



10782 Wattsburg Road  
 Erie, PA 16509  
 P (814) 824-3400  
 F (814) 824-5200  
 www.wattsburg.org

STUDENT REGISTRATION CHECKLIST

## Welcome to Wattsburg Area School District!

All documents under the Registration Requirements below must be submitted together. Registration cannot be completed unless all requirements are provided. All applicable forms in the Registration Packet must be physically signed.

We are here to make this process as easy as possible for you! Please contact the Wattsburg Area School District Registrar with any questions.

Jessica Mathis  
 10782 Wattsburg Road  
[Jessica.Mathis@Wattsburg.org](mailto:Jessica.Mathis@Wattsburg.org)  
 Phone: 814-824-4142  
 Fax: 814-824-5200

**Registration Requirements:**

Proof of Age: Acceptable documentation includes: original birth certificate; notarized copy of birth certificate; baptismal certificate; copy of the record of baptism – notarized or duly certified and showing the date of birth; notarized statement from the parents or another relative indicating the date of birth; a valid passport; a prior school record indicating the date of birth.

Parent/Guardian ID: Acceptable documentation includes: Valid PA Driver’s License or PA State Identification Card with current address

Proof of Residency (two forms required): Acceptable documentation must be current and includes: deed, lease, rental agreement, utility bill, credit card bill, property tax bill, vehicle registration.

Immunization Record

Custody Order / Court Placement Order (If applicable)

Student Registration Packet

- |  |   |
|--|---|
| <input type="checkbox"/> Student Registration Form       | <input type="checkbox"/> New Student Transportation Request             |
| <input type="checkbox"/> Home Language Survey            | <input type="checkbox"/> Media & Directory Opt Out (If applicable)      |
| <input type="checkbox"/> Parental Registration Statement | <input type="checkbox"/> Network/Internet Acceptable Use Policy Signoff |
| <input type="checkbox"/> Student Health History          | <input type="checkbox"/> One to One Computer Signoff (Grades 5 – 12)    |
| <input type="checkbox"/> Request for Student Records     | <input type="checkbox"/> Technology Insurance Agreement (Grades 5 – 12) |

Other Forms: If applicable, these will be due to the school office prior to or on first day of school.

Physical Examination: Private Physician Form unless designated on Student Health History to be done by school physician at no charge for students entering grades K, 6<sup>th</sup> or 11<sup>th</sup>.

Dental Examination: Private Dentist Form unless designated on Student Health History to be done by school dentist at no charge for students entering grades K, 3<sup>rd</sup> or 7<sup>th</sup>.



**STUDENT REGISTRATION FORM**  
*To be completed by Parent or Guardian*

**STUDENT INFORMATION**

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

Last
First
Middle
Suffix

**Preferred Name (if applicable):** \_\_\_\_\_ **Gender:**  Male  Female

**Date of Birth:** \_\_\_\_\_ **Place of Birth (City/State):** \_\_\_\_\_

**Date Entered PA School:** \_\_\_\_\_ **If Non-Resident, Home School District:** \_\_\_\_\_

**Has the student previously attended Wattsburg Area School District?**  Yes  No

**Last School Attended (Includes Preschool):** \_\_\_\_\_ **Date of Last Attendance:** \_\_\_\_\_

**School Address:** \_\_\_\_\_ **Grade at Last School:** \_\_\_\_\_

**Does the student have a parent/guardian ACTIVE in the military?**  Yes  No

**STUDENT ETHNICITY & RACE**

**Student Ethnicity:** (Choose only one)

No, Not Hispanic/Latino

Yes, Hispanic, Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

**Student Race:** (Choose one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

**STUDENT ACADEMIC INFORMATION**

**Has student been Retained?**  No  Yes If Yes, Grade: \_\_\_\_\_

**Did the student receive Title I/remedial service?**  No  Yes If Yes,  Reading  Math  Both

**Is the student currently receiving any special services listed below?**  No  Yes

If Yes, and the student has a current Individualized Education Plan (IEP), Please select programs the IEP covers:

Autistic Support  Emotional Support  Life Skills Support  Learning Support

Speech Support  Hearing Impaired  Vision Impaired

**Is the student on a 504 Plan?**  No  Yes **Is the student enrolled in a gifted program?**  No  Yes



Student Registration Form Continued

**STUDENT RESIDENCY INFORMATION**

**Student Resides With (Check all that apply):**  Both Parents  Mother  Father  Court Appointed Legal Guardian  Alone  
 Other (include relationship to student): \_\_\_\_\_

**If student does NOT reside with BOTH natural parents:**

- No Custody Order in place
- Custody Order in place (Order/documentation required to restrict pick up or sharing of educational information with non-custodial parent)
- Legal Guardianship (Documentation Required)
- Foster Care Placement (Documentation Required)

**Please choose the type of setting the student currently resides in:**

- House or apartment with parent/legal guardian
- With friends or family members (other than or in addition to parent/guardian)
- Shelter or other temporary housing, including emergency or transitional
- Motel, hotel, car or campsite
- You are a student separated from your parent/legal guardian

**If you are living in shared/emergency/transitional housing, please check if any of the following reasons apply:**

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Loss of employment
- Other, please explain: \_\_\_\_\_

**Address where student resides, Parent/Guardian:**  Owns Home  Rents/Leases  Lives with Wattsburg Resident

Street Address: \_\_\_\_\_ PO Box/Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Township: \_\_\_\_\_  
 Residence Landline Phone Number: \_\_\_\_\_  Check if unlisted

**Primary Contact 1 (same address as student):** \*You will automatically be placed in the WASD Notification System for emergency and other district/school notifications by phone and email.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

**Primary Contact 2 (same address as student):** Receive emergency and other school/district notifications (phone and email):  Yes  No

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

**Other Persons Living in Primary Residence:**

Name: Last, First	Relationship to Student	Age	M/F	School or Place of Employment



Student Registration Form Continued

SECONDARY RESIDENCE/CONTACT INFORMATION

\*Only complete this section for Parent/Guardian the student does NOT primarily reside with.

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

Street Address: \_\_\_\_\_ PO Box/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Receive school/district notifications (phone and email):  Yes  No Receive school/district mailings:  Yes  No

Other Persons Living in Secondary Residence:

Name: Last, First	Relationship to Student	Age	M/F	School or Place of Employment

EMERGENCY CONTACTS

\*Please list two contacts (other than those already listed above) the school may call for advice or direction in caring for the student in case of serious accident, illness or disaster warning. These persons will only be contacted if parent/guardian cannot be reached.

1<sup>st</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

PARENT ACKNOWLEDGEMENT

I acknowledge that the information noted above is true and accurate and that the student being registered is a resident of the Wattsburg Area School District and, as such, spends at least half of each school week residing with a parent or legal guardian within the boundaries of the Wattsburg Area School District. In addition, I acknowledge that I am responsible for the payment of nonresident tuition, from the registration date, if it is determined that the student being registered is not a resident of the Wattsburg Area School District or does not spend at least half of each school week residing with a parent or legal guardian within the boundaries of the Wattsburg Area School District. I understand that false statements made herein are made subject to the penalties of 18 Pa. C. S. 4904, relating to unsworn falsification to authorities.

Parent/Guardian Signature: \_\_\_\_\_ 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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**PARENTAL REGISTRATION STATEMENT**  
*To be completed by Parent or Guardian*

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

Date of Birth \_\_\_\_\_

Grade \_\_

Parent or Guardian Name \_\_\_\_\_

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 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 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.



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**REQUEST FOR STUDENT RECORDS**  
*To be completed by Parent or Guardian*

The following student has enrolled with the Wattsburg Area School District:

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Previous School: \_\_\_\_\_ Grade at Previous School: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I hereby authorize that information regarding school, discipline, health, medical, PA Secure ID and any other pertinent records in regard to this student be sent to the Wattsburg Area School District.

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

WASD Office Only:

PA Secure ID: \_\_\_\_\_

Please forward the following information requested to the school below:

- |   |                                |  |
|---|--------------------------------|--|
| _____ Report Card (Most Recent)   | _____ Discipline Records       | _____ Health/Immunization/Dental Records |
| _____ Transcripts   | _____ Withdraw Grades          | _____ Birth Certificate                  |
| _____ Attendance Records  | _____ Standardized Test Scores |  |
| _____ Special Education Records (IEP/GIEP/ER/RR/NOREP/504/Speech/Psychological Evaluations)       |                                |  |
| _____ 339 Evidence/Career Plan/Career Standards Benchmark Artifacts Date 339 info requested _____ |                                |  |
| _____ 339 info rec'd with other records Yes / No If No, follow up date(s) and method(s) _____     |                                |  |

- |  |   |  |
|--|---|--|
| _____ Seneca High School<br>Grades 9-12<br>10770 Wattsburg Road<br>Erie, PA 16509<br>Fax: 814-825-2262<br><a href="mailto:karen.bayhurst@wattsburg.org">karen.bayhurst@wattsburg.org</a> | _____ Wattsburg Area Middle School<br>Grades 5-8<br>10774 Wattsburg Road<br>Erie, PA 16509<br>Fax: 814-825-8180<br><a href="mailto:lisa.smith@wattsburg.org">lisa.smith@wattsburg.org</a> | _____ Wattsburg Area Elementary Ctr<br>Grades K-4<br>10780 Wattsburg Road<br>Erie, PA 16509<br>Fax: 814-825-0302<br><a href="mailto:stacy.hansen@wattsburg.org">stacy.hansen@wattsburg.org</a> |
|--|---|--|

Special Education records can be sent directly to Amanda Stalford at:  
 Email: [amanda.stalford@wattsburg.org](mailto:amanda.stalford@wattsburg.org) / Fax: 814-825-2262 / Mail: 10770 Wattsburg Road, Erie, PA 16509

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST



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**NEW STUDENT TRANSPORTATION REQUEST**  
*To be completed by Parent or Guardian*

- Only one form per household needs to be completed at time of registration.
- If you are a working parent/guardian during school hours and need bus transportation to or from an alternate stop before or after school, please also complete an Alternate Transportation Request.

**Location of Residence:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Between what two roads: \_\_\_\_\_

Color of house: \_\_\_\_\_

**Student Information:**

Date of Enrollment: \_\_\_\_\_

Please list all students that will need WASD transportation at this location:

Student Last Name	Student First Name	Grade	School Attending	Student ID
			<input type="checkbox"/> Elementary Center <input type="checkbox"/> Middle School <input type="checkbox"/> High School	
			<input type="checkbox"/> Elementary Center <input type="checkbox"/> Middle School <input type="checkbox"/> High School	
			<input type="checkbox"/> Elementary Center <input type="checkbox"/> Middle School <input type="checkbox"/> High School	
			<input type="checkbox"/> Elementary Center <input type="checkbox"/> Middle School <input type="checkbox"/> High School	
			<input type="checkbox"/> Elementary Center <input type="checkbox"/> Middle School <input type="checkbox"/> High School	

Transportation Office Use:

AM Pick-up Time: \_\_\_\_\_ High School/Middle School Students  
 PM Drop-off Time: \_\_\_\_\_ High School/Middle School Students

AM Pick-up Time: \_\_\_\_\_ Elementary School Students  
 PM Drop-off Time: \_\_\_\_\_ Elementary School Students

AM Pick-up Time: \_\_\_\_\_ Other School Students  
 PM Drop-off Time: \_\_\_\_\_ Other School Students





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**STUDENT HEALTH HISTORY**  
*To be completed by Parent or Guardian*

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender:  Male  Female      School student will be attending:  SENECA  WAMS  WAEC      Grade: \_\_\_\_\_

**DOCTOR INFORMATION**

What type of medical insurance does the student have?  Private  Medical Assistance  CHIP  None  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Preferred Hospital (for emergency treatment): \_\_\_\_\_  
Physical Exam: In accordance with PA School Code 1402, a physical examination must be completed upon entry into school, and in grades 6 and 11.  
 Will the student need this examination to be completed by the school physician (no cost to parent/guardian)?  Yes  No  
 Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dental Examination: In accordance with PA School Code 1403, a dental examination must be completed upon entry into school, and in grades 3 and 7.  
 Will the student need this examination to be completed by the school dentist (no cost to parent/guardian)?  Yes  No

**HEALTH HISTORY**

Is your child up to date with immunizations?  Yes  No      A copy of the immunization record is required for enrollment.  
**Middle and High School students only:**  
 Is the student permitted to be given, at the nurse's discretion, non-aspirin pain medication during the school day?  Yes  No  
 Is your child currently taking prescribed medication?  Yes  No      Inhaler?  Yes  No  
 List all medications taken, dosage and doctor prescribing: \_\_\_\_\_  
 Will medication need administered during school hours?  Yes  No  
 \*Any medication to be taken at school must have a Medication Release Form complete and on file in the nurse's office.  
 Is your child under medical treatment at the present time?  Yes  No      Name of Physician: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Are there components of this care that would restrict your child's participation in any physical activity at school?  Yes  No  
 If yes, explain: \_\_\_\_\_



Student Health History Continued

**Does your child have any allergies?**  Yes  No      **EpiPen?**  Yes  No

Bee Sting     Foods     Animals     Plants     Drugs     Other: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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**Does your child have diabetes?**  Yes  No

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**Has your child ever had convulsions or seizures?**  Yes  No

If yes, when was last episode? \_\_\_\_\_      Currently taking seizure medication?  Yes  No

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**Has your child ever had any of the following diseases?**  No to all      If Yes, Please check and give month/year.

Asthma \_\_\_\_\_       Heart Condition \_\_\_\_\_       Tuberculosis \_\_\_\_\_

Chicken Pox \_\_\_\_\_       Mononucleosis \_\_\_\_\_       Scoliosis \_\_\_\_\_

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**Is your child frequently troubled by the following?**  No to all

Bladder/Bowell Problems       Emotional Problems       Earaches       Headaches

Over Four Colds per Year       Painful Joints       Nosebleeds       Eczema

Other – Please Explain: \_\_\_\_\_

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**Does your child experience any difficulty with any of the following?**  No to all

Vision – Please Explain: \_\_\_\_\_

**Does your child wear glasses?**  Yes  No

Hearing – Please Explain: \_\_\_\_\_

Speech – Please Explain: \_\_\_\_\_

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**Does your child require a special diet?**  Yes  No      If Yes, note restrictions: \_\_\_\_\_

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**Has your child had any serious injuries, accidents or operations?**  Yes  No

If yes, explain and give dates: \_\_\_\_\_

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**Does your child have any physical illness or impairment that could affect their ability to succeed in school?**  Yes  No

If yes, please describe: \_\_\_\_\_

Information obtained on the Health History is solely used by the school nurse to ensure that sound decisions are made to meet the health needs of your student. Health information will only be shared with school staff in a confidential manner on a "need to know basis". Health information will not be shared with any other outside health providers without the expressed written permission of the parent/guardian. If you have any questions or concerns please contact your student's school nurse.

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



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**MEDIA & DIRECTORY OPT OUT**  
  
*To be completed by Parent/Guardian*

- **This form does not need to be submitted unless you wish to opt out of the items covered below.**
- You can exercise your rights outlined below by submitting this form within the first two weeks of enrollment. This form must be submitted at the beginning of each school year.

Your child may be interviewed, photographed, or audio/video recorded for print, radio, television, internet, or any other medium, unless you direct otherwise by checking the box below:

I understand that district staff may interview, photograph, audio or video record my child for district use during normal operations of school and activities. However, I do NOT want such interviews, photographs, audio or video recordings released in the media or online. I understand that this means that my child will sometimes be unable to participate in certain school/classroom apps and events.

As per the Family Educational Rights and Privacy Act (FERPA), directory information may be shared without prior written consent by parents. In addition, FERPA required the District to share student information under certain conditions, regardless of parent consent.

- As per policy 216, the District has designated the following information as directory information: student’s name, address, telephone listing, electronic mail address, photograph, date/place of birth, major field of study, dates of attendance, grade level, participation in officially recognized activities and sports, weight/height of members of athletic teams, degrees/honors/awards received, most recent educational agency/institution attended, student ID (number, user ID or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc.).

If you do not want the District, unless required to do so by FERPA, to disclose directory information from your child’s education records without your prior written consent, you must notify the District in writing by using this form and checking the box below:

I do not want the District to disclose my child’s directory information unless required to do so by law. I understand that this means that my child’s photograph will not appear in the annual school yearbook. It may also preclude my child from participation in certain sports/activities when outside authorities (i.e. PIAA) require directory information.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent Name (Printed):** \_\_\_\_\_

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

# Wattsburg Area School District

## Acceptable Use of Network/Internet Policy Student Agreement Form – Grades K-12

Student Last Name:
Student First Name:
Student ID Number:
Homeroom Number:
Homeroom Teacher:
Grade:

**Student Consent for Independent Use:** Student section is waived for students in grades K-4.

I have read and understand the Network/ Internet Acceptable Use Policy (AUP) and guidelines for independent use established by the Wattsburg Area School District.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent or Guardian Consent for Independent Use:

As parent or guardian of the student named above, I have read and understand the Network/ Internet Acceptable Use Policy (AUP) and guidelines for independent use established by the Wattsburg Area School District. I grant permission for my son/daughter to access networked computer services. I hereby release and hold harmless the Wattsburg Area School District from any and all claims for damages of any nature arising from my child's access, use, or inability to access or use the Internet and technology resources.

If you choose not to give permission to your child to have Network/Internet access, please write a brief statement below to this effect.

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**Parent or Guardian Name (Print):** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

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



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**One to One Computer Agreement**  
*To be completed by Parent/Guardian and Student*

The Wattsburg Area School District is very excited to be able to provide one-to-one computer to our students. The use of the school district’s computers by students is a privilege however, and not a right. Inappropriate, unauthorized, and illegal use of the school district’s computers will result in the student receiving appropriate disciplinary action, which may include the student being required to return the computer to the school district.

The Wattsburg Area School District shall not be liable for any damages resulting from a student’s use or misuse of the computer. The school district also assumes no responsibility for any charges incurred by a student’s use of the computer. Under proper operating procedures, there will be no cost incurred by the student and/or his or her parent/guardian for use of the computer.

The parent/guardian and student agree that the computer is the property of the Wattsburg Area School District and is to be used for school-related purposes only. The parent/guardian and student agree to return the computer upon withdrawal of the student from the Wattsburg Area School District.

The parent/guardian and student agree to remit the computer, power cord, and the computer case at the end of the school year, unless otherwise specified at the discretion of the building principal. The parent/guardian and student understand that they may be held financially liable for any damage, theft, or loss of said equipment as described on the Wattsburg Area School District Technology Insurance Agreement form. The parent/guardian and student understand and agree that if the student must be issued a loaner computer, they will also be held financially liable for the condition of the loaner device in the event of damage, loss, or theft. The school district’s technology department makes the sole determination of damages due to neglect or disregard versus normal wear and tear.

Wattsburg Area School District will also offer a hotspot for student use if needed. Please email [servicedesk@wattsburg.org](mailto: servicedesk@wattsburg.org) and include the student’s first and last name, grade level, and whether you prefer Verizon, AT&T or Sprint as a service provider for your location.

By signing below, the parent/guardian and student indicate that they have read, understand, and agree to each of the following:

- The provisions set forth in the student handbook available on [www.wattsburg.org](http://www.wattsburg.org)
- All applicable Wattsburg Area School District policies, such as but not limited to, the Pupils Network/Internet Acceptable Use Policy and the Bullying/Cyberbullying Policy available on [www.wattsburg.org](http://www.wattsburg.org)
- Technology Insurance Agreement form for optional coverage

Additionally, by signing below, the parent/guardian and student indicate that they:

- Take full responsibility for the computer
- Will never loan the computer to another individual
- Will not disassemble the computer or attempt repairs
- Refrain from downloading or installing apps other than those approved by the district
- Will not decorate the computer, case, or power cord
- Will keep food and beverage away from the computer
- Will notify Wattsburg Area School District staff immediately if anything becomes broken or fails to work properly

Please complete below and return it to the student’s school.

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

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

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



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**Technology Insurance Agreement**  
*To be completed by Parent/Guardian and Student*

**Effective Date:** Date of laptop issuance.

**Expiration Date:** The end of the school year when the laptop is returned to the school or the day the student withdraws from school, whichever comes first. If a student withdraws from the Wattsburg Area School District for any reason, this insurance agreement becomes null and void on that date. There are no refunds once this agreement becomes active on the date the laptop is issued. Devices not returned on the date of withdrawal or the last day of school, will be reported to the district magistrate for replacement cost at the discretion of the building principal.

**Effective Coverage:** Immediately when a student is issued the laptop if payment for insurance has been received.

<p><b>Coverage:</b></p> <ul style="list-style-type: none"> <li>● Accidental Damage: Pays for one (1)* accidental damage repair caused by liquid spills, drops, cracked screens, missing keys, frayed ac adapter, or any other unintentional event.</li> <li>● Electrical Surge: Pays for damage to the device to an electrical surge.</li> </ul> <p><i>* Note:</i> Insurance policy will be considered used in full once one repair is completed on the device. One subsequent damage will be charged at half cost to the student or family if insurance plan is purchased. All damages after initial accidental repair will be referred to the office. This referral may result in voiding insurance and/or disciplinary consequences if negligence is determined.</p>	<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>● Hardware Failure: Hardware failure not due to accidental damage will be determined by the Wattsburg Area School District Technology Department staff.</li> <li>● Intentional Damage: Will not cover repairs which are the result of intentional, negligent, or careless actions. This includes, but is not limited to the removal of keys, removal of rubber pads, removal of screws, cord misuse and/or opening of the device, etc.</li> <li>● No Case: Students who do not use the provided case will be responsible for the full amount of the repair/replacement of the laptop.</li> <li>● Loss of Device: Students or families will be liable for any device which is lost or stolen. While a police report will be required to be submitted, the student or family will be liable for the full cost to replace the device.</li> </ul>
<p><b>Non-Covered Items Replacement Costs:</b></p> <ul style="list-style-type: none"> <li>● Case (including pouch) = \$28.50</li> </ul>	

**NOTICE: Caution Against Fraud:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud, a Federal Offense.

**NO INSURANCE:** Students or families may choose to not insure the laptop and will be responsible for the full value of the laptop or repairs. Replacement or repair fees will be assessed for lost or damaged district provided laptops and accessories according to the following estimates:

- Replacement cost for laptop case and pouch = \$28.50
- Replacement cost for laptop ac adaptor = \$41.54
- Replacement cost for laptop = \$369.00
- Replacement cost for laptop keyboard/touchpad = \$159.95
- Replacement cost for laptop LED screen (touch) = \$250.00



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**Technology Insurance Agreement**  
*To be completed by Parent/Guardian and Student*

Please indicate your choice for insurance below. Payments must accompany this form if insuring device. If no payment is received, form will default to DO NOT insure device.

\_\_\_\_\_ **Insure device** for \_\_\_\_\_ School Year (\$25 per device)  
 Payment received: Administrative signature: \_\_\_\_\_ Asset Tag: \_\_\_\_\_  
 \_\_\_\_\_ Paid by cash (attached)  
 \_\_\_\_\_ Paid by check/money order payable to Wattsburg Area School District. Check #: \_\_\_\_\_

\_\_\_\_\_ **DO NOT insure device** for \_\_\_\_\_ School Year.  
*By selecting not to insure device, I understand that I will be responsible for any damages to the district issues laptop by the fee schedule above and will need to pay for these repairs in a timely manner.*

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

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



Book	Policy Manual
Section	200 Pupils
Title	Pupils Network/Internet Acceptable Use Policy
Code	252
Status	Active
Adopted	March 19, 2012
Last Revised	August 18, 2014

### **Purpose**

The Board supports use of the Internet and other computer networks 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. Our goal in providing this service to students is to provide educational excellence in the district by facilitating resource sharing, innovation, and communication.

For instructional purposes, the use of network facilities shall be consistent with the curriculum adopted by the school district as well as the varied instructional needs, learning styles, abilities, and developmental levels of students.

### **Authority**

The electronic information available to students 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.

The district shall not be responsible for any unauthorized charges or fees resulting from access to the Internet.

The Board establishes that computer and network use is a privilege, not a right; inappropriate, unauthorized and illegal use will result in cancellation of those privileges and appropriate disciplinary action.

The Superintendent or designee shall be responsible for determining whether the district computers are being used for purposes prohibited by law or for accessing sexually explicit materials or any other materials deemed to be inappropriate. The procedures should include but not be limited to:

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.
2. Maintaining and securing a usage log.
3. Monitoring online activities of minors.

### **Delegation of Responsibility**



The student shall make every effort to ensure that this resource is used responsibly.

Students have the responsibility to respect and protect the rights of every other user in the district and on the Internet.

District Administrators or designee shall have the authority to determine what constitutes the inappropriate use of network resources.

District Administrators or designee shall have the authority to determine what constitutes inappropriate content.

### **Guidelines**

The Internet and the Wattsburg Area School District system are “public places.” You must always remember that you are sharing this space with many other users. Because network connections are granted to you as a part of the larger scope of the curriculum, the Wattsburg Area School District reserves the right to monitor all traffic on the network. Additionally, we reserve the right to review, copy, and/or examine any information that resides on any of the school’s computers or networks. Our goal is to make sure the network continues to function properly for all of its users.

No user shall expect that their network files, Internet access, or e-mail communications are private. All network transactions and communications are technologically public in nature. All sites visited on the Internet are tracked by computers in the district and the sites themselves. The time, date, site visited, and computer used for access are all logged.

Electronic communications shall not be considered private. It is very easy to accidentally send a communication to the wrong person by mistyping the wrong address. Users shall not write anything in an electronic communication that they would not want to have broadcast over the public address system. All student electronic information should be backed up on each student’s private storage device periodically throughout the school year. Administrators reserve the right to purge student electronic data when necessary in accordance with document retention policies.

### **Unacceptable Uses**

Students 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:

1. Illegal, inappropriate activity, including so-called “hacking” and other unauthorized uses.
2. Commercial or for-profit purposes.
3. Product advertisement or political lobbying.
4. Hate mail, discriminatory remarks, and offensive or inflammatory communication.
5. Unauthorized or illegal installation, distribution, reproduction, or use of copyrighted materials.
6. The illegal installation and/or utilization of copyrighted, unauthorized games, programs, files, or other electronic media.
7. Access to obscene or pornographic material or child pornography.
8. Access by students to material that is harmful to minors in accordance with Board policy.
9. Inappropriate language or profanity.

Transmission of material likely to be offensive or objectionable to recipients.

1. Illegal/inappropriate material.
2. Intentional obtaining or modifying of files, passwords, and data belonging to other users.
3. Impersonation of another user, anonymity, and pseudonyms.
4. Fraudulent copying, communications, or modification of materials in violation of copyright laws.
5. Disruption of the work of other users.
6. Destruction, modification, abuse or unauthorized access to network hardware, software and files.

## **Security**

System security is protected through the use of passwords. Failure to adequately protect or update passwords could result in unauthorized access to student files. To protect the integrity of the system, the following guidelines shall be followed:

1. Students shall not reveal their passwords to another individual.
2. Users shall not use a device that has been logged in under another employee account.
3. Any user identified as a security risk or having a history of problems with other technology systems may be denied access to the network.
4. User credentials shall be issued by the Information Technology department.

## **Consequences for Inappropriate Use**

The student shall be responsible for damage to the equipment, systems, and software resulting from deliberate or willful acts. Damage will be determined at the discretion of the Superintendent or designee.

Illegal use of the network; intentional deletion or damage to files of data belonging to others; copyright violations; and theft of services may be reported to the appropriate legal authorities.

General rules for behavior and communications apply when using the Internet, in addition to the stipulations of this policy. Loss of access and other disciplinary actions may be consequences for inappropriate use.

Vandalism may result in cancellation of access privileges. Vandalism 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.

## **Copyright**

The illegal use of copyrighted software by Students is prohibited. Any data uploaded to or downloaded from the network shall be subject to fair use guidelines.

To the greatest extent possible, users of the network will be protected from harassment and unwanted or unsolicited communication. Any network user who receives threatening or unwelcome communications shall report such immediately to a teacher or an administrator. Network users shall not reveal personal information to other users on the network, including chat rooms, e-mail, Internet, etc.

CIPA (Children's Internet Protection Act) compliant software is used for filtering in the Wattsburg Area School District.

Internet safety measures shall effectively address the following:

1. Control access by minors to inappropriate matter on the Internet and World Wide Web.
2. Safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications.
3. Prevention of unauthorized online access by minors, including "hacking" and other unlawful activities.
4. Unauthorized disclosure, use, and dissemination of personal information regarding minors.
5. Restriction of minors' access to materials harmful to them.
6. Monitoring the online activity of minors.
7. Educate minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, cyberbullying awareness, and response.

### **Policy Requirements**

Students have a responsibility to promptly report any Acceptable Use Guideline violations to the appropriate teacher or building principal.

Students who encounter inappropriate materials by accident should immediately report it to their teacher or building principal.

### **Students**

Students, grades K-4, are required to have a parent or guardian sign the Network/Internet Acceptable Use Policy (AUP) permission form upon entrance to the school building, at promotion from building to building, or after revision of this policy

Students, grades 5-12, as well as their parent or guardian are required to sign the Network/Internet Acceptable Use Policy (AUP) permission form upon entrance to a school building, at promotion from building to building, or after a revision of this policy.

[252 - Pupils - Network-Student Internet Acceptable Use Attachment.docx \(16 KB\)](#)

Book	Policy Manual
Section	200 Pupils
Title	Bullying/Cyberbullying
Code	249
Status	Active
Adopted	September 19, 2011
Last Revised	October 19, 2020

## **Purpose**

The Board is committed to providing a safe, positive learning environment for district students. The Board recognizes that bullying creates an atmosphere of fear and intimidation, detracts from the safe environment necessary for student learning, and may lead to more serious violence. Therefore, the Board prohibits bullying by district students.

## **Definitions**

Bullying means an intentional electronic, written, verbal or physical act or series of acts directed at another student or students, which occurs in a school setting and/or outside a school setting, that is severe, persistent or pervasive and has the effect of doing any of the following: [\[1\]](#)

1. Substantially interfering with a student's education.
2. Creating a threatening environment.
3. Substantially disrupting the orderly operation of the school.

Bullying, as defined in this policy, includes cyberbullying.

School setting means in the school, on school grounds, in school vehicles, at a designated bus stop or at any activity sponsored, supervised or sanctioned by the school. [\[1\]](#)

## **Authority**

The Board prohibits all forms of bullying by district students. [\[1\]](#)

The Board encourages students who believe they or others have been bullied to promptly report such incidents to the building principal or designee.

Students are encouraged to use the district's report form, available from the building principal, or to put the complaint in writing; however, oral complaints shall be accepted and documented. The person accepting the complaint shall handle the report objectively, neutrally and professionally, setting aside personal biases that might favor or disfavor the student filing the complaint or those accused of a violation of this policy.

The Board directs that verbal and written complaints of bullying shall be investigated promptly, and appropriate corrective or preventative action be taken when allegations are substantiated. The Board directs that any complaint of bullying brought pursuant to this policy shall also be reviewed for conduct which may not be proven to be bullying under this policy but merits review and possible action under other Board policies.

## **Title IX Sexual Harassment and Other Discrimination**

Every report of alleged bullying that can be interpreted at the outset to fall within the provisions of policies addressing potential violations of laws against discrimination shall be handled as a joint, concurrent investigation

into all allegations and coordinated with the full participation of the Compliance Officer/Title IX Coordinator. If, in the course of a bullying investigation, potential issues of discrimination are identified, the Compliance Officer/Title IX Coordinator shall be promptly notified, and the investigation shall be conducted jointly and concurrently to address the issues of alleged discrimination as well as the incidents of alleged bullying.[2][3]

### Confidentiality

Confidentiality of all parties, witnesses, the allegations, the filing of a complaint and the investigation shall be handled in accordance with applicable law, regulations, this policy and the district's legal and investigative obligations.

### Retaliation

Reprisal or retaliation relating to reports of bullying or participation in an investigation of allegations of bullying is prohibited and shall be subject to disciplinary action.

### **Delegation of Responsibility**

Each student shall be responsible to respect the rights of others and to ensure an atmosphere free from bullying.

The Superintendent or designee shall develop administrative regulations to implement this policy.

The Superintendent or designee shall ensure that this policy and administrative regulations are reviewed annually with students.[1]

The Superintendent or designee, in cooperation with other appropriate administrators, shall review this policy every three (3) years and recommend necessary revisions to the Board.[1]

District administration shall annually provide the following information with the Safe School Report:[1]

1. Board's Bullying Policy.
2. Report of bullying incidents.
3. Information on the development and implementation of any bullying prevention, intervention or education programs.

### **Guidelines**

The Code of Student Conduct, which shall contain this policy, shall be disseminated annually to students.[1][4][5]

This policy shall be accessible in every classroom. The policy shall be posted in a prominent location within each school building and on the district website.[1]

### Education

The district may develop, implement and evaluate bullying prevention and intervention programs and activities. Programs and activities shall provide district staff and students with appropriate training for effectively responding to, intervening in and reporting incidents of bullying.[1][6][7][8]

### Consequences for Violations

A student who violates this policy shall be subject to appropriate disciplinary action consistent with the Code of Student Conduct, which may include:[1][4][9]

1. Counseling within the school.
2. Parental conference.
3. Loss of school privileges.
4. Transfer to another school building, classroom or school bus.
5. Exclusion from school-sponsored activities.

6. Detention.
7. Suspension.
8. Expulsion.
9. Counseling/Therapy outside of school.
10. Referral to law enforcement officials.

Legal

1. 24 P.S. 1303.1-A
2. Pol. 103
3. Pol. 103.1
4. Pol. 218
5. 22 PA Code 12.3
6. 20 U.S.C. 7118
7. 24 P.S. 1302-A
8. Pol. 236
9. Pol. 233
- Pol. 113.1

Attach 1 Report\_Form.pdf (268 KB)