



# Section 504 Form

Does your child currently have a Section 504 Plan?

Yes

No

\*If yes please provide Keystone a copy of your child's current Section 504 Plan prior to their first day of attendance.

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

**NON-PUBLIC TRANSPORTATION**  
**REQUEST FORM**  
**2013-2014**

Dear Transportation Coordinator,

As a parent/guardian residing in the Hermitage School District, I would like to request transportation for my child/children, listed below:

\_\_\_\_\_  
Name of School Attending

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip code                      Telephone #

<u>Child's Name</u>	<u>Entering Grade #</u>	<u>Date of Birth</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Days the children are riding: Please circle:    Mon.    Tues.    Wed.    Thurs.    Friday

A.M.- P.U. Time: \_\_\_\_\_ Bus # \_\_\_\_\_ to \_\_\_\_\_ Transfer to Bus # \_\_\_\_\_ Time: \_\_\_\_\_

P. M.- P.U. Time: \_\_\_\_\_ Bus # \_\_\_\_\_ to \_\_\_\_\_ Transfer to Bus # \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_

KEYSTONE CHARTER SCHOOL  
DEPARTMENT OF SPECIAL EDUCATION PARENTAL SURVEY

The Keystone Charter School would like to have your opinion as a parent/guardian on specific topics pertaining to special education with regard to identification, disabilities and special needs, assessment data as well as related behaviors and accommodations which may be related to a student's disability.

To help you receive answers to your questions or concerns, we ask that you fill out this parent survey in order to better aid you with an understanding of special education, the process and what it may entail. We will then be better able to better plan parent trainings based upon your needs.

Throughout the year you will be informed of trainings which will be posted on the website, keystoneadolescenter.com, as well as through mailings. If, in the meantime, you have any questions, please feel free to contact the special education department of Keystone Charter School at (724)588-2511 Ext. 117

Thank you in advance for your participation.

Kendra L. Gaub  
Director of Special Education

Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Behavioral Support        |
| <input type="checkbox"/> Emotional Support     | <input type="checkbox"/> Assessment                |
| <input type="checkbox"/> Mental Retardation    | <input type="checkbox"/> IEP/Re-evaluation         |
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Adaptations/Modifications |
| <input type="checkbox"/> Procedural Safeguards | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Transition            | _____  |

# Keystone Education Center

## Charter School

425 South Good Hope Road  
Greenville, Pennsylvania 16125

Phone 724-588-2511

Fax 724-588-2545

### CONSENT TO OBTAIN/RELEASE CONFIDENTIAL EDUCATIONAL/MEDICAL/MENTAL HEALTH INFORMATION

Check One:  Obtain  Release  Obtain/Release  
Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home School District: \_\_\_\_\_ District Attending: Keystone Charter School  
Parent Name: \_\_\_\_\_  
Parent Address: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Method of Release (must check one):  Verbal Only  Written Only  Verbal and Written

I hereby authorize Keystone Education Center Charter School to obtain and/or release information on my child from or to: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

The information is to be shared for the purpose of facilitating the student's educational program. The information to be released and/or obtained is:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Psychiatric Evaluation   | <input type="checkbox"/> Medical Records/Immunizations | <input type="checkbox"/> IEP               |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Educational Records           | <input type="checkbox"/> Evaluation Report |
| <input type="checkbox"/> Psychosocial History     | <input type="checkbox"/> Intake/Discharge Summary      | <input type="checkbox"/> Permission to     |
| <input type="checkbox"/> Medication Management    | <input type="checkbox"/> Drug and Alcohol Treatment    | Re-Evaluate                                |
| <input type="checkbox"/> Other _____              |  |  |

This consent will begin the date of this authorization and will expire one year later on \_\_\_\_\_ unless revoked by me in writing. I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of the release. All information released or obtained will be handled confidentially in compliance with the Family Educational Rights and Privacy Act (FERPA).

\_\_\_\_\_  
Witness/Date

Return to:

Name: Timothy C. Woge, Guidance Counselor  
Address: Keystone Charter School  
425 South Good Hope Road, Greenville, PA 16125  
Phone: 724-588-2511

\_\_\_\_\_  
Student/Date (14 years or older for Mental Health Records) (18 years or older for Educational Records)

\_\_\_\_\_  
Parent or Guardian/Date

Federal regulations prohibit making any further disclosure of any information without the specific written consent of the person to whom they pertain, or as otherwise permitted by such regulations.

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Charter School  
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Greenville, Pennsylvania 16125**

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**HOME LANGUAGE SURVEY\***

The Civil Rights Act of 1964 Title VI, Language Minority Compliance Procedures requires that school districts/charter schools to identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

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

**Student's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Please answer the questions and return to Keystone Charter School.**

1. **What was the student's first language?** \_\_\_\_\_
2. **Does the student speak a language other than English?** \_\_\_\_\_  
**If yes, specify language** \_\_\_\_\_  
(Do not include languages learned in school.)
3. **What language(s) is/are spoken in your home?** \_\_\_\_\_

**Person completing this form (if other than parent/guardian):** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

If you have any questions, please contact Mike Gentile, Chief Administrative Officer, at 724-588-2511. Thank you for your cooperation.

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

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**Parental Permission**

My signature below confirms my permission for Keystone Charter School to photograph or videotape my child. Also covered by this consent form are: still photographs for newsletters, motion pictures, or videotapes of activities used within Keystone Charter School for educational purposes; use of the above for teacher training by colleges, other intermediate units, school districts, or any photograph or videotape to be used in newspapers or TV stations.

Student Name(s):


\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



### Release of Immunization Information

I am the (parent)(natural guardian) of \_\_\_\_\_, a minor. I hereby consent to and authorize the Department of Health and its agents and/or employees to release information on this minor to authorities at her/his school and to her/his physician for the purpose of determining immunization status or providing immunizations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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**BEHAVIORAL MANAGEMENT PLAN**

**General Statement**

It shall be the policy of Keystone Education Center to provide students with a safe and secure learning environment. Discipline is one of the most meaningful learning experiences in the school; it relates directly to adjusting and coping successfully with society.

**BEHAVIORAL MANAGEMENT PLAN**

**Range of Interventions**

Appropriate interventions that may be utilized in implementing this behavior plan cover a range of actions based upon factors such as the inappropriate behavior, the causes of the behavior, the severity of the behavior and the frequency of the behavior.

- A. Positive reinforcement - praise, recognition, reinforcement of appropriate behaviors.
- B. Redirect the student's behavior utilizing verbal prompts.
- C. Counseling with the teacher/staff utilizing clear direction/statements of expected behavior(s) with the consequences of inappropriate behavior.
- D. Problem solving worksheets to discover alternative solutions.
- E. Time Out/Working Time Out - temporary removal of the student from the distracting or problem-evoking situation.
- F. Temporary assignment to an alternate learning environment where the educational program can be continued.
- G. If a student becomes out of control, physically aggressive towards peers/staff, or puts himself/herself in danger *Safe Physical Management* strategies will be applied.
- H. Call the police.
- I. Parent contact will be made to report the behavior and the intervention.
- J. Probation officer/CYS caseworker will be contacted depending on the severity of the behavior.
- K. Removal from the Charter School.

**Student Searches**

The safety and well-being of Keystone Charter School's entire student population is of prime importance. Therefore, due to the at-risk student population attending Keystone Charter School, we recognize the need for searches of students and their personal property as a measure to protect other students and staff. Random searches will be conducted at the discretion of the administration.

My signature below confirms my understanding of and agreement with the above statements.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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Charter School  
425 South Good Hope Road  
Greenville, Pennsylvania 16125  
www.keystone.k12.pa.us

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Safe Schools  
Parental Registration Statement

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

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 25 P.S. §13-1304-A(b) and 18Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

\*\*\*\*\*

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

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

Dates of suspension or expulsion:  
\_\_\_\_\_

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

Reason for suspension/expulsion (optional): \_\_\_\_\_

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

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

Any willful false statement made above shall be a misdemeanor of the third degree.

This form shall be maintained as part of the student's disciplinary record.