

# 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 <><><>

Entry Date: \_\_\_\_\_

School: \_\_\_\_\_

Fluoride:  Yes  No

Medical Immunizations Requested  Received

Health Records Requested  Received

Student ID: \_\_\_\_\_

PaSecureID: \_\_\_\_\_

Transportation Bus # \_\_\_\_\_ AM Time: \_\_\_\_\_ PM Time: \_\_\_\_\_

Stop Location: \_\_\_\_\_

**STUDENT INFORMATION**

Date: \_\_\_\_\_

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

Not Applicable – Student lives with BOTH Parents in the same house. (Please skip to Emergency Contact Section)

Legal Paperwork must be attached for Guardianship placement →  Foster Placement  Residency Affidavit  Guardianship Papers  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<br><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 <sup>th</sup> 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 <b>ACTIVE DUTY</b> member of a branch of the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | Branch | Which Parent? |
|--|--------|---------------|

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:<br><b>X</b> | Date: |
|------------------------|-------|



Instruction Support Center  
 11280 Mercer Pike  
 Meadville, Pennsylvania 16335-9504  
 Telephone: (814) 724-3960  
 FAX: (814) 333-8732

**AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

|   |   |  |  |  |
|---|---|--|--|--|
| First District Elementary<br>725 North Main St.<br>Meadville, PA 16335<br>(814) 724-1124<br>FAX: (814) 337-5990 | Second District Elementary<br>1216 South Main St.<br>Meadville, PA 16335<br>(814) 724-7073<br>FAX: (814) 337-5835 | West End Elementary<br>12068 Brooks Rd.<br>Meadville, PA 16335<br>(814) 724-1450<br>FAX: (814) 337-5886        | Neason Hill Elementary<br>11293 Williamson Rd.<br>Meadville, PA 16335<br>(814) 724-7886<br>FAX: 337-2329         |  |
| Meadville Middle School<br>974 North St. Ext<br>Meadville, PA 16335<br>(814) 333-1188<br>FAX: 333-2337          | Meadville Sr High<br>930 North St.<br>Meadville, PA 16335<br>(814) 336-1121<br>FAX: (814) 333-9199                | Cochranon Elementary<br>225 South Franklin St.<br>Cochranon, PA 16314<br>(814) 425-2105<br>FAX: (814) 425-3761 | Cochranon Jr/Sr High<br>P.O. Box 127, Second St.<br>Cochranon, PA 16314<br>(814) 425-7421<br>FAX: (814) 425-2071 | Crawford Central Sch Dist<br>11280 Mercer Pike<br>Meadville, PA 16335<br>(814) 724-3960<br>FAX: (814) 333-8732 |

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Former School's Address)

Student Name: \_\_\_\_\_  
Last First Middle  
 Grade: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

To Whom It May Concern:

The above listed student has registered with us effect \_\_\_\_\_.  
 Please send his/her school records to the school circled above. School Records should include transcript of grades, materials from both A and B categories such as: grades earned this year and/or withdrawal grades, standardized test scores, attendance, I.E.P., psychological records, speech, dental, health and immunization records, discipline records, and any other pertinent information.

**Act 26 of 1995 authorizes the release of all student records, including discipline.  
 Please forward a copy of the student's disciplinary records.**

Thank you very much for your cooperation.

Sincerely,

I, hereby, authorize the release of all records for the above student.

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

\_\_\_\_\_  
 (Date)



## 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)



## 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

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ACCEPTABLE USE POLICY FOR DISTRICT DEVICE AND INTERNET USE

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**\*\*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



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ACCEPTABLE USE POLICY FOR DISTRICT DEVICE AND INTERNET USE

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***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.

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](http://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)**



## 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

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CRAWFORD  CENTRAL  
SCHOOL DISTRICT

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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 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)

Does your child have severe allergies (Latex, Bee, Food or Medication) Yes \_\_\_ No \_\_\_ Is your child prescribed an EPI-PEN? Yes \_\_\_ (last used \_\_\_) No \_\_\_  
List all Food and Medication Allergies \_\_\_\_\_

Does your child have vision or hearing problems: Yes \_\_\_ No \_\_\_ If yes please explain: \_\_\_\_\_

**Health Services Mandated by State Law of Pennsylvania**

Growth and Vision yearly - Hearing: K, 1, 2, 3 7<sup>th</sup> and 11<sup>th</sup> - Scoliosis 6<sup>th</sup> and 7<sup>th</sup> - Dental Health and Dental Screening

\* I understand that my child will receive the indicated school health screenings as mandated by law of PA unless I submit a written request to the school nurse stating that they are not to be performed on my student.

The Commonwealth of PA REQUIRES that students in grade K, 6, 11 receive physical examinations. You may choose to have the exam done by your own health care provider or the school physician. Please indicate your choice below.

\_\_\_\_\_ I give permission for the school doctor to examine my child free of charge  
\_\_\_\_\_ I will have my child examined by his/her physician at my expense.

I hereby give consent for treatment for minor ailments, emergency care, as deemed necessary by the school nurse, physician or the state. I also give consent and authorize the school nurse to communicate with my child's physician, authorize release of the immunization and medical records and do mandated screenings.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*Crawford Central School District Medication Administration Permission\*\*\*\*\*

Please cross out any medications you would not like your child to receive during school hours.

- |   |                                |                               |         |                     |                             |
|---|--------------------------------|-------------------------------|---------|---------------------|-----------------------------|
| ** Ibuprofen  | ** Acetaminophen               | ** Benadryl Allergic Reaction | Visine  | Antibiotic Ointment | Callergy Clear              |
| Sting relief  | 1% Hydrocortisone Cream        | Muscle Rub Cream              | Anbesol | Sore Throat Spray   | Aloe Ungentine (Burn Cream) |
| Antacid (Tums)                                      | Cough Drops only non-medicated |                               |         |                     |                             |
| First Aid Antiseptic/Pain Relieving Spray (Bactine) |                                |                               |         |                     |                             |

I consent to the use of these over the counter medications for my child. They will only be administered as needed. Dosing may not exceed the manufacturers' recommended dose or school physician's order. I have reviewed the medication and have crossed out any medication that I do not want my child to receive.

Parents/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*SCHOOL PHYSICIAN ORDERS ALLOW FOR ADMINISTRATION OF ANY ABOVE MEDICATION TO NO MORE THAN 4 TIMES A MONTH\*\***

RETURN TO NURSE'S OFFICE (OVER)

Crawford Central School District  
 Department Of Student Health Services  
 Student Health History

|  |   |
|--|---|
| Last Name _____ First _____ M.I. _____<br>Date of Birth _____<br>Parents _____ Phone # _____ | Date _____ <input type="checkbox"/> Female<br>Grade _____ <input type="checkbox"/> Male<br>Primary Care Dr. _____ Phone # _____ |
|--|---|

**Medications**

Medication \_\_\_\_\_ Dose \_\_\_\_\_  
 Medication \_\_\_\_\_ Dose \_\_\_\_\_  
 Medication \_\_\_\_\_ Dose \_\_\_\_\_  
 Medication \_\_\_\_\_ Dose \_\_\_\_\_

**General History Questions**

Has your child had any of the following:

|                              | YES                      | DATE  |
|------------------------------|--------------------------|-------|
| Concussion                   | <input type="checkbox"/> | _____ |
| Multiple Concussions         | <input type="checkbox"/> | _____ |
| Headaches                    | <input type="checkbox"/> | _____ |
| Head/Neck Injury             | <input type="checkbox"/> | _____ |
| Mental Health Concerns       |                          |       |
| ADHD/ADD                     | <input type="checkbox"/> | _____ |
| Other Medications            | <input type="checkbox"/> | _____ |
| Diabetes                     | <input type="checkbox"/> | _____ |
| Medications                  |                          |       |
| Scoliosis                    | <input type="checkbox"/> | _____ |
| Seizure Disorder             | <input type="checkbox"/> | _____ |
| Date of last seizure         |                          | _____ |
| Previous Hospital Stay       | <input type="checkbox"/> | _____ |
| Previous Surgeries           | <input type="checkbox"/> | _____ |
| Other Pertinent Health Info. | <input type="checkbox"/> | _____ |

Please give details for any "YES"

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**Heart/Blood**

YES

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

Please give details for any "YES" responses on the back of this form.

**Allergies**

YES

**Medication Allergy**   
 Medication: \_\_\_\_\_  
 Reaction: \_\_\_\_\_

**Food Allergy**  
 Foods: \_\_\_\_\_  
 Reaction: \_\_\_\_\_

**Environmental**   
 What Causes Allergy: \_\_\_\_\_  
 Reaction: \_\_\_\_\_

**Bee Stings**   
 Reaction: \_\_\_\_\_

**Epi-Pen for Any Allergy**

**Gastro-Intestinal/Urinary**

YES

Bed Wetting   
 Constipation   
 Diarrhea   
 Frequent UTI   
 Toilet Trained

Please give details for any "YES" responses on the back of this form.

**Respiratory**

YES

Asthma   
 Daily Meds   
 Med. Name \_\_\_\_\_  
 Nebulizer   
 Inhaler   
 Date of last attack \_\_\_\_\_

**Hearing/Vision**

YES

Hearing Problems   
 Hearing Aides   
 Vision Problems   
 Contacts/Glasses

Please give details for any "YES" responses on the back of this form.

\*\*\*\*\*A copy of the student's immunizations 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

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# NOTICE OF PRIVACY PRACTICES

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**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.**

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### **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.

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### **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 service 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 an 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 authorization 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.

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#### **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 Communication:** 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.

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#### **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 communicate 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 16335-9504  
Phone: (814) 724-3181

**Effective Date: April 14, 2003**  
# 487677

## Transportation Review

We will post bus routes on our website, [www.craw.org](http://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.

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# CRAWFORD SCHOOL CENTRAL DISTRICT

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#### 4. **Route Elimination/Consolidation**

As the routes are being constructed for the upcoming 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.

CRAWFORD  
CENTRAL  
SCHOOL DISTRICT

SECTION: OPERATIONS

TITLE: ACCEPTABLE USE OF  
INTERNET, COMPUTERS AND  
NETWORK RESOURCES

ADOPTED: August 25, 2014

REVISED:

|                   |   |
|-------------------|---|
| <p>1. Purpose</p> | <p style="text-align: center;">815. ACCEPTABLE USE OF INTERNET, COMPUTERS AND NETWORK RESOURCES</p> <p>The Board supports use of computers, Internet and other network resources in the district's instructional and operational programs in order to facilitate learning, teaching and daily operations through interpersonal communications and access to information, research and collaboration.</p> <p>The district provides students, staff and other authorized individuals with access to the district's computers, electronic communication systems and network, which includes Internet access, whether wired or wireless, or by any other means.</p> <p>For instructional purposes, the use of the Internet, computers and network resources shall be consistent with the curriculum adopted by the district as well as the varied instructional needs, learning styles, abilities, and developmental levels of students.</p> <p>The Board shall permit authorized users to have Internet and electronic mail (email) access and use electronic devices, computers and network resources in the district, in accordance with Board policy, district rules and administrative regulations. The Internet, computers and network resources are viewed as instructional learning tools for the purposes of integrating 21<sup>st</sup> Century resources and tools that support teaching and student learning. The Board acknowledges that electronic information research skills are important to the preparation of students as citizens and future employees, and believes these assets offer vast, diverse and unique resources to them. The Board's goal is to promote educational excellence by providing Internet, computers and network resources in a controlled environment to students; however, the use of these technologies is not a substitute for, and must not interfere with, the acquisition of other essential academic skills.</p> <p>The Board provides Internet, computers and network resources, including email, primarily for educational purposes. District staff are permitted reasonable, limited use of these resources for incidental personal use outside of work time, provided such use is in accordance with Board policy, district rules and administrative regulations.</p> |
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|---|---|
| 2. Definitions                                  | The term child pornography is defined under both federal and state law.   |
| 18 U.S.C.<br>Sec. 2256                          | <p><b>Child pornography</b> - under federal law, is any visual depiction, including any photograph, film, video, picture, or computer or computer-generated image or picture, whether made or produced by electronic, mechanical, or other means, of sexually explicit conduct, where:</p> <ol style="list-style-type: none"> <li>1. The production of such visual depiction involves the use of a minor engaging in sexually explicit conduct;</li> <li>2. Such visual depiction is a digital image, computer image, or computer-generated image that is, or is indistinguishable from, that of a minor engaging in sexually explicit conduct; or</li> <li>3. Such visual depiction has been created, adapted, or modified to appear that an identifiable minor is engaging in sexually explicit conduct.</li> </ol> |
| 18 Pa. C.S.A.<br>Sec. 6312                      | <p><b>Child pornography</b> - under Pennsylvania law, is any book, magazine, pamphlet, slide, photograph, film, videotape, computer depiction or other material depicting a child under the age of eighteen (18) years engaging in a prohibited sexual act or in the simulation of such act.</p>  |
| 20 U.S.C.<br>Sec. 6777<br>47 U.S.C.<br>Sec. 254 | <p>The term harmful to minors is defined under both federal and state law.</p> <p><b>Harmful to minors</b> - under federal law, is any picture, image, graphic image file or other visual depiction that:</p> <ol style="list-style-type: none"> <li>1. Taken as a whole, with respect to minors, appeals to a prurient interest in nudity, sex or excretion;</li> <li>2. Depicts, describes or represents in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or lewd exhibition of the genitals; and</li> <li>3. Taken as a whole lacks serious literary, artistic, political or scientific value as to minors.</li> </ol>   |
| 18 Pa. C.S.A.<br>Sec. 5903                      | <p><b>Harmful to minors</b> - under state law, is any depiction or representation in whatever form, of nudity, sexual conduct, sexual excitement, or sadomasochistic abuse, when it:</p> <ol style="list-style-type: none"> <li>1. Predominantly appeals to the prurient, shameful, or morbid interest of minors;</li> </ol>  |

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| <p>18 Pa. C.S.A.<br/>Sec. 5903</p> | <ol style="list-style-type: none"> <li>2. Is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable for minors; and</li> <li>3. Taken as a whole lacks serious literary, artistic, political, educational or scientific value for minors.</li> </ol> <p><b>Obscene</b> - any material or performance, if:</p> <ol style="list-style-type: none"> <li>1. The average person applying contemporary community standards would find that the subject matter taken as a whole appeals to the prurient interest;</li> <li>2. The subject matter depicts or describes in a patently offensive way, sexual conduct described in the law to be obscene; and</li> <li>3. The subject matter, taken as a whole, lacks serious literary, artistic, political, educational or scientific value.</li> </ol>  |
| <p>47 U.S.C.<br/>Sec. 254</p>      | <p><b>Technology protection measure</b> - a specific technology that blocks or filters Internet access to visual depictions that are obscene, child pornography or harmful to minors.</p>   |
| <p>3. Authority</p>                | <p>The availability of access to electronic information does not imply endorsement by the district of the content, nor does the district guarantee the accuracy of information received. The district shall not be responsible for any information that may be lost, damaged or unavailable when using the network or for any information that is retrieved via the Internet.</p> <p>The district shall not be responsible for any unauthorized charges or fees resulting from access to the Internet or other network resources.</p>   |
| <p>Pol. 218, 233, 317</p>          | <p>The Board declares that Internet, computer and network use is a privilege, not a right. The district's Internet, computer and network resources are the property of the district. Users shall have no expectation of privacy in anything they create, store, send, delete, receive or display on or over the district's Internet, computers or network resources, including personal files or any use of the district's Internet, computers or network resources. The district reserves the right to monitor, track, and log network access and use; monitor filespace utilization by district users; or deny access to prevent unauthorized, inappropriate or illegal activity and may revoke access privileges and/or administer appropriate disciplinary action. The district shall cooperate to the extent legally required with the Internet Service Provider (ISP), local, state and federal officials in any investigation concerning or related to the misuse of the district's Internet, computers and network resources.</p> |

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| Pol. 237  | <p>The Board requires all users to fully comply with this policy and to immediately report any violations or suspicious activities to the Superintendent or designee.</p>   |
| 47 U.S.C.<br>Sec. 254   | <p>The use of personal electronic or communication devices on the district's network is permitted only on designated networks with prior authorization from the building principal. When a user connects a personal device to a district-operated network, s/he is agreeing to the requirements contained in this policy and should consider his/her personal device subject to the same levels of monitoring and access as any district-owned, leased, or licensed technology device. These devices, once in a district building, may not be allowed to connect to an outside network in an attempt to circumvent district-owned technology protection measures.</p> |
| Pol. 103, 103.1,<br>104, 248, 348                                       | <p>The Board establishes the following materials, in addition to those stated in law and defined in this policy, that are inappropriate for access by minors:</p>   |
| Pol. 249  | <ol style="list-style-type: none"> <li>1. Defamatory.</li> <li>2. Lewd, vulgar, or profane.</li> <li>3. Threatening.</li> <li>4. Harassing or discriminatory.</li> </ol>  |
| Pol. 218.2  | <ol style="list-style-type: none"> <li>5. Bullying.</li> <li>6. Terroristic.</li> </ol>   |
| 24 P.S.<br>Sec. 4604<br>20 U.S.C.<br>Sec. 6777<br>47 U.S.C.<br>Sec. 254 | <p>The district reserves the right to restrict access to any Internet sites or functions it deems inappropriate through established Board policy, or the use of software and/or online server blocking. Specifically, the district operates and enforces a technology protection measure(s) that blocks or filters access to inappropriate matter by minors on its computers used and accessible to adults and students. The technology protection measure shall be enforced during use of computers with Internet access.</p>  |
| 24 P.S.<br>Sec. 4604  | <p>Upon request by students or staff, the Superintendent or designee shall expedite a review and may authorize the disabling of Internet blocking/filtering to enable access to specific sites containing appropriate material that are inappropriately blocked through technology protection measures but are not prohibited by this policy.</p>   |



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| <p>24 P.S.<br/>Sec. 4610<br/>20 U.S.C.<br/>Sec. 6777</p>            | <p>Upon request by students or staff, building administrators may authorize the temporary disabling or adjusting of Internet blocking/filtering to enable access to specific sites for bona fide research or for other lawful purposes. Written permission from the parent/guardian is required prior to disabling Internet blocking/filtering for specified sites for a student's use. If a request for temporary disabling of Internet blocking/filtering for specified sites is denied, the requesting student or staff member may appeal the denial to the Superintendent or designee for expedited review.</p>   |
| <p>4. Delegation of Responsibility</p> <p>24 P.S.<br/>Sec. 4604</p> | <p>The district shall make every effort to ensure that this resource is used responsibly by students and staff.</p> <p>The district shall inform staff, students, parents/guardians and other users about this policy through employee and student handbooks, posting on the district website, and by other appropriate methods. A copy of this policy shall be provided to parents/guardians, upon written request.</p> <p>Users of district networks or district-owned equipment shall, prior to being given access or being issued equipment, sign user agreements acknowledging awareness of the provisions of this policy, and awareness that the district uses monitoring systems to monitor and detect inappropriate use and may use tracking systems to track and recover lost or stolen equipment.</p> <p>Student user agreements shall also be signed by a parent/guardian.</p> <p>Administrators, teachers and staff have a professional responsibility to work together to help students develop the intellectual skills necessary to discern among information sources, to identify information appropriate to their age and developmental levels, and to evaluate and use the information to meet their educational goals.</p> <p>Students, staff and other authorized individuals have the responsibility to respect and protect the rights of every other user in the district and on the Internet.</p> <p>Building administrators shall make initial determinations of whether inappropriate use has occurred.</p> |

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| <p>20 U.S.C.<br/>Sec. 6777<br/>47 U.S.C.<br/>Sec. 254<br/>47 CFR<br/>Sec. 54.520</p> | <p>The Superintendent or designee shall be responsible for recommending technology and developing procedures used to determine whether the district's computers are being used for purposes prohibited by law or for accessing sexually explicit materials. The procedures shall include but not be limited to:</p> <ol style="list-style-type: none"> <li>1. Utilizing a technology protection measure that blocks or filters Internet access for minors and adults to certain visual depictions that are obscene, child pornography, harmful to minors with respect to use by minors, or determined inappropriate for use by minors by the Board.</li> <li>2. Maintaining and securing a usage log.</li> <li>3. Monitoring online activities of minors.</li> </ol> |
| <p>47 U.S.C.<br/>Sec. 254</p>  | <p>The Superintendent or designee shall develop and implement administrative regulations for use of the district's Internet, computers and network resources, including procedures to educate students on network etiquette and other appropriate online behavior, including:</p> <ol style="list-style-type: none"> <li>1. Interaction with other individuals on social networking websites and in chat rooms.</li> <li>2. Cyberbullying awareness and response.</li> </ol>   |
| <p>SC 1303.1-A<br/>Pol. 249</p>  | <p>Network accounts shall be used only by the authorized owner of the account for its approved purpose. Network users shall respect the privacy of other users on the system.</p>  |
| <p>5. Guidelines</p>   | <p><u>Safety</u></p> <p>It is the district's goal to protect users of the network from harassment and unwanted or unsolicited electronic communications. Any network user who receives threatening or unwelcome electronic communications or inadvertently visits or accesses an inappropriate site shall report such immediately to a teacher or administrator. Network users shall not reveal personal information to other users on the network, including chat rooms, email, social networking websites, etc.</p>  |
| <p>47 U.S.C.<br/>Sec. 254<br/>47 CFR<br/>Sec. 54.520</p>                             | <p>Internet safety measures shall effectively address the following:</p> <ol style="list-style-type: none"> <li>1. Control of access by minors to inappropriate matter on the Internet and World Wide Web.</li> </ol>  |

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| <p>SC 1303.1-A<br/>Pol. 248, 249, 348</p> <p>Pol. 237</p> | <ol style="list-style-type: none"> <li>2. Safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications.</li> <li>3. Prevention of unauthorized online access by minors, including "hacking" and other unlawful activities.</li> <li>4. Unauthorized disclosure, use, and dissemination of personal information regarding minors.</li> <li>5. Restriction of minors' access to materials harmful to them.</li> </ol> <p><u>Prohibitions</u></p> <p>Users are expected to act in a responsible, ethical and legal manner in accordance with district policy, accepted rules of network etiquette, and federal and state law. Specifically, the following uses are prohibited:</p> <ol style="list-style-type: none"> <li>1. Facilitating illegal activity.</li> <li>2. Commercial or for-profit purposes.</li> <li>3. Nonwork or nonschool related work, except employee incidental personal use specified in Board policy.</li> <li>4. Product advertisement or political lobbying.</li> <li>5. Bullying/Cyberbullying or harassment of other users.</li> <li>6. Hate mail, discriminatory remarks, and offensive or inflammatory communication.</li> <li>7. Unauthorized or illegal installation, distribution, reproduction, or use of copyrighted materials.</li> <li>8. Accessing, sending, receiving, transferring, viewing, sharing or downloading obscene, pornographic, lewd, or otherwise illegal materials, images or photographs.</li> <li>9. Access by students and minors to material that is harmful to minors or is determined inappropriate for minors in accordance with Board policy.</li> <li>10. Inappropriate language or profanity.</li> </ol> |
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| <p>Pol. 814</p> | <ol style="list-style-type: none"><li>11. Transmission of material likely to be offensive or objectionable to recipients.</li><li>12. Intentional obtaining or modifying of files, passwords, and data belonging to other users.</li><li>13. Impersonation of another user, anonymity, and pseudonyms.</li><li>14. Fraudulent copying, communications, or modification of materials in violation of copyright laws.</li><li>15. Loading, distributing or using unauthorized games, programs, music, files, or other electronic media.</li><li>16. Disruption of the work of other users.</li><li>17. Destruction, modification, abuse or unauthorized access to network hardware, software and files.</li><li>18. Accessing the Internet, district computers or other network resources without authorization.</li><li>19. Disabling or bypassing the Internet blocking/filtering software without authorization.</li><li>20. Accessing, sending, receiving, transferring, viewing, sharing or downloading confidential information without authorization.</li><li>21. Use of any peripheral electronic device, including storage media, without district authorization.</li></ol> <p><u>Security</u></p> <p>System security is protected through the use of passwords. Failure to adequately protect or update passwords could result in unauthorized access to personal or district files. To protect the integrity of the system, these guidelines shall be followed:</p> <ol style="list-style-type: none"><li>1. Employees and students shall not reveal their passwords to another individual.</li><li>2. Users are not to use a computer that has been logged in under another student's or employee's name.</li></ol> |
|-----------------|---|

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|---|---|
| <p>17 U.S.C.<br/>Sec. 101 et seq<br/>Pol. 814</p> | <p>3. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the network.</p> <p><u>Copyright</u></p> <p>The illegal use of copyrighted materials is prohibited. Any data uploaded to or downloaded from the network shall be subject to fair use guidelines and applicable laws and regulations.</p> <p><u>District Website</u></p> <p>The district shall establish and maintain a website for educational and instructional purposes, and other purposes consistent with its mission and goals. The district shall develop and modify its web pages to present information about the district under the direction of the Superintendent or designee. All district web pages shall be treated as district-sponsored publications. All users publishing content on the district website shall comply with this and other applicable Board policies.</p> <p>Users shall not copy or download information from the district website and disseminate such information on unauthorized web pages without authorization from the building principal.</p> |
| <p>24 P.S.<br/>Sec. 4604</p>                      | <p><u>Consequences For Inappropriate Use</u></p> <p>The network user shall be responsible for damages to the equipment, systems, and software resulting from deliberate or willful acts.</p> <p>Illegal use of the network; intentional deletion or damage to files or data belonging to others; copyright violations; and theft of services shall be reported to the appropriate legal authorities for possible prosecution.</p> <p>General rules for behavior and communications apply when using the Internet, computers and network resources, in addition to the stipulations of this policy.</p> <p>Vandalism shall result in loss of access privileges, disciplinary action, and/or legal proceedings. <b>Vandalism</b> is defined as any malicious attempt to harm or destroy data of another user, Internet or other networks; this includes but is not limited to uploading or creating computer viruses.</p>   |
| <p>Pol. 218, 233, 317</p>                         | <p>Failure to comply with this policy or inappropriate use of the Internet, district network or computers shall result in usage restrictions, loss of access privileges, disciplinary action, and/or legal proceedings.</p>   |

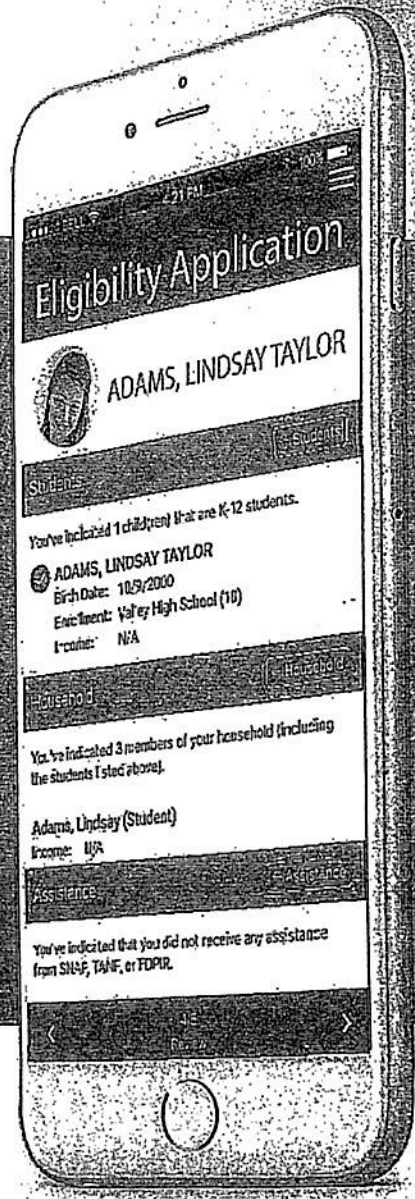
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|  | <p>References:</p> <p>School Code – 24 P.S. Sec. 1303.1-A</p> <p>PA Crimes Code – 18 Pa. C.S.A. Sec. 5903, 6312</p> <p>Child Internet Protection Act – 24 P.S. Sec. 4601 et seq.</p> <p>U.S. Copyright Law – 17 U.S.C. Sec. 101 et seq.</p> <p>Sexual Exploitation and Other Abuse of Children – 18 U.S.C. Sec. 2256</p> <p>Enhancing Education Through Technology Act – 20 U.S.C. Sec. 6777</p> <p>Internet Safety, Children’s Internet Protection Act – 47 U.S.C. Sec. 254</p> <p>Children’s Internet Protection Act Certifications, Title 47, Code of Federal Regulations – 47 CFR Sec. 54.520</p> <p>Board Policy – 103, 103.1, 104, 218, 218.2, 220, 233, 237, 248, 249, 317, 348, 814</p> |
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## PAYMENT OF SCHOOL MEAL ACCOUNTS

### School Meal Charges and Accounts

To ensure the effective operation of the district's food service program and delivery of school food program meals to students, the district shall:

1. Assign individual school meal accounts to each student for the purchase of meals served in school cafeterias, which ensure that the identity of each student is protected.
2. Notify parents/guardians when the student's school meal account reaches a low balance.
3. Notify parents/guardians when the student's school meal account reaches a negative balance. The notice shall include information on payment options.
4. Provide a school food program meal to each student who does not have the money to pay for the school food program meal or who has a negative balance in his/her school meal account, unless the student's parent/guardian has specifically provided written notice to the district to withhold a school food program meal.

When a student owes money for five (5) or more school food program meals, the district shall make at least two (2) attempts to contact the student's parent/guardian and shall provide the application for free/reduced-price school meal benefits to the parent/guardian to apply for benefits under federal school meal programs. The district may offer assistance to parents/guardians with applying for free/reduced-price school meal benefits.

Communications regarding money owed by a student for school meals shall be made to the student's parent/guardian, not the student, unless the student is an emancipated minor.

The district shall be permitted to contact the student's parent/guardian by means of a letter addressed to the parent/guardian that is delivered by the student.

### Collection of Unpaid Meal Charges

Every two weeks, Crawford Central School District mails Negative Reminder Letters to all parent/guardian who owe money on their student lunch accounts. The households are provided with the amount they owe and (3) payment options listed below:

1. Send money with student to school the following day
2. Mail check made payable to CCSD Food Service to Crawford Central School District, Attention Business Office, 11280 Mercer Pike, Meadville, PA 16335
3. Make payments online, SchoolCafe. <https://www.schoolcafe.com/>



# IMPORTANT INFORMATION

## ATTENDANCE PROCEDURE – DAY OF ABSENCE

PARENTS ARE REQUIRED TO PLACE A TELEPHONE CALL TO THE ATTENDANCE SECRETARY PRIOR TO 9:15 TO REPORT THE STUDENT ABSENT FOR THE DAY.

## REQUEST OF STUDENT INFORMATION BY MILITARY AND INSTITUTIONS OF HIGHER EDUCATION

Students and/or parents/guardians, who desire to withhold their consent of this release of information, must notify the Superintendent or Guidance Office in writing by September 30<sup>th</sup>. Letters to Superintendent should be addressed to:

Mr. Thomas K. Washington, Superintendent  
Crawford Central School District  
11280 Mercer Pike  
Meadville, PA 16335

## ATHLETIC SCHEDULES AND SPORTS INFORMATION

Available at:  
[www.highschoolsports.net](http://www.highschoolsports.net)

## ACCESS TO STUDENT HANDBOOK

[www.craw.org](http://www.craw.org)  
School Tab

## LIBRARY INFORMATION

<http://www.craw.ort/media.htm>

**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.

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**School Records:**

Equipment Device Model # \_\_\_\_\_