

Registration Information



Welcome to Crawford Central School District!
We are pleased to welcome you and your family to our community.

The following information is required to enroll a student into the Crawford Central School District:

- _____ 1. Birth Certificate (no photocopies accepted)
- _____ 2. Immunization Record
- _____ 3. One Proof of Residence:
 - a. Rental/Lease/Homeowner Agreement
 - b. Utility Bill ~ Windstream Phone Service, Armstrong Cable Service
 - c. Paycheck stub with name and address of employee and employer
- _____ 4. Custody Documentation, if applicable

Crawford Central School District Attendance Policy

The policy states that a student has three (3) days after returning to school to bring in an excuse before the days become unexcused. If your child receives an unexcused absence after receiving a First Notice you will be subject to a fine.

Crawford Central School District

Instructional Support Center

11280 Mercer Pike

Meadville, Pennsylvania 16335

Phone: 814-724-3960 Fax: 814-333-8731





Crawford Central School District
 Instructional Support Center
 11280 Mercer Pike
 Meadville, PA 16335
 Phone: (814) 724-3960
 Fax: (814) 333-8731

<><><> OFFICE USE ONLY <><><>

School: _____
 Entry Code: _____
 Student ID: _____
 PaSecureID: _____

Entry Date: _____
 Fluoride: Yes No
 Medical Immunizations Requested Received
 Health Records Requested Received
 Transportation Bus # _____ AM Time: _____ PM Time: _____
 Stop Location: _____

Date: _____ **STUDENT INFORMATION**

New Entry Returning Entry Transfer within CCSD From: _____ Gender: Male Female Birth Date *(Birth Certificate must be attached)*
 Last Name: _____ Household Phone: _____ Unlisted
 First Name: _____ Grade Level: _____ Does your Child have an IEP for Special Education? Yes No
 Middle Name: _____ Does your Child have any medical/physical problems? Yes No
 Suffix (Jr, II, III, etc): _____ Nickname (if applicable): _____ Email Address: _____
 Ethnicity: American Indian/Alaskan Native Black/African American Hispanic White Multi-Racial Asian Native Hawaiian/Pacific Islander

ADDRESS INFORMATION

Street Address _____ Apartment Number: _____ PO Box: _____
 City: _____ State: _____ Zip: _____ Township: _____
 County: _____ Please pinpoint the location of your house.

PARENT INFORMATION

MOTHER <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				FATHER			
Last Name:		First Name:		Last Name:		First Name:	
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:	
Employer:		Work Phone:		Employer:		Work Phone:	
Street Address: <input type="checkbox"/> Same as student address above			Apt. #	Street Address: <input type="checkbox"/> Same as student address above			Apt. #:
PO Box	City:		State:	Zip:	PO Box	City:	

CUSTODY

There is no court ordered custody agreement There is split custody but no court ordered agreement There is a court ordered custody agreement in place *(Copy must be attached)*

_____ It is understood that if there is no court ordered custody agreement, the parent(s) named on the birth certificate will be allowed access to the student and all school records pertaining to the student.

_____ It is understood that if/when a court ordered custody agreement is in place, a copy must be provided to the building the student attends as soon as possible.

STEP-PARENT/GUARDIAN INFORMATION

<input type="checkbox"/> Not Applicable – Student lives with BOTH Parents in the same house. (Please skip to Emergency Contact Section)											
<input type="checkbox"/> Legal Paperwork must be attached for Guardianship placement → <input type="checkbox"/> Foster Placement <input type="checkbox"/> Residency Affidavit <input type="checkbox"/> Guardianship Papers <input type="checkbox"/> Other _____											
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.		<input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.		<input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian					
Last Name:		First Name:		Last Name:		First Name:					
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:					
Place of Employment:			Work Phone:			Place of Employment:			Work Phone:		
Relationship to Student:				Relationship to Student:							
Street Address: <input type="checkbox"/> Same as student address				Apt. #:		Street Address: <input type="checkbox"/> Same as student address				Apt. #:	
PO Box:	City:	State:	Zip:	PO Box:	City:	State:	Zip:				

EMERGENCY CONTACT INFORMATION (If parents can not be reached)

Last Name:	First Name:	Phone 1:	Phone 2:	Relationship to student:
Last Name:	First Name:	Phone 1:	Phone 2:	Relationship to student:

CITIZENSHIP INFORMATION

Country of Birth:	State of Birth:	City of Birth:	Foreign Exchange Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Date First Enrolled in a US School:	Date First Enrolled in a Pennsylvania School:	Date First Enrolled in 9 th Grade:	

PREVIOUS SCHOOL INFORMATION

Previous School Name:			Grade Level:		
Street Address:		City:	State:	Zip	
Phone:	Fax:	Contact Person:			

SIBLING INFORMATION

Last Name:	First Name:	Birthdate:	Grade Level:	School:
Last Name:	First Name:	Birthdate:	Grade Level:	School:
Last Name:	First Name:	Birthdate:	Grade Level:	School:
Last Name:	First Name:	Birthdate:	Grade Level:	School:

MILITARY FAMILY STATUS

Is the student's parent/guardian an ACTIVE DUTY member of a branch of the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Which Parent?
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I/We understand that all of the information provided here is correct and current. I/We also understand that if residency should change for any reason, it is the responsibility of the parent/guardian to notify Crawford Central School District. Any false information can be punishable by law and all parties will be held responsible. The District will actively investigate all cases when it has reason to believe that residency status has changed and/or believed that false information has been provided. Verification may include home visits. The District may refer cases in which false information has been intentionally provided to our solicitor for further investigation. Investigations that reveal students have enrolled on the basis of providing false information will lead to possible withdrawal and billing of non-resident tuition rates.

Signature: X	Date:
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pennsylvania
DEPARTMENT OF EDUCATION

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on 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: _____
(Month/Day/Year)

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? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes



Parental Registration Statement

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

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 school or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

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

If this student has been or is presently suspended or expelled from another school, please complete:
Name of the school from which student was suspended or expelled"

Dates of suspensions or expulsion:

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

Reason for suspension/expulsion (optional) _____

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.

(signature of Parent or Guardian)

(Date)

CRAWFORD CENTRAL SCHOOL DISTRICT

ACCEPTABLE USE POLICY FOR DISTRICT DEVICE AND INTERNET USE

****Please read the following agreement and keep pages 1-3 for yourself**

****The signature page must be completed and returned before device access will be provided.**

The following form must be read and signed by you **and** your parent or legal guardian. By signing this consent and waiver form, I agree to abide by the guidelines set forth in the Internet Acceptable Use Policy No. 815. I have discussed these rights and responsibilities with my parent(s) or guardian(s).

Further, my parent(s)/guardian(s) and I have been advised that the district does not have control of the information on the Internet, although it attempts to provide prudent and available barriers. Other sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some people. While the Crawford Central School District's intent is to make Internet access available to further its educational goals and objectives, account holders could access other materials as well.

The district believes the benefits to educators and students from access to the Internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages of access. Ultimately, the parent(s)/guardian(s) of minors are responsible for setting and conveying the standards that their student should follow. To that end, the district supports and respects each family's right to decide whether to apply for the Crawford Central School District network access.

The student and his/her parent(s)/guardian(s) must understand that access to the Crawford Central School District network exists to support the district's educational responsibilities and mission. The specific conditions and services that are offered will change from time to time. By signing this acceptance waiver, you are agreeing to the use of various applications, email, and internet access in general to accomplish the educational goals of the district.

The internet is a compilation of many networks that supports the open exchange of information for research and educational purposes. The internet can be accessible to anyone, anywhere, anytime. Students must understand that by using the network, their actions can be monitored at any time by a teacher or administrator.

ACCEPTABLE USE POLICY FOR DISTRICT DEVICE AND INTERNET USE

Students are expected to:

Respect and protect the privacy of others.

- Use only assigned accounts
- Not view, use, or copy passwords, data, or networks to which they are not authorized
- Not distribute private information about others or themselves (do not share passwords)

Respect and protect the integrity, availability, and security of all electronic resources.

- Observe all network security practices
- Report security risks or violations to a staff member or network administrator
- Not destroy or damage data, networks, or other resources that do not belong to them
- Conserve, protect, and share these resources with other students and Internet users

Respect and protect the intellectual property of others.

- Follow all copyright law, i.e., do not make illegal copies of music, games, or movies
 - Not plagiarize

Respect and practice our district values.

- Communicate only in ways that are kind and respectful
- Report threatening or discomfoting materials to a staff member
- Not intentionally access, transmit, copy, or create material that violates the school's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass or bully)
- Not intentionally access, transmit, copy, or create material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works)
- Not use the resources to further other acts that are criminal or violate the school's code of conduct
- Not send spam, chain letters, or other mass unsolicited mailings.
- Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project
- Not use personal devices in an inappropriate fashion

ACCEPTABLE USE POLICY FOR DISTRICT DEVICE AND INTERNET USE

Students may, if in accord with the procedure above.

Design and post content related to their education.

Use direct communications such as online chat, texting, or instant messaging with a teacher's permission.

Use any personal communication device during the day in accordance with their building rules.

They may also be used in classrooms at the direction of the instructor. Use the resources for educational purpose only.

Consequences for Violation

Violations of these rules may result in disciplinary action, up to and including the loss of a student's privileges to use the school's information technology resources.

Supervision and Monitoring

School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Any personal device connecting to the CCSD wireless or wired network will be scanned to make sure it adheres to basic security standards. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions and will furnish evidence of crime to law enforcement.

Damages

The parents and/or guardians of any student bringing personal technology to school agree to be responsible for and to reimburse Crawford Central School District for any damage that their student may cause arising out of and relating to the use of the CCSD Wireless Network with his/her personally-owned device.

In addition, parents and/or guardians of any student causing physical damage to school district owned equipment agree to reimburse the Crawford Central School District for repairs or replacement.

CRAWFORD CENTRAL SCHOOL DISTRICT

ACCEPTABLE USE POLICY FOR DISTRICT DEVICE AND INTERNET USE

I have read the School Handbook, the Acceptable Use of Internet and Technology Policy 815 (found at <http://www.boarddocs.com/pa/craw/Board.nsf/goto?open&id=9UYV4B7EE5BC>), as well as the Student Handbook and also the Student Technology & Internet Use and Acceptance Procedure. Handbooks are available at www.craw.org.

By signing below, I understand and agree to abide by the rules, policies and programs stated therein. If you do not have Internet access, please call, and request a copy from your building secretary.

Student Name: _____ Grade: _____
(Please print)

Student Signature: _____ Date: _____

Parent/Guardian Name: _____
(Please print)

Parent/Guardian Signature: _____ Date: _____

Please check the boxes below as appropriate for child participating in video conferences or being photographed.

My child **does** have permission to participate in video conferences with the teacher and class with Third Parties. (i.e.: virtual field trips, other classes in the school).

My child **does** have permission to participate in video conferences with the teacher and class for the purposes of remote learning in accordance with the Districts Health & Safety Plan.

My child **may be videotaped** or photographed during school activities. The images may be used in district/school newsletters or website.

(Must be returned to school to use technology)

CRAWFORD SCHOOL  CENTRAL DISTRICT

Device Loan Agreement

Student's Name: _____

Student ID: _____

School: _____

Date: _____

One device, charger, and protective sleeve are being loaned to the Student. It is the Student's responsibility to care for the equipment and ensure that it is maintained in a safe environment. Do not leave the device unattended in open areas such as the café, library, gym, hallway, etc.

The equipment is always the property of Crawford Central School District and is being lent to the Student for educational purposes only.

The Student may not deface or destroy the device and related equipment in any way. Inappropriate use may result in loss of network privileges, as well as possible loss of access to the device. A student may also be subjected to a much more restricted user profile.

The equipment will be returned at the end of each school year and reissued the following school year. If the Student withdraws or is no longer enrolled at Crawford Central, the device and accessories must be returned to the school with your withdrawal papers. If the Student does not return the device and related equipment, he/she will be charged a fee that will be the equivalent of the current replacement cost. A police report may also be filed, and restitution could be secured through the court system.

The device and related equipment are for educational use only at school and at home. It is to be used only by the Student, not by other family members.

The Student may not install or use any software other than the software that is owned or approved by Crawford Central. Any attempts at circumventing the system, filter, or to access secured areas of the device will result in disciplinary action.

The Crawford Central School District network and filtering system is provided for the academic use of all students and staff. The Student agrees to take no action that would interfere with the use of the network. The Student always agrees to follow the District's Acceptable Use Policy, both at school and while at home.

Identification and inventory labels have been placed on the devices. These labels are not to be removed or modified.

Microsoft 365 accounts, including email, will be created for every student to use for appropriate academic collaboration and communication. Google accounts will be created for all K-6

CRAWFORD SCHOOL  CENTRAL DISTRICT

students, including email. Students in grades K-6 are restricted and can only email other district accounts and approved domains.

The student devices are protected by insurance. Accidental damage includes things like keyboard or screen breakage that are accidental. Picking keys off the keyboard or sitting on the devices and breaking the screen are not covered. For the life of the student's tenure with the school district, they will have ONE insurance-covered incident available to them. After that one incident, the Student and their Parent/Guardian are responsible for the cost to repair the device. If the cost to repair exceeds the cost to purchase a new device, the Student or their Parent/Guardian will be responsible for the full replacement cost. Lost items such as cases and charger cables will be charged the actual replacement cost and are not covered under the insurance.

Secondary students in will be expected to use the device during and after the school day for instruction, completion of assignments, and collaboration on group projects. Many homework assignments will also be changing to a digital format. Elementary students will have the same expectations in the situations where the devices are being taken home from school.

All information stored on the equipment or in student accounts carries no expectation of privacy and is property of the District.

To the extent the Student is a minor, a parent must sign this Computer Loan Agreement. The Parent/Guardian signing below agrees to be bound by this Agreement and will be financially responsible for the equipment.

By signing this form, the Student and the signing Parent acknowledge and agree that any information or use of the equipment carries no expectation of privacy. The District reserves the right, at all times and without prior notice, to inspect and search any and all its property for the purpose of determining whether any policy has been violated, or when an inspection and investigation is necessary for the purposes of promoting safety or compliance with state and federal laws.

I understand that a copy of this signed sheet will be maintained in my student file.

Student Signature

Parent Signature

Date

Date

CRAWFORD SCHOOL CENTRAL DISTRICT

PARENTAL CERTIFICATION OF STUDENT'S UNMET NEED WHILE OFF CAMPUS

I certify that the following student does not have a **Sufficient** computer for **Remote** learning when not physically attending school.

- **Sufficient computer** refers to a laptop, desktop or tablet that the student can use whenever they need to complete homework or attend online classes. This computer must have specific education licensed software used by the district such as Microsoft Office (with Microsoft Teams), content filtering, up to date antivirus and Azure Virtual Desktop Client. The device also must have a camera and microphone for virtual Microsoft Teams calls.
- **Remote learning** includes off-campus educational activities while the student is not physically in a school building. Homework and virtual online classes are both considered remote learning.

I understand any computer device loaned to my student is the property of the School and/or District, and is expected to be returned undamaged and in working order, and I will notify the School and/or District immediately should the device be damaged, lost or stolen.

Student Name: _____ **Grade:** _____ **School:** _____

Student ID: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

Please return the completed form to your school's Administrative Office.

School Records:

Equipment Device Model # _____

An Equal Rights and Opportunities School District

11280 Mercer Pike
Meadville, PA 16335
814-724-3960
www.craw.org

Crawford Central School District
Student Residency Questionnaire

Dear Parent/Guardian,


The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. Your responses to the following questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) Thank you for your cooperation.

Student Name: _____ Birth Date: _____

Person Completing form: _____ Relationship to student: _____

In what type of setting is the student living now?

Check one box below:

Section A:	Section B:
<input type="checkbox"/> In an emergency or transitional shelter	<input type="checkbox"/> None of the choices in Section A apply.
<input type="checkbox"/> Sharing housing due to loss of housing, economic hardship, or similar reason	
<input type="checkbox"/> In a motel, hotel, campsite, or car due to lack of alternative accommodations	
<input type="checkbox"/> In a park, public space, abandoned building, substandard housing, or similar setting	
<input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings.	
If you checked any box in Section A, please complete page 2.	

Contact phone number for person completing this form: _____

Address where student is currently living: _____

The student lives with:

Check all that apply:

Parent(s) or Legal Guardian

Relative, friend, or other adult(s)

Alone

Other: _____

School student last attended: _____

Address of school: _____

Telephone Number: _____

Does the student have an IEP or a Chapter 15/504 Agreement?

NO

YES, Please explain: _____

The staff person assisting you with registration will contact the homeless coordinator to review the information provided. If homelessness is verified, additional information will be needed to complete the enrollment process.

Signature of Parent/Legal Guardian:

Date:

Crawford Central School District
Emergency Call and Parent Permission Card

Student _____ Date of Birth _____ Age _____ M/F _____ Address _____
Homeroom _____ Bus# _____ Grade _____

Student Lives With (circle one) Both Parents _____ Father _____ Mother _____ Other _____ Home Phone # _____

_____ Check if this is new address and phone # in the last year
Parent Contact Information: *Please indicate which phone number to contact first*

Father: Name _____ Home/Cell # _____ Father's Employer _____ Work # _____

Mother: Name _____ Home/Cell# _____ Mother's Employer _____ Work # _____

Other persons who will assume responsibility for the care of your child if you cannot be reached (Required)

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

Please List other children in the household

Name _____	Grade _____	School _____	Name _____	Grade _____	School _____
Name _____	Grade _____	School _____	Name _____	Grade _____	School _____
Name _____	Grade _____	School _____	Name _____	Grade _____	School _____

Physicians Name: _____ Phone _____ Dentist Name: _____ Phone _____

(Please Notify School Immediately of Any Changes)

Does your child have any special health problems or physical limitations that the school nurse or teachers should know about? Yes _____ No _____

Explain: _____

Hospitalization in the last year: Yes _____ No _____ Reason for Hospitalization _____ Concussion in the last year: Yes _____ No _____

List any medication (with dosage and frequency) that your child takes at home or school:

Inhaler: Yes _____ No _____ Medication: _____
Medication: _____ Medication: _____
Medication: _____

RETURN TO NURSE'S OFFICE (OVER)

Crawford Central School District Student Health History Form

General Information

Last Name: _____ First Name: _____ M.I.: _____ Please circle one: Male/Female
 Grade: _____ Date of Birth: _____ Previous School: _____
 Primary Care Doctor: _____ Phone: _____
 Family Dentist: _____ Phone: _____
 Parent/Guardian Names: _____ Phone: _____

Medications

Medication: _____ Dose: _____ Time: _____
 Medication: _____ Dose: _____ Time: _____
 Medication: _____ Dose: _____ Time: _____
 Medication: _____ Dose: _____ Time: _____

Allergies

Medication Allergies: _____
 Type of reaction: _____
 Food Allergies: _____
 Type of reaction: _____
 Environmental Allergies: _____
 Type of reaction: _____
 Other Allergies: _____
 Type of reaction: _____
 Does your student have a prescribed epi-pen? YES NO

General Health History

Has your student had any of the following:

	YES	NO
Concussion		
Multiple Concussions		
Headaches		
Head/Neck Injury		
Diabetes Type I <input type="checkbox"/> Type II <input type="checkbox"/>		
Scoliosis		
Seizure Disorder Type of seizure: _____ Date of last seizure: _____		
Any Previous Hospital Stays		
Any Previous Surgeries		

If answered 'YES' to any of the above, please explain:

Cardiovascular/Hematological History

YES NO

Congenital Heart Defects		
High Blood Pressure		
Mitral Valve Prolapse		
Heart Murmur/Arrhythmia		
Anemia		
Clotting Disorder		
Other Heart/Blood Conditions		

If answered 'YES' to any of the above, please explain:

Gastrointestinal/Urinary History

YES NO

Toilet Trained		
Bed Wetting		
Constipation		
Diarrhea		
Frequent UTIs		
Acid Reflux		
Other		

If answered 'YES' to any of the above, please explain:

Respiratory History

YES NO

Asthma Nebulizer <input type="checkbox"/> Inhaler <input type="checkbox"/> Date of last asthma attack: _____		
Other Respiratory Issues		

If answered 'YES' to any of the above, please explain:

Hearing/Vision History

YES NO

Hearing Problems Eustachian Tubes <input type="checkbox"/> Hearing Aides <input type="checkbox"/> Under Treatment <input type="checkbox"/>		
Vision Problems Glasses/Contacts <input type="checkbox"/> Under Treatment <input type="checkbox"/>		

If answered 'YES' to any of the above, please explain:

Mental Health History

YES NO

ADHD/ADD		
Depression		
Anxiety		
Autism/Learning Disability		
Other Psychiatric Concerns		

Other Pertinent Health History Comments

Signature: _____

Date: _____

*** A copy of your student's immunization record is **REQUIRED** at registration ***



CRAWFORD CENTRAL SCHOOL DISTRICT

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been provided a copy of the NOTICE OF PRIVACY PRACTICES (Effective April 14, 2003).

Print name of Student Enrolled in
Crawford Central School district: _____

Signature of Student: _____

(If 18 years of age or Emancipated)

_____ Date

Check here if Emancipated Minor.

Signature of Parent of Legal Guardian: _____

_____ Date

For Staff Use Only: If acknowledgment not signed, document efforts to obtain signed acknowledgment and the reason why the acknowledgment was not obtained:

Staff Signature: _____

Date: _____

CRAWFORD CENTRAL SCHOOL DISTRICT

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of students' health information. In most cases, this requirement arises from the Family Educational Rights and Privacy Act ("FERPA"). A separate notice required by FERPA is provided annually in the Student Handbook. However, in certain circumstances, another federal law also applies to students' health information. This other federal law is called the Health Insurance Portability and Accountability Act ("HIPAA"). HIPAA requires us to provide this Notice describing our privacy practices, our legal duties and students' rights concerning their health information. We must follow the privacy practices described in this Notice while it is in effect as those practices relate to the types of students' health information protected by HIPAA ("Protected Health Information" or "PHI"). Although this Notice is written from the perspective of a student's health information, most decisions concerning PHI will be made by the student's parent or guardian. This Notice takes effect on the effective date indicated below.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all PHI that we maintain, including PHI we created or received before we made the changes. Before we make a significant change in our privacy practices we will change this Notice and make the new Notice available upon request.

Students, parents, and legal guardians of students may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

Unless further restricted by any applicable state law, we may use and disclose PHI as follows:

Treatment: We may use or disclose PHI to another physician or other healthcare provider providing treatment to a student. For example, if a student transfers to another school, we may disclose PHI to the new school, or if a student needs to be sent to the hospital for emergency medical treatment, we may disclose PHI to the ambulance services and to the hospital.

Payment: In some circumstances, we may be able to receive reimbursement for the medical care, including mental health care and physical therapy that we provide to students. We may use and disclose PHI to obtain payment for such services. For example we may provide PHI to Medicaid or the ACCESS program in order to get paid for taking care of a student. To do this, we will provide PHI to the billing company that handles our reimbursement claims.

Healthcare Operations: We may use and disclose PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To Your Family and Friends: We may disclose PHI to a student's parents, family members, other relatives, close personal friends or other persons identified to us as involved in a student's healthcare or with payment for a student's healthcare. We may also use or disclose PHI to notify, or assist in the notification of (including identifying or locating) a family member, a personal representative or another person responsible for a student's care, regarding a student's location or general condition. If a student is present, then prior to the use or disclosure of PHI, we will provide the student with and opportunity to agree to or object to such uses or disclosures. In the event of a student's incapacity or in emergency circumstances, we will disclose PHI based on a determination using our professional judgment, disclosing only PHI that is directly relevant to the person's involvement in the student's healthcare.

Disaster Relief Purposes: We may disclose PHI to an entity assisting in a disaster relief effort so that a student's family can be notified about their general condition or location.

Marketing: We may use and disclose PHI to tell a student about or recommend possible treatment options or alternatives or other health-related benefits or services that may be of interest to them. However, we will not otherwise use PHI for marketing communications without the student's written authorization.

Required by Law: We may use or disclose PHI when we are required to do so by federal, state or local law.

Abuse or Neglect: We may disclose PHI to appropriate authorities for public health activities, for example, if we reasonably believe that a student is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose PHI to the extent necessary to avert a serious threat to a student's health or safety or the health or safety of others.

National Security: We may disclose PHI to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to law enforcement officials having lawful custody of students under certain circumstances.

Other Special Situation: We may use or disclose PHI in certain special situations such as for workers' compensation programs, health oversight agencies for purposes of auditing, inspections, and licensure, legal proceedings, law enforcement purposes, and to coroners, medical examiners and funeral directors.

Your Authorization: In addition to our use or disclosure of PHI for treatment, payment or healthcare operations, a student may give us written authorization to use or disclose PHI about them for any other purpose. If a student gives us an authorization, the student may revoke that authorization in writing at any time. The student's revocation will not affect any uses or disclosures permitted by the authorizations while it was in effect. Unless we receive a written authorization, we cannot use or disclose a student's PHI for any reason except those described in this Notice.

PATIENT RIGHTS

Access: Students have the right to look at or get copies of their health information, with limited exceptions. A student may request that we provide copies in a format other than photocopies. We will use the format the student requests unless we cannot practicably do so. (The student must make a request in writing to obtain access to PHI. We may charge a student a reasonable, cost-based fee for expenses such as copies and staff time needed to make copies of PHI. If a student prefers, we will prepare a summary or an explanation of the PHI for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: Students have the right to receive a list of instances in which we or our business associates disclosed their PHI for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If a student requests this accounting more than once in a 12-month period, we may charge the student a reasonable, cost-based fee for responding to these additional requests. (A student must make a request in writing to obtain an accounting of our disclosures.)

Restriction: Students have the right to request that we place additional restrictions on our use or disclosure of their health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communications: Students have the right to request that we communicate with them about their PHI by alternative means or to alternative locations. (The student must make their request in writing.) Such requests must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location the student request. We will accommodate all reasonable requests.

Amendment: Students have the right to request that we amend their health information. (A student's request must be in writing, and it must explain why the information should be amended.) We may deny such requests under certain circumstances.

Electronic Notice: If you receive this Notice on our Website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If students, parents, or guardians want more information about our privacy practices or have questions or concerns, please contact us.

If students are concerned that their privacy rights have been violated, or if students disagree with a decision we made about access to their health information or in response to a request a student made to amend or restrict the use or disclosure of his or her own PHI or to have us communicated with a student by alternative means or at alternative locations, the student may complain to us using the contact information listed at the end of this Notice. Students may also submit a written complaint to the U.S. Department of Health and Human Services. We can provide the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support students' rights to the privacy of their health information. We will not retaliate in any way if a student chooses to file a complaint with us or with the U.S. Department of Health and Human Services.

CRAWFORD CENTRAL SCHOOL DISTRICT
11280 Mercer Pike, Meadville, PA 16335
Phone: (814) 724-3121

Effective Date: April 14, 2003
#487677

Transportation Review for 2021-2022 School Year

We will post bus routes on our website, www.craw.org, 7-10 days prior to the first day of school. Please check for your route information on our website prior to contacting our office.

The District recognizes the need to maintain proper standards of conduct for the safety of students who ride school buses and for the drivers who drive them. The use of video/audio recordings are intended to assist the administration, contractors, and drivers in observing behavior and preventing violations of bus rules and regulations. (Policy 810.4)

Regular routes for morning transport of students and afternoon return will be as follows:

1. Student(s) Pick-up and Drop-off

Student will only be permitted to have one pick-up location and one drop-off location. The pick-up location and drop-off location do not need to be the same. Both locations must be within the school's attendance area. An example would be (AM pick-up at *home address* and PM drop-off at *care provider*).

Split days per week with multiple pick-up and drop-off locations are not permitted. An example would be (*M,W,F* AM pick-up/drop off at *home address* *T,TH* at *daycare*).

We will provide transportation to daycares that are located in your student's school zone but not if they are in the school's walk zone. Schedules will follow same directive as above for split days.

Past practice in transporting students in a split custody situation, by court order, will remain the same with parents submitting the requests to the school or the Transportation Office prior to school starting and only to the school after the year has begun.

2. Group Stops

Implementing more group stops along the routes will continue in 2018-2019 school year. As routes are set, consideration for group stops will be closely monitored for safety as well as efficiency.

3. Use of Bus Notes

Bus notes are not permitted.

CRAWFORD CENTRAL SCHOOL DISTRICT

4. Route Elimination/Consolidation

As the routes are being constructed for 2018-2019 school year, the District will attempt to consolidate existing routes for full ridership as permitted by statutes. Again, safety and ride time of the students will be the prominent thought as these routes are designed to run as efficiently as possible.

Parents/guardians - please recognize that bus assignments cannot be customized to meet every individual need and still be part of an efficient and economical transportation system. Please have your student(s) to their stop on time, dressed for conditions, and following appropriate safety practices.

Thank you for your consideration.