MOUNT CARMEL AREA SCHOOL DISTRICT
NOTIFICATION OF OFFENSE INVOLVING WEAPONS, ALCOHOL OR DRUGS, INFLICTION OF INJURY TO ANOTHER PERSON, OR ANY ACT OF VIOLENCE COMMITTED ON SCHOOL PROPERTY

Mount Carmel Area School District is committed to the safety and well being of our students.

According to PA Act 26 of 1995, Section 1304-A, "Prior to admission to any school entity the parent, guardian, or other persons having control or charge of the student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously 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 any act of violence committed on school property, the registration shall be maintained as part of the student's disciplinary record." In addition, under Act 26 state 95, Section 1304-B, "Any willful false statement made under this section shall be a misdemeanor of the third degree."

Please be advised that PA Act 26 of 1995 also requires all public or private schools to transfer a student's discipline record and to maintain cumulative disciplinary records. Thank you for your cooperation.

I, _____hereby affirm that _____
(Parent/Guardian Name) (Student's Name)
has not previously been suspended or expelled for any act or offense listed in Pennyslvania Act 26 of 1995, Section 1304-A.

I, _____hereby affirm that _____
(Parent/Guardian Name) (Student's Name)
has previously been suspended or expelled for any act or offense listed in Pennsylvania Act 26 of 1995, Section 1304-A.

Please identity the act or offense in the spaces provided:

	Act/Offense	Where committed	Dates
1.			
2.			
3.			
4.			

_____
(Parent/Guardian Signature)

Mount Carmel Area School District

Child's Name:_____ Age:_____

Health History

Does the child have any allergies?
To what?_____
Reaction:_____

Has the child ever had any of the following illnesses/problems?

	Yes	No	
"Red" Measles	□	□	If Yes- Age_____
Whooping Cough	□	□	If Yes- Age_____
Rheumatic Fever	□	□	If Yes- Age_____
German or "3 day" Measles	□	□	If Yes- Age_____
Pneumonia	□	□	If Yes- Age_____
Tuberculosis	□	□	If Yes- Age_____
6 colds or throat infections within a year	□	□	
tonsils been removed	□	□	If Yes- Age_____
Trouble with ears, hearing or frequent ear infections	□	□	Please Describe_____
Tubes in child's ears	□	□	If Yes- Age_____
Trouble with eyes or seeing	□	□	
Child wears glasses	□	□	
Will require special seating in classroom	□	□	
Had a fainting spell	□	□	If Yes- Age_____
Frequent headaches	□	□	
Heart Murmur	□	□	Restrictions?_____
Frequent Diarrhea	□	□	
Constipation	□	□	
Worms/Parasites	□	□	If Yes- Age_____
Blood in child's bowel movements	□	□	
Yellow Jaundice/ Trouble with liver	□	□	If Yes- Age_____
Frequently complain of Bellyaches	□	□	
Bladder/Kidney Problems	□	□	Please Describe_____
Skin Problems	□	□	
Asthma/Wheezing	□	□	
Trouble breathing through the nose	□	□	
Does the child snore	□	□	
Trouble sleeping	□	□	
Pain in Arms or Legs	□	□	Please Describe_____
Swelling of Joints or Limping	□	□	Please Describe_____
Bleeding Disorders	□	□	Please Describe_____
Lead Poisoning	□	□	Please Describe_____
Concussion or other head injury	□	□	Please Describe_____
Diabetes	□	□	If yes- Age _____
Allergy or Reaction to Medications	□	□	Please Describe_____

Reaction to Immunizations	□	□	Please Describe_____
Food allergies or foods that do not agree with child	□	□	Please Describe_____
Seizures	□	□	Please Describe_____
Speech Problems	□	□	Please Describe_____
Receiving Speech Therapy	□	□	
Diagnosed with ADD or ADHD	□	□	If yes- Age____ Medications:_____
Any Serious Illnesses	□	□	Please Describe_____
Hospitalizations	□	□	Please Describe_____
Operations	□	□	Please Describe_____
Accidents	□	□	Please Describe_____
Broken Bones	□	□	Please Describe_____
Trouble with teeth	□	□	Please Describe_____
Ever been seen by a dentist	□	□	

Name of Dentist:_____

Is the child under care of a physician now? For What?_____

Other Special Health Needs of the Child? _____

_____

Will the child need to take a medication during school hours? □ □ What medications:_____

Please Circle Any of the Following Diseases that the child's parents, brothers, sisters, grandparents, aunts, uncles or other family member has had in the past

Allergy
Anemia
Asthma
Arthritis
ADD/ADHD
Cancer
Drug Addiction
Alcohol Addiction
Gastrointestinal Disorder
Seizures
Sickle Cell Anemia
Vision or Hearing Problems
Kidney Disorder
Migraine headaches
Diabetes
Seizures/ Epilepsy
Heart Disease/ Heart Murmur
High Blood Pressure
Blood Disorder
Bleeding Disorder
Other Inherited Family Disease:
_____
_____
_____
_____
_____
_____
_____

Signature of Parent/Guardian:_____ Date:_____

HOME LANGUAGE SURVEY*

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

School District: Mount Carmel Area School District **Date: _____**

School: _____

Student's Name: _____ **Grade: _____**

Date entered the United States: _____

1. **What is/was the student's first language? _____**

2. **Does the student speak a language(s) other than English?**
   (Do not include languages learned in school.)

   □ Yes □ No

   If yes, specify the language(s): _____

3. **What language(s) is/are spoken in your home? _____**

4. **Has the student attended any United States school in any 3 years during his/her lifetime?**

   □ Yes □ No

   If yes, complete the following:

Name of School	**State**	**Dates Attended**
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian signature:

_____

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