

In cases of illness or injury, please designate an individual to contact when a **primary contact(s) cannot be reached**. This also could be a **parent/guardian who does not live primarily with the child, but does has custodial/visitation rights** with the child (divorces, for example). Someone designated as a secondary guardian will have access to the student's information via our Home Access Center (HAC). Please print name(s), address(es) and phone number(s) where the individual(s) can be reached during the day.

Emergency Relationship Type #1 (Please check one):

Mother Father Substitute Parent Grandparent Relative Caretaker Institution

This contact is a secondary guardian. (Does not live primarily with the child, has custodial/visitation rights and is allowed access to the student's HAC account.)

Emergency Contact Name #1: _____ Phone: _____
(First Name, Last Name, Generation)

E-mail Address: _____ Emergency Phone: _____

Street Address (House #, 1/2, Street Name, Street Suffix): _____

Apt # (#, Floor, Rear): _____ City, State, Zip: _____

Additional comments, needs or questions pertaining to enrolling your child: _____

2021-2022 K-12 Student Enrollment Form

Student Legal Last Name

Student Legal First Name

Secondary and Emergency Contact(s)

In cases of illness or injury, please designate an individual to contact when a **primary contact(s) cannot be reached**. This also could be a **parent/guardian who does not live primarily with the child, but does has custodial/visitation rights** with the child (divorces, for example). Someone designated as a secondary guardian will have access to the student's information via our Home Access Center (HAC). Please print name(s), address(es) and phone number(s) where the individual(s) can be reached during the day.

Emergency Relationship Type #2 (Please check one):

Mother Father Substitute Parent Grandparent Relative Caretaker Institution

Emergency Contact Name #2: _____ Phone: _____
(First Name, Last Name, Generation)

E-mail Address: _____ Emergency Phone: _____

Street Address (House #, 1/2, Street Name, Street Suffix): _____

Apt # (#, Floor, Rear): _____ City, State, Zip: _____

Previous School Information

My child has been not enrolled in any school prior to this enrollment.

Previous PPS School Information

Previous Pittsburgh Public School (PPS)/Program attended:

1. **School/Program:** Pittsburgh _____ **Dates attended:** _____ to _____

2. **School/Program:** Pittsburgh _____ **Dates attended:** _____ to _____

Previous Non-PPS School Information

Previous NON Pittsburgh Public School (Non-PPS)/Program attended:

1. **School/Program:** _____ **City, State:** _____

Phone: _____ Fax: _____

School District YOU resided in while attending: _____

Grade level(s) at the time of attendance: _____ **Dates attended:** _____ to _____

2. **School/Program:** _____ **City, State:** _____

Phone: _____ Fax: _____

School District YOU resided in while attending: _____

Grade level(s) at the time of attendance: _____ **Dates attended:** _____ to _____

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Student Legal Last Name

Student Legal First Name

Health Information

If additional room is needed for responses to the items below, please use the space provided on the last page of this form.

Check any of the following documented health conditions that your child may have:

Asthma Diabetes Epilepsy Allergies (Drugs/Food)

Other documented condition(s): _____

List allergies to drugs/food: _____

Please list ALL medications your child is presently taking: _____

Does your child have health care insurance (CHIP, Medicaid or Private) coverage?: Yes No

Required Vaccines

It is required that all children in grades 7-12 get a Tdap vaccine and a Menactra (meningitis MCV4) vaccine. Has your child received these vaccines?: Yes No

If no, please provide proof that your child has received these vaccines to prevent your child from being excluded from school.

Provision of School Health Services and Mandated School Health Services

The Commonwealth of Pennsylvania mandates that all students have physical examinations in grades K/1, 6 and 9, and dental examinations in grades K/1, 3 and 7. These examinations will be provided to your child free of charge by the district, or the examinations may be done by your family health care providers (MD/DO/DMD) at your own expense. If your child is entering the grades mentioned above, please answer the statements below:

1. I want my child's physical examination to be completed by the School District. Yes No
2. I want my child's dental examination to be completed by the School District. Yes No
3. I will have my child's physical examination completed by our family health care provider and send it to the School Nurse. Yes No
4. I will have my child's dental examination completed by our family dentist and send it to the Dental Hygienist. Yes No

Note: Private physical examinations and dental examinations must be within 4 months of July 1, 2021. Exam report should not be dated prior to April 2021 or after March 2022.

Consent for Treatment of Child

In addition to First Aid, the School Nurse/School Nurse Practitioner may treat my child with the following. Check Yes or No for each:

Tylenol: Yes No
(Acetaminophen)

Antacid: Yes No
(Tums, heart burn, etc.)

Benadryl: Yes No
(Allergy medication)

Ibuprofen: Yes No
(Advil/Motrin)

I give my consent to the school nurse to carry out ALL of those items indicated by "Yes" responses above. I also hereby verify that the information provided on this form is true and correct to the best of my knowledge, information and belief. I understand that false statements may be subject to penalties of 18 Pa. C.S.A. §4904.

Parent/Guardian Signature (Full Name): _____ Date: _____

Additional Information (Medical Conditions, Allergies, etc.): _____

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Student Legal Last Name

Student Legal First Name

Health Information (continued)

Blood Lead Level Testing Status (Students entering into kindergarten)

As of January 1, 2018, Allegheny County requires lead testing for all children in the county. Children entering Kindergarten this fall will need to show that they have had two tests to measure his or her blood lead level (at around 9-12 months old and again at around 24 months old). Please provide written proof from your child's doctor showing when the blood lead tests were done. If your child has not been tested or is exempt from being tested, please see the school nurse for information.

Has your child's blood level been tested?: Yes No

Did your child receive an exemption for your child for the Blood Lead Test?: Yes No *If yes, please answer the following questions.*

Did your child have any Blood Lead Testing between the ages of 9-12 months?: Yes No Date: _____

Did your child have any Blood Lead Testing at age 24 months?: Yes No Date: _____

Did your child have any Blood Lead Testing after the age 24 months (catch-up testing)?: Yes No Date: _____

Military Service and Student Recruitment Questionnaire

Military Service

Is either the student's primary or secondary parent/guardian an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp, and Coast Guard) including full-time National Guard?: Yes No

Student Military Recruitment (Grade levels 9-12 only)

Federal law requires the School District to provide secondary school students' names, addresses and telephone numbers to military recruiters upon request. A secondary school student or the parent of the student may request that the student's information not be released with prior written consent. This request must be made EVERY YEAR in order to ensure that the student's information will not be released to military recruiters. Please check the box below if you DO NOT want your child's information to be made available to military recruiters:

NO I DO NOT consent to my child's information to be made available to military recruiters.

The Family Rights and Privacy Act

The Family Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Act (PPRA) protect your and your child's right to privacy and confidentiality of educational records and permits you to challenge and/or request amendment to mistakes that may be included in your child's educational records. The District provides you with a detailed written notification of these rights annually and you may always access this notice via the Community Forms section on the District's website at www.pghschools.org/forms. The District defines directory information as: student name, address, email address and telephone number; photograph; date and place of birth; participation in officially recognized sports and activities; group photos; weight and height of members of athletic teams; degrees, honors and awards received, including eligibility for the Pittsburgh Promise™; school and dates of attendance; grade level in school and program of study.

Yes, I give my consent to allow the District to release directory information on my child.

No, I do not give my consent to allow the District to release directory information on my child.

Previous Athletic Programs (Grades 7-12 only)

Did you play a sport(s) at your prior school?: Yes No

If YES, you are required to complete PIAA Athletic Transfer paperwork. Please reach out to the Pittsburgh Public Schools Athletic Department at 412-529-2222 or athletics@pghschools.org. You cannot engage in any conditioning, practice or competition until the transfer paperwork is completed and approved. Failure to follow this process may render you ineligible to participate in athletics in Pittsburgh Public Schools.

Attachment A: Parental Registration Statement

Student Name: _____

Date of Birth: _____ Grade: _____

Parent or Guardian Name: _____

Address: _____

Telephone Number: _____

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.” School Code Section 24 P.S. 1318.19(g) states “Prior to admission to a public 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 student was previously or is presently expelled under the provisions of this section [relating to sexual assault]. The registration shall include the name of the school from which the student was expelled with the dates of expulsion and shall be maintained as part of the student's disciplinary record.”

Please complete the following:

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

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

Name of the school from which student was suspended or expelled: _____

Dates of suspension or expulsion: _____

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

Reason for suspension/expulsion: _____

Signature of Parent or Guardian: _____ **Date:** _____

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



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Student Legal Last Name

Student Legal First Name

COVID-19 Health & Safety Measures

This school year new COVID-19 screenings and protocols will be put into place to ensure student and staff safety. Please carefully review the information below and provide your digital initials to acknowledge awareness.

Daily Pre-Screening and School Safety Procedures

When my child returns to a school building, I understand that:

- I may be asked to screen my child for COVID-19 prior to their departure for school each day.
The screening tool can be found at www.pghschools.org/screeningtool
- My child's temperature may be taken as they enter the building.
- My child may be asked a series of prescreening questions as they enter the building.
- My child will be required to wear a mask during the school day. (This applies for all children over the age of 2. Special accommodations will be made for children with IEPs or 504 plans).
- My child will not be permitted to assemble before or after school inside or outside of school to visit with other students.

COVID-19 Symptoms in School

If my child has symptoms of COVID-19 in school, I understand that:

- My child may be screened by the school nurse or other contracted medical professional.
- My child will be placed in a quarantine care room until I am able to pick up my child immediately.
- I will be contact by the school at my primary phone number and all emergency phone numbers to pick up my child immediately.
- I will be asked to contact my child's primary care physician.
- I will need to keep my child home for 10-14 days and symptom free for 72 hours depending on the results of a COVID-19 test.

Positive COVID-19 Case Protocols

If a positive case of COVID-19 occurs at my child's school, I understand that:

- I will be notified of the positive case via a phone call to my primary phone number.
- My child's school will be cleaned and contract tracing will occur to identify potential exposure of students and staff.
- My child's school may be closed, and my child will be learning from home.
- I may be asked to contact my child's primary care physician.
- When my child returns to school after a positive case, my child will be screened daily at entry for 10-14 days.

Parental Visitations to School

If I need to visit my child's school, I understand that:

- I will need call in advance to make an appointment
- I will be screened prior to entering my child's school.
- I will not be permitted to visit areas outside of the main office or entry way.
- I will not be permitted to assemble inside or outside of the building to visit with other parents, staff or students.

Transportation (Yellow bus/Van)

If your child is transported by the school district, please review the COVID-19 Transportation Code of Student Conduct to understand the expectations for every student.

I have reviewed the COVID-19 Transportation Code of Conduct and understand that:

- My child will need to wear a mask on a school bus or van. (This applies for all children over the age of 2. Special accommodations will be made for children with IEPs or 504 plans).
- My child will be assigned a seat on the bus/van that he/she must use every day.
- My child will need to sit in his/her assigned seat closest to the bus/van window.

Technology Acceptable Use Form

Required for All PPS Students Receiving Laptop, iPad or Access Point

Introduction

We are pleased to offer our students at Pittsburgh Public Schools (PPS) a safe, stable, relevant and productive technical experience with the use of all district technologies. The district aims to provide a rich set of technical capabilities that are unique to each learning community among our full portfolio of schools. These capabilities include but are not limited to 1-to-1 laptop, tablet or BYOT (Bring your own technology) environments, the use of classroom laptops, desktops or tablets and the use of labs for productivity and testing purposes. Technologies also include access to wired and wireless internet, and district printers, scanners and other related peripherals.

Students and their families must follow the guidelines established for appropriate care and use of all district technologies. Misuse of PPS equipment may result in the withdrawal of this privilege at the school's discretion. Intentional or neglectful disregard for equipment resulting in damage or loss will be the responsibility of the student and their family, and will be handled on a case-by-case basis where financial penalty is only applied when mutually agreed upon by the district and family.

Inappropriate use may result in cancellation of permission to use district equipment which could have academic repercussions. We ask that each student and family take the use of district equipment seriously as the benefits of a contemporary learning environment have a wide range of benefits for the learner, as well as the learner's family and school community.

Every student in PPS will have access to the district computer network resources, electronic mail and the Internet. To use these resources, all students must sign and return this form to acknowledge the PPS Acceptable Use Policy. Parents, please read and complete this document carefully, review its contents with your son/daughter, and sign where appropriate. Any questions or concerns about this permission form, or any aspect of the computer network, should be referred to your school's administration.

A copy of the related technology policies can be found in the Boards 900 series that includes related topics such as our Student Code of Ethics, Internet Safety Guidelines, Network Use Guidelines and Mobile Computing Guidelines.

Guidelines: General Use

- DO NOT Change the local configuration of the desktop, laptop or tablet.
- DO NOT deface or change the physical appearance of any district device.
- DO NOT use any logon and password other than your User Account.
- Users are not allowed to do the following unless given permission by an administrator:
 - Store and/or install files on the laptop including Freeware, shareware, public domain, or any other software.
 - Install and / or play personal music, videos, or games.
 - Use unauthorized programs installed on the laptop.
- Report any damage—accidental or not—immediately.
- DO NOT attempt to bypass PPS security or content filtering at any time.

Food and drink may not be consumed next to or near a PPS device at any time.

Guidelines: Network Use

The network is provided for students to conduct research, complete assignments, communicate, and collaborate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway.

Technology Acceptable Use Form Required for All PPS Students Receiving Laptop, iPad or Access Point

Guidelines: Network Use (continued)

Access is a privilege—not a right. As such, general school rules for behavior and communications apply and users must comply with district standards and honor the agreements they have signed. Beyond the clarification of such standards, the district is not responsible for restricting, monitoring or controlling the communications of individuals utilizing the network.

Web content is filtered using industry standard precautions, but ultimately the responsibility of using the internet rests with the student. If at any time a student feels that they have accessed something in error or accident that they question, they should raise the concern with a teacher or administrator.

The PPS Office of Information and Technology may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on the district server, or on this computer, will be private. Participating in any of the following is prohibited and may result in recommended expulsion:

- Infiltrating computer system security for testing or troubleshooting without the Network Administrator's permission.
- Accessing, modifying or tampering with information or files which you do not have permission.
- Intentional introduction and/or distribution of virus programs to workstations or servers.
- Intentional tampering with another's laptop, files, and/or projects.

Internet/World Wide Web/E-mail Access

Access to the Internet and e-mail will enable students to use thousands of libraries, databases and web resources. Within reason, freedom of speech and access to information will be honored. Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. Filtering software is in use, but no filtering system is capable of blocking 100% of the inappropriate material available on the Internet.

Staff, students, and parents should be aware that certain offenses carried out through the internet could result in the involvement of State or Federal authorities and that the PPS Office of Information and Technology will cooperate fully with those authorities should it be required.

We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, PPS supports and respects each family's right to decide whether or not to apply for access.

Use of the Laptops, Desktops, Tablets:

The rules applying to the use of computers in school apply to the use of computers or devices that are permitted to be taken home for some school communities. All settings must remain as they were configured when the laptop was checked-out. Problems with the laptops are to be reported to the assigning teacher immediately upon return. Damage to machines that does not occur due to obvious negligence, disrespect, or misuse will be handled by PPS.

In some cases, parents and families may be called upon to discuss the circumstances of damage and may be found liable if obvious neglect and mishandling are mutually agreed upon. All other guidelines for general use, network use and Internet use must be followed.

Technology Acceptable Use Form

Required for All PPS Students Receiving Laptop, iPad or Access Point

Security

Students and parents should be aware of the following:

- All PPS equipment and systems are subject to monitoring for safety and use, while using district systems and equipment there is no expectation of privacy.
- Certain offenses carried out through the Internet could result in the involvement of State or Federal authorities. PPS will cooperate fully with those authorities if necessary.
- District equipment use will be logged by PPS for all system functions—web histories, installed or attempted installed software and receipts of email/web correspondence.
- Video camera and audio functionality which will be enabled.

Proper Handling

Students should carry any district devices—laptop, tablet or other—with two hands at all times when moving to and from their desk, between other classrooms, and when used at home. If equipment is being transported to the home by a walking student, or in a car or the bus, they are to remain in their provided case until they reach their destination. Students must know where the district equipment is at all times.

Common Sense

In this day-in-age, we ask the students and families use common sense when it comes to protecting the integrity of the services and equipment provided by PPS. We are proud to provide the equipment and services that we have available to our region and constantly strive to increase our capabilities and offerings. The ability to grow our capacity, rests largely with protecting our current investments and maximizing the use of the equipment currently available to our students and families. Please be kind. Please think. Please make sure our equipment and services are safely available for years to come for all.

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Student Legal Last Name

Student Legal First Name

Office of Information Technology Acceptable Use Form Required for All PPS Students

Please read the Pittsburgh Public Schools Acceptable Use Policy. Upon reviewing that policy, please complete this form to indicate that you agree with the terms and conditions as stated.

The signatures of both the student and parent/guardian are mandatory before students will be allowed access to any PPS computer or technology-based resource. This form is required annually of all students in the Pittsburgh Public Schools. This document reflects the entire agreement and understanding of all parties.

Student Agreement

As a user of the Pittsburgh Public Schools computer, network and Internet access services, I have read and hereby agree to comply with the Acceptable Use Policy.

Printed Student Name: _____ Date of Birth: _____

Student Signature: _____ Date: _____

School: _____ Grade: _____

Parent or Legal Guardian Agreement

As parent/legal guardian of the student signing above, I grant permission for my child to access networked computer services such as Internet, World Wide Web, and electronic mail.

Additionally, I acknowledge my responsibility in making sure my learner respects the services and equipment the district provides. I have read and agree to the Pittsburgh Public Schools Acceptable Use Policy and I understand that I may be held responsible for violations by my child if any disciplinary action is required. Due process will always be recognized and no financial penalty will occur without a mutual agreement by both parties.

Additionally, I understand that some materials on the Internet and World Wide Web may be objectionable; therefore, I agree to accept responsibility for guiding my child and conveying to her/him appropriate standards for selecting, exploring, and/or sharing information and media.

I also recognize that the district provides content filtering and takes every precaution to provide a safe, reliable and productive working environment for all PPS students.

Further, I understand that the device is equipped with a video camera and audio functionality which will be enabled so that my child can access any synchronous instruction offered by PPS.

Printed Parent Name: _____ Date: _____

Parent Signature: _____

Student ID#: _____ FAS#: _____

(Located at the bottom or back of your school district issued device)

Request for Student Records Form



PPS Personnel ONLY:

Student ID#: _____

Date Request Sent: ____ / ____ /20____ Date Request Received: ____ / ____ /20____

Staff Member Requesting Records (Name): _____

Staff Member Receiving Records (Name): _____

PPS School/Department Information

School/Department: _____ Attention: _____

Address: _____ City: Pittsburgh State: PA Zip Code: _____

Phone: (_____)____ - _____ Fax: (_____)____ - _____

Email: _____

Parent/Guardian *(Please Print or Type)*

Student Information

Student Last Name: _____ Student First Name: _____

Middle Name: _____ Suffix/Generation (Jr., II, III): _____

Date of Birth (Month/Day/Year): _____ Gender (Check One): Female Male

Pittsburgh Public Schools Enrollment Date (Month/Day/Year): ____ / ____ /20____

Prior School Information

Prior Grade Level: _____ Prior School District Student Resided in: _____

Prior School Name: _____ School District of PRIOR School: _____

Mailing Address: _____

City, State, Zip Code: _____ Attn: _____

Prior School Phone Number: (_____)____ - _____ Prior School Fax Number: (_____)____ - _____

Prior School Email Address: _____

Request for Student Records Form



Prior School/School District Forwarding Instructions

Previous school records are required for all students transferring into our school district. Without these records the student cannot be scheduled properly and admittance procedures may be complicated. Please send the following:

- | | |
|--|---|
| <input type="checkbox"/> Academic Records (Transcripts of Credits) | <input type="checkbox"/> Current Marks |
| <input type="checkbox"/> Health Records (immunization Record Required) | <input type="checkbox"/> Special Education Records (if Available) |
| <input type="checkbox"/> Disciplinary Records | <input type="checkbox"/> Student's PAsecure ID |

Test Scores (State Assessment Scores or as Specified): _____

English as a Second Language (ESL) Records Other: _____

Other Special Requests: _____

The Family Educational Rights and Privacy Act (FERPA) requires written consent by a parent, guardian, or eligible student prior to releasing education records. Written consent is not required when records are being provided to other school officials, which includes school officials with a legitimate educational interest in the educational institution and officials of other schools or school systems in which the student intends to enroll.