



Sayre Area School District

Educating Today's Students for Tomorrow's World

333 West Lockhart Street • Sayre, Pennsylvania 18840

Superintendent's Office
(570) 888-7615

Business Office
(570) 888-6121

Dear Parents/Guardians,

Congratulations on beginning your child's academic journey at the Sayre Area School District, and welcome to the Redskin family! In this packet, you will find the paperwork required to register your child as a student in our district. Please make sure you complete the forms in their entirety, and feel free to contact the central registration office at 570-888-7615 with any questions.

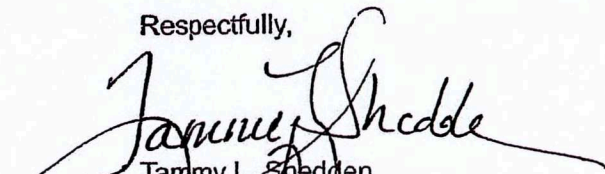
In addition to the required forms, you must also provide the following documents when handing in your completed registration packet(s):

- Parent/Guardian Identification (photo ID)
- Proof of Residency (e.g, lease, tax document, current utility bill, etc.)
- Proof of age (birth certificate, hospital certificate, etc.)
- Child's current Immunization Records
- Documentation of custody or guardianship(if applicable)

All completed registration packets and additional documentation should be submitted to the Sayre Area School District administrative offices between the hours of 7:30 a.m.-4:00 p.m., Monday through Thursday, and 7:30 a.m.- 3:30 p.m. on Fridays.

Sayre Area School District is honored to welcome your child to our district, and we look forward to a great beginning to a successful academic career as a Redskin!

Respectfully,


Tammy L. Shedd
Central Registration

Sayre Area School District

STUDENT REGISTRATION FORM

Date _____

Office Use Only

____ Age/Name Verified ____ Home Lang Survey
____ 2 Proof of residency ____ IEP Student
____ Parental Registration
____ Resident (Y or N)
____ Non Res AUN ____ Sch code
____ 1302 ____ 1305 ____ 1306

Student Information

Last Name:	First Name:	Middle Name:	Gender: ☐ Male ☐ Female
Birthdate:	Grade:	Has this child ever been retained? If so what Grade?	No ☐ Yes ☐

Has this student ever attended a Pennsylvania School? No ☐ Yes ☐

Has this student ever been a student in the Sayre School District? No ☐ Yes ☐

Does the student have special placement or special education needs? No ☐ Yes ☐

If no, was the student in the process of being evaluated?

Is there an IEP (Per PA Department of Education Guidelines, this includes Speech) , GIEP or Section 504 service agreement?

Is the student in foster/court placement? No ☐ Yes ☐

If Yes, the agency must fill out the "Foster Enrollment Form" and attach a copy of the agency letter.

Are you homeless or currently living with a resident family because of a lack of housing? No ☐ Yes ☐

Did your child previously receive free or reduced meals in school? No ☐ Free ☐ Reduced ☐

Is the student's parent /guardian an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp., Coast Guard), including fulltime National Guard duty? No ☐ Yes ☐

Birth City _____ Birth State _____

Birth Country _____

PLACE OF BIRTH

PREVIOUS SCHOOL

Previous School District:

Previous School Building Name:

Previous School City:

RACE & ETHNICITY DATA

Ethnicity: Check one

☐ No, not Hispanic or Latino

☐ Yes, Hispanic or Latino

Race: Check one

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ White

☐ Native Hawaiian or Other Pacific Islander

☐ Hispanic/Latino

Contacts for Student

Relationship Examples
 Mother Father
 Guardian Aunt
 Uncle Sibling
 Foster Parent
 Girl/Boy Friend
 Step Parent
 Grand Parent

Student Last Name _____

First Name _____

For Office Use Only

Grade _____ Teacher _____ Date _____

Family #1 – Primary Parent/Guardian where student lives

Title	First Name	Last Name	Relationship	Shared Custody No Yes	Can Pickup
Address			City	State	Zip Code
Home Phone:		Email address:			
Cell Phone:		Employer:			
Work Phone:					

Family #1 – Spouse of Primary Parent/Guardian, or other adult in household where student lives

Title	First Name	Last Name	Relationship	Can Pickup
Email address:				
Cell Phone:		Employer:		
Work Phone:				

Family #2 – Other Biological Parent – if divorced or separated

Title	First Name	Last Name	Relationship	Shared Custody No Yes	Can Pickup
Address			City	State	Zip Code
Home Phone:		Email address:			
Cell Phone:		Employer:			
Work Phone:					

Family #2 – Spouse or other adult in household of Biological Parent

Title	First Name	Last Name	Relationship	Can pick up
Email address:				
Cell Phone:				
Work Phone:				

Is there a court custody agreement? No ☐ Yes ☐

Shared Custody: No ☐ Yes ☐

Legal document description: Custody Agreement PFA Guardianship Papers Court Order Affidavit

The legal document included: No ☐ Yes ☐ Explain custodial restrictions:

If, at any time, there is a CHANGE IN THE CUSTODY ORDER, an updated copy must be provided.

EMERGENCY CONTACT 1 IF PARENT CAN NOT BE REACHED:

Last Name		First Name	Relationship	Can pick up
Home Phone:		Email address:		
Cell Phone:		Employer:		
Work Phone:		Employer Address:		

EMERGENCY CONTACT 2 IF PARENT CAN NOT BE REACHED:

Last Name		First Name	Relationship	Can pick up
Home Phone:		Email address:		
Cell Phone:		Employer:		
Work Phone:		Employer Address:		

Before school caregiver:	Phone:
After-school caregiver:	Phone:

LIST OTHERS RESIDING IN THE HOUSEHOLD

Name	Relationship to student	Age

I CERTIFY THAT ALL INFORMATION IS TRUE AND CORRECT

Signature

Date

TRANSPORTATION FORM

Student Name: _____ Grade: _____

Parent(s)/Guardian(s) Name: _____

Home Address: _____

Phone Number: _____ (____) _____

Description of Residence: (Litchfield only)

Are there any custody arrangements that affect transportation? Yes ____ No ____

Please provide necessary information:

Parent/Guardian Signature: _____

Date: _____



HOME OF THE REDSKINS

HOME LANGUAGE SURVEY

Sayre Area School District

ALL newly registering students, regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Educational Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained in this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth (M/D/Y): _____

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? ☐ No ☐ Yes (Language) _____
2. Does your child communicate in a language other than English? ☐ No ☐ Yes (Language) _____
3. What is the language that your child first learned to speak? _____

If you answered YES to question 2 AND named a language other than English to questions 1 and 3, complete the remainder of the form and sign at the bottom of the page. If you answered NO to question 2 skip the remainder of this survey and sign the form at the bottom of the page.

4. What is your child's current primary language (the language that is most comfortable for your child to speak)? _____
5. What languages are spoken by parents or guardians in the home? _____
6. What languages are read by the parents or guardians in the home? _____
7. In what language do you most frequently speak to your son or daughter? _____
8. What language does your son or daughter most frequently speak in the home? _____
9. What language can your child read best? _____
10. Was your child enrolled in an ESL Program in any previous schools? ☐ No ☐ Yes

Parent/Guardian Signature

**MIGRANT EDUCATION PROGRAM
FAMILY SURVEY**
(Only need to complete if you are a migrant worker)

Date:	
Name of Student:	Grade:
Name of Student:	Grade:
Name of Student:	Grade:
Name of Student:	Grade:

Your children may qualify for an educational program that includes free year-round educational support and books from the Reading is Fundamental (RIF) program. Someone will be contacting you to determine if your child(ren) qualifies for the program. All responses are confidential and will be used for educational purposes only.

Have you and/or your children moved from one school district to another within the last 3 years?	
No	Yes
What types of work have you done or looked for in the last 3 years? (Check all that apply)	
	Dairy, horse, hog, veal or poultry farm
	Food processing plant (beef, pork, poultry, milk)
	Forestry: Timber cutting, thinning, transporting
	Fruit tree trimming
	Crop farming
	Milk truck driver
	Fruit or vegetable farm
	Christmas tree farm or nursery
	Mushroom plant
Please specify your current work:	

Central Susquehanna Intermediate Unit Northeast Migrant Education Program PO Box 213, Lewisburg PA 17837	
Call 570-523-1155, Extension 2331 for Migrant Education Information.	
OFFICIAL USE – FAMILY CONTACT LOG	

Sayre Area School District Health History

Student Name _____ Grade _____ Age _____

Address _____ Birthdate _____ Sex _____

Home Phone _____

Email Address _____ Cell Phone(s) _____

Father's Name _____ Mother's Name _____

Number of brothers: _____ Number of sisters: _____ This child is number _____ in the family.

School Last Attended _____

IF YOUR CHILD IS IN GRADE 6 OR ABOVE, SKIP TO QUESTION #3.

1. Was your child born on time? _____ Birth Weight _____
Any problems during delivery? _____
How long did the child remain in the hospital after birth _____?

2. At what age did your child walk alone? _____ Talk (two words together)? _____
Is your child toilet trained? _____ Any bedwetting? _____

3. With whom does the child live? _____

4. When was the child's last physical exam? _____
Physician Name/Clinic: _____

5. Has your child been diagnosed with any of the following?: (yes/no)
Arthritis/Rheumatic Disease _____ Asthma/Reactive Airway Disease _____ ADD/ADHD _____
Bleeding Disorders/Cooley's Anemia _____ Heart Problems _____ Cerebral Palsy _____
Cystic Fibrosis _____ Diabetes _____ Seizures _____ Sickle Cell Disease _____
Autism _____ Spina Bifida _____ Tourette's Syndrome _____
Seasonal Allergies _____ Recent Serious Injury _____ Emotional Issues _____
Food Intolerance: _____ Food Allergy _____ Epi-Pen Use _____
Medication Allergy _____ Any Other Allergy (bee, wasp, etc.) _____ Other _____
Explain _____

6. Does your child take long-term or daily medication?(yes/no) _____
Name of the Medications: _____

7. When was the child's last dental exam? _____ Dentist's Name _____

8. Has your child been hospitalized for any reason? _____

9. Do any close relatives in your family have a history of:

Diabetes _____
Anemia _____
Asthma _____
Birth Defect _____

Cancer _____
Epilepsy _____
High Blood Pressure _____
Heart Disease _____

10. Does your child wear glasses? Yes or No Does your child wear contact lenses? Yes or No

Should your child use corrective lenses at all times? Yes or No

Explain:

11. Is there any additional information regarding the child's health or home situation that you would like to share?

12. May this information be shared with the necessary personnel within the school district?

_____ Yes _____ No

Parent Signature

Date

PERMISSION FOR EXAMINATIONS AND TESTS

I give my permission for my child to receive medical and dental examinations and tests as provided by the School Health Services of the Sayre Area School District while he/she is enrolled in the district.

I understand that the State Law requires;

Physical Examinations-Grades 1, 6, and 11

Dental Program-Grades 1, 3, and 7

Screening Tests for -growth, vision, hearing, and scoliosis

I give permission for the following;

Pleas circle YES or NO

Physical Examinations

YES

NO

Dental Program

YES

NO

Parent Signature _____ Date _____

MEDICATION ADMINISTRATION PROCEDURE

The Sayre Area School District recognizes that parents have the primary responsibility for the health of their children. Although the district strongly recommends that medication be given in the home, it realizes that the health of some children requires that medication be given in school. Parents should confer with the child's health care provider to arrange medication time intervals to avoid school hours whenever possible.

The Sayre Area School District shall not be responsible for the diagnosis and treatment of student illness. The administration of medication in accordance with the direction of a parent/guardian and health care provider to a student will be permitted only when:

1. Failure to take such medicine would jeopardize the health of the student.
2. The student would not be able to attend school if the medicine were not made available during school hours.

For the purpose of this procedure, medication shall be defined as:

1. Nonprescription medications such as ibuprofen (Advil, Motrin), acetaminophen (Tylenol), Benadryl, antibiotic ointment, throat lozenges, and antacids (Tums) for which the school physician has written a set of standing orders for the school district.
2. Medication prescribed by the primary care provider for a specific student, or nonprescription medications not listed above.

Before any prescription medication or any over the counter medication not listed above may be administered, a written order from the prescribing health care provider shall be required, along with signed permission from the parent/ guardian. Before any medication may be self-administered by any student, a written order from the prescribing health care provider shall be required stating that the student is capable of self-administration, along with signed permission from the parent/ guardian.

Once a medication order is on file in the nurse's office, students may carry and self-administer emergency medications (EpiPen, rescue inhalers) during school hours. The student must report to the nurse's office immediately after self-administration of the medication for evaluation and follow-up care. Secondary school students, grade 7 through 12, who use a rescue inhaler before physical education class to prevent a problem with exercise induced asthma do not need to report to the nurse unless breathing problems or symptoms develop.

With the exception of asthma inhalers, Epi-Pens, and diabetes related supplies, medications shall not be carried to school by students. All medications shall be brought to school by the parent or other responsible adult, and shall be picked up by the parent or other responsible adult at the end of the year or the end of the duration of the medication.

Before any nonprescription medication for which the school physician has written standing orders may be administered (see above list,) the Sayre Area School District shall require a signed permission form by the parent/ guardian. Verbal permission from the parent/ guardian shall be accepted until the written request can be received if necessary.

Medication orders are valid for the calendar school year. New orders must be obtained each calendar school year from the individual's health care provider by the parent(s)/ guardian(s). No herbal remedies will be given during the school day.

Parents with concerns regarding compliance of this policy should contact the school nurse. Students who do not follow these rules for medications in schools may be subject to disciplinary action.

I have read and agree to follow this revised medication procedure.

Parent/guardian signature

Name of child



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Parental Registration Statement

Student Name _____
Date of Birth _____ Grade _____
Parent or Guardian Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____

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 of offense involving weapons, alcohol or drugs, of 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 (circle)** previously suspended or expelled in the past. Presently, my child **is /is not (circle)** suspended or expelled from any school in 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, sexual assault, or for any act of violence committed on school property. I make this statement subject to 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 and address of the School from which Student was expelled _____

Dates of Suspension and/or Expulsion _____

Parent/Guardian Signature

Date

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

Sayre Acceptable Use Policy (AUP)

Letter of Understanding

For Students

Dear Parents and Students:

The world in which we live is rapidly changing. Global communication networks have altered our lives by connecting us to vast and diverse resources that until recently were either too difficult or impossible to access. The Sayre Area School District believes that in order to prepare our students to participate and compete in the global environment we must provide instruction, guidance, and practice in accessing and using these computing resources. To that end, the Sayre Area School District will provide access to the District's computing for students who have their parent's or guardian's consent to use the technology.

The Internet is a global network of computer networks connected together so that they can share resources and information. On the Internet students may have access to worldwide electronic mail, if appropriate, information from research and science institutions, government agencies, public and academic library catalogs, and much more. Our students will use this access to assist them in developing critical thinking skills and in achieving our District's specific student learning outcomes as identified in the District's strategic plan.

While the Internet provides access to thousands of educationally oriented resources appropriate for student use, the Internet, because it is a global network, also may provide access to resources that are inappropriate for use in school. The District recognizes this risk and will, through a policy of education and content filtering software from our Internet service provider, take every reasonable action to protect students. However, the Sayre Area School District cannot guarantee that a student will never be able to access inappropriate or objectionable materials. Your signature on the attached policy signature page indicates your recognition of these risks and of the District's inability to guarantee complete protection from access to inappropriate resources.

Please carefully read the attached School District Policy on acceptable use of the Internet, District Networks, and District computers and discuss it with your son/daughter. It was developed by the school board to set forth requirements, guidelines, and prohibitions on use of the District's computer resources and the Internet when accessed through the school computing resources. If you agree with its terms, please sign it and return to your child's homeroom teacher.

When a signed permission form is on file for your son or daughter, he or she will be given access to District computing resources for educational purposes according to the requirements in the policy which includes completion of a course on Internet access and use. No access will be provided to anyone for whom we do not have a signed permission form. This policy may change as technology and network use changes. You will be asked to sign a new agreement when that occurs.

We look forward to providing access to District computing resources for our students and hope you will see this as an important step in their future.

File Location: X:\Tech\AcceptableUsePolicy\Sayre AUP letter of understanding Student.docx

Sayre Acceptable Use Policy (AUP)

Letter of Understanding

For Students

I the parent or guardian of _____
(PRINT student's name)

have received, read, and understand the Sayre Area School District's Acceptable Use Policy (located on the Acceptable Use Policy Page under the Technology tab on the SASD Navigation Bar). I understand that this access is being provided for educational purposes only. I understand that Sayre Area School District cannot restrict access to all controversial and inappropriate materials and I will not hold it responsible for materials acquired on the network. I also accept full responsibility for the supervision of my child if the network is accessed from home. I hereby give permission for my child to access School District computing facilities.

I further understand that my child's access to district computing resources does not automatically include access to a personal account and e-mail services. Access to a personal account and e-mail services will be granted only if my child requires access to specific educational services.

Finally, I understand that violation of this policy may have consequences ranging from revocation of access privileges to suspension or expulsion and those violations may be reported to local, state, and/or federal legal authorities.

Student Name: _____

School/Building: _____

GRADE: _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

SAYRE AREA SCHOOL DISTRICT

333 West Lockhart Street

Sayre, PA 18840

Phone: 570-888-7615

www.sayresd.org

H. Austin Snyder Elementary

130 Cedar Street

Sayre, PA 18840

Phone: 570-888-7742

Fax: 570-888-6037

Attn: Jessica Roberts jroberts1@sayresd.org

Sayre Area Junior/Senior High School

331 West Lockhart Street

Sayre, PA 18840

Phone: 570-888-6622

Fax: 570-882-9385

Attn: Debra Brandt dbrandt@sayresd.org

Special Services

333 West Lockhart Street

Sayre, PA 18840

Phone: 570-888-4892

Fax: 570-888-8248

Attn: Shannon Moore shannonmoore@sayresd.org

REQUEST FOR STUDENT RECORDS

Name of previous school attended:		
Address of previous school:		
Phone #		
Student's Name:	Fax #	Date of Birth
Student's Na	Fax#	Date of Birth
The above named students have enrolled in the Sayre Area School District. Please send the following to the school indicated above:		
☐ Report card or Transcript of grades include grades at the time of withdrawal ☐ Standardized test data ☐ Health, Dental, and Immunization Records ☐ Attendance and Discipline Records ☐ Special Education Records ☐ Psychological Reports ☐ Evaluation Reports ☐ IEP		
Date requested:	Emailed:	Faxed:
Signature of parent/guardian:		Date:
<i>Parent permission no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol 41,118, page 24673)</i>		
Authorized School Personnel:		Date:

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) and Pennsylvania law afford parents/guardians and students eighteen (18) years of age and over (eligible students) certain rights with respect to the student's educational records, as follows:

1. The right to inspect and review the student's education records within forty-five (45) days of the district's receipt of a request for access.

A parent/guardian or eligible student making such a request must submit to the school principal (or other appropriate school official) a written request that identifies the record(s) s/he wishes to inspect. The principal will make arrangements for access and notify the parent/guardian or eligible student of the time and place where the records may be inspected.

2. The right to request amendment of the student's education records that the parent/guardian or eligible student believes are inaccurate, misleading or otherwise violates the privacy rights of the student.

A parent/guardian or eligible student may request the district to amend a record s/he believes is inaccurate, misleading or violates the privacy rights of the student by clearly identifying in writing the part of the record s/he wants changed and specifying why it is inaccurate, misleading or violates the privacy rights of the student. The request shall be made to the school principal (or other appropriate school official).

If the district decides not to amend the record as requested, the principal will notify the parent/ guardian or eligible student of the decision and advise him/her of the right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent/guardian or eligible student when notified of the right to a hearing.

3. The right to consent to disclosure of personally identifiable information contained in the student's education records, except to the extent that FERPA and state law authorize disclosure without consent.

Disclosure of personally identifiable information can be made without consent to the following:

- a. School officials, including teachers, with a legitimate need to review an education record in order to fulfill their professional responsibilities. This may include the disclosure of disciplinary information regarding conduct that posed a significant risk to the safety or well-being of the student or others. A school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the Board of Education; a person or company with whom the district has contracted to perform a special task (such as an attorney, auditor, medical consultant or therapist); or a parent/guardian or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks.
- b. Officials of another school or school system in which the student seeks or intends to enroll. In this case, disciplinary information may be included. The district will make a reasonable attempt to notify the student's parents/guardians prior to the disclosure of information and will provide the parent/guardian with a copy of the record if so requested.
- c. Authorities named in FERPA and accompanying federal regulations, including authorized representatives of the Comptroller General of the United States, Secretary of Education, and state and local educational authorities.
- d. Officials connected with a student's application for a receipt of financial aid.
- e. State and local officials who are required to get specific information pursuant to state law if the disclosure concerns the juvenile justice system and the system's ability to effectively serve the student whose records are released. If the state statute was enacted after November 19, 1974, the officials must certify in writing that the information will not be disclosed to any other person, except as provided by state law, without prior written consent of the parent/guardian.

- f. Educational testing and research organizations for the purpose of administering student aid programs or improving instruction or predictive tests as long as confidentiality is maintained and such organizations are required to destroy records after they no longer are needed.
- g. Accrediting institutions.
- h. In emergency situations to appropriate persons if the information is necessary to protect the health and safety of the student or others.
- i. Anyone if required by a court order or subpoena. However, where the subpoena is issued by a federal grand jury, the district will make reasonable efforts to notify the parent/guardian or eligible student prior to complying with the subpoena or court order.

The school district may disclose group scholastic achievement data from which the individual cannot be identified without the written consent of the parent/guardian or eligible student.

- 4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

- 5. The right to refuse to permit the designation of any or all of the categories of directory information.

The district is permitted by law to disclose directory information without written consent of the parent/guardian or eligible student. The parent/guardian or eligible student has the right to refuse to permit the designation of any or all of the categories of directory information if a written refusal is forwarded to the school principal by the end of the first full week of the current school term for students.

Directory information that may be released may include the student's name, date and place of birth; major field of study; participation in officially recognized activities and sports; weight and height of members of athletic teams; dates of attendance; degrees and awards received; the most recent and previous education agency or institution attended by the student; email address; photograph and other similar information.

- 6. The right to request that information not be provided to military recruiting officers.

Names, addresses, and home telephone numbers of secondary school students will be released to military recruiting officers unless a student submits within twenty-one (21) calendar days a written request to the Superintendent that such information not be released.

NOTIFICATION OF RIGHTS
UNDER THE
PROTECTION OF PUPIL RIGHTS AMENDMENT (PPRA)

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") if the survey is funded in whole or in part by the program of the U.S. Department of Education (ED) –*
 1. Political affiliations or beliefs of the student or student's parent;
 2. Mental or psychological problems of the student or student's family;
 3. Sex behavior or attitudes;
 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 5. Critical appraisals of others with whom respondents have close family relationships;
 6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
 7. Religious practices, affiliations, or beliefs of the student or parents; or
 8. Income, other than as required by law to determine program eligibility.
- *Receive notice and an opportunity to opt a student out of –*
 1. Any other protected information survey, regardless of funding;
 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
 3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
- *Inspect, upon request and before administration or use –*
 1. Protected information surveys of students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the educational curriculum.

These rights transfer from the parents to a student who is 18 years old or an emancipated minor under State law.

Sayre Area School District has developed and adopted policies, procedures and notices in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure or use of personal information for marketing, sales, or other distribution purposes. Sayre Area School District will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. Sayre Area School District will also directly notify parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his or her child out of participation of the specific activity or survey. Sayre Area School District will make this notification to parents when the district has identified the specific or approximate dates of the activities or surveys and parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Following is a list of specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales, or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

Parents who believe their rights have been violated may file a complaint with:

*Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901*

Does the HIPAA Privacy Rule apply to an elementary or secondary school?

Generally, no. In most cases, the Health Insurance Portability and Accountability Act (HIPAA Privacy Rule), a 1996 Federal law that restricts access to individuals' private medical information, does not apply to an elementary or secondary school because the school either: (1) is not a HIPAA covered entity or (2) is a HIPAA covered entity but maintains health information only on students in records that are by definition "education records" under *FERPA* and, therefore, is not subject to the *HIPAA* Privacy Rule.

- *The school is not a HIPAA covered entity.* The *HIPAA* Privacy Rule only applies to health plans, health care clearinghouses, and those health care providers that transmit health information electronically in connection with certain administrative and financial transactions ("covered transactions"). See 45 *CFR* § 160.102. Covered transactions are those for which the U.S. Department of Health and Human Services has adopted a standard, such as health care claims submitted to a health plan. See the definition of "transaction" at 45 *CFR* § 160.103 and 45 *CFR* Part 162, Subparts K–R. Thus, even though a school employs school nurses, physicians, psychologists, or other health care providers, the school is not generally a *HIPAA* covered entity because the providers do not engage in any of the covered transactions, such as billing a health plan electronically for their services. It is expected that most elementary and secondary schools fall into this category.
- *The school is a HIPAA covered entity but does not have "protected health information."* Where a school does employ a health care provider that conducts one or more covered transactions electronically, such as electronically transmitting health care claims to a health plan for payment, the school is a *HIPAA* covered entity and must comply with the *HIPAA* Transactions and Code Sets and Identifier Rules with respect to such transactions. However, even in this case, many schools would not be required to comply with the *HIPAA* Privacy Rule because the school maintains health information only in student health records that are "education records" under *FERPA* and, thus, not "protected health information" under *HIPAA*. Because student health information in education records is protected by *FERPA*, the *HIPAA* Privacy Rule excludes such information from its coverage. See the exception at paragraph (2)(i) to the definition of "protected health information" in the *HIPAA* Privacy Rule at 45 *CFR* § 160.103. For example, if a public high school employs a health care provider that bills Medicaid electronically for services provided to a student under the *IDEA*, the school is a *HIPAA* covered entity and would be subject to the *HIPAA* requirements concerning transactions. However, if the school's provider maintains health information only in what are education records under *FERPA*, the school is not required to comply with the *HIPAA* Privacy Rule. Rather, the school would have to comply with *FERPA*'s privacy requirements with respect to its education records, including the requirement to obtain parental consent (34 *CFR* § 99.30) in order to disclose to Medicaid billing information about a service provided to a student.



Sayre Area School District

Educating Today's Students for Tomorrow's World

333 West Lockhart Street • Sayre, Pennsylvania 18840

Superintendent's Office
(570) 888-7615

Business Office
(570) 888-6121

Homeless Children Initiative:

Pennsylvania's Homeless Children Initiative:

On July 22nd, 1987, the Stewart B McKinney Homeless Assistance Act became public law. As a first step in 1998, the Pennsylvania Department of Education established the Education for Homeless Children and Youth Program. Included in the 2001 No Child Left Behind Act, it is now called the McKinney-Vento Homeless Education Assistance Improvements Act of 2001. This program has been responsible for assessing Pennsylvania's homeless children population, developing the appropriate responses, and establishing McKinney-Vento Homeless sites.

Who is considered homeless?

Children or youth and their families living in a shelter, transitional housing, motel, vehicle, campground, on the street, or doubled up with relatives or friends due to a lack of housing are considered to be homeless.

Does residency have to be proven?

No, because families are unable to establish a "home" on a permanent basis, a school cannot require proof of residency that might prevent or delay the enrollment of school-age children.

Is there any reason to delay enrolling a homeless child?

No. The school selected shall immediately enroll the child/youth in school, even if the child or youth lacks records normally required for enrollment, such as previous academic records, medical records, proof of residency, or other documentation. The enrolling school must immediately contact the last school attended to obtain relevant academic and other records.

Where can you call for assistance?

The Homeless Children's Initiative exists to help homeless children with a wide variety of services. We can assist homeless children during this time of change and stress. If you are homeless with school-age children, please call:

Barry Claypool, Business Manager/Local Homeless Liaison: (570) 888-6121, option 3, ext. 1310

Or

Jeff Zimmerman, ECYEH/Foster Program Region 7 Coordinator, (570) 718-4613

The Sayre Area School District is an Equal Opportunity Educational Institution in Compliance with Title 9 and Section 504

