

Registration Requirements

Please bring ALL documents with you for your registration appointment.

****You will be asked to return at a later time/date if incomplete****

1. Proof of Immunization

Child's immunization record obtained from child's physician, or on-line through the Allegheny County Health Department

2. Proof of Student's Age

Child's original Birth Certificate or Baptismal Certificate, copy of a record of baptism, valid passport or notarized statement from the parents or another relative indicating the student's date of birth

3. EASD Parent Registration Statement: Act 26 Certification

4. Home Language Survey

5. Proof of Residency:

Please provide a minimum of one (1) document from **EACH** of the 3 lists below:

List A	List B	List C
<ul style="list-style-type: none">• Lease/Rental Agreement• Mortgage Agreement• Deed• Property Tax Bill	<ul style="list-style-type: none">• Driver's License (with current address)• DOT issued Photo ID• Passport	<ul style="list-style-type: none">• Current Utility bill• Evidence of receiving checks from wages, public assistance or SSI at current address• Vehicle Registration with current address

****If Child's District residency is dependent on someone other than a parent/guardian, the EASD Residency Affidavit must be completed and notarized.**

6. Transcripts from previous school District

(complete the EASD Authorization for Release of information)

Other forms to be completed/reviewed/provided as soon as possible.

- Student Enrollment Form
- Health History Form
- Notice of Lead Testing
- Special Education Services Registration (if applicable)
- Affidavit of Guardianship/Custody Paperwork (if applicable)
- Document Review & Acknowledgement form, upon reviewing the following Information:
 - Dress Code Policy #221
 - Student Handbook
 - Acceptable Use of Internet, Policy #815
 - Photo Release
 - Device Lending Agreement

The East Allegheny School District shall normally enroll a student or youth "the next business day, but no later than 5 business days" of receipt of the above documents. Should you have any questions regarding enrollment, please review Policy #200, Enrollment of Students, accessible through our online policy manual available at www.eawildcats.net.



Student Enrollment Form

Approved Start Date _____

Grade: _____ Student ID # _____ Bus # _____ AM _____ PM _____

☐ Homeless ☐ Ward Of State ☐ Resident Foster ☐ Non-Resident Foster ☐ Living with Adult non-parent ☐ Paid Tuition
☐ APPROVED TO START _____ Pupil services/Principal initials

Student Information:

Child's Legal Name (Last, First, Middle) _____

_____ ☐ M ☐ F
Birthdate (mm/dd/yyyy) Gender

__ Check if child is attending non-public, private or charter school. **Transportation Registration form will need completed.**

School Child is attending

Address Line 1 (House Number, Street, City, State, Zip) _____

Address Line 2 (Apt #, PO Box) _____

Has Child attended East Allegheny in the past?

☐ Yes ☐ No

Main phone

Alternate Phone

Email

Student's previous home address (If Applicable) _____

Previous School District(s) and year of attendance (If applicable) _____

City and State and Country of Birth

Initial U.S Entry Date

Initial Entry into Pennsylvania

Ethnicity: Hispanic/Latino ☐ Y ☐ N Check if Applicable: ☐ Migrant ☐ Refugee ☐ Foreign Exchange

Race: ☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan
☐ Native American/Other Pacific Islander ☐ Multi-Racial (if Multi-racial, please check all race(s) above)

Native Language: ☐ English ☐ Spanish ☐ Japanese ☐ Chinese ☐ Hindi ☐ Other _____

Family Information: (Provide address if different from Student)

Parent/Guardian (Primary):	Email:	@	
			<input type="checkbox"/> Lives with Student
Full name	Primary Phone	Work/Alt Phone	<input type="checkbox"/> Legal Guardian
Relationship to Student:			

Parent/Guardian (Primary):	Email:	@	
			<input type="checkbox"/> Lives with Student
Full name	Primary Phone	Work/Alternate Phone	<input type="checkbox"/> Legal Guardian
Relationship to Student:			

Other Legal Guardian, Care/taker or Adult:	Email:	@	
			<input type="checkbox"/> Lives with Student
Full name and relationship to Student	Primary Phone	Work/Alternate Phone	<input type="checkbox"/> Legal Guardian

If child will be with a babysitter or in daycare, please complete:

Care is provided in: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Both
Care Provider's name: _____ Main Phone: _____
Address: _____

Has your child ever attended this District before? ☐ Yes ☐ No If Yes, What year(s)? _____

Is Parent/Guardian an active duty member or a branch of the Armed Forces including Full time Reserve/National Guard duty? ☐ Yes ☐ No

Other Circumstances:

Legal Custody/Court Document/Special Arrangements: (Please list) ☐ Not applicable

If Foster Child, List agency name and phone number: ☐ Not applicable

Other School Age Children living in the home:

Name	Relationship	Birth Date	Gender	Grade	School attending

I certify that this information has been completed to the best of my knowledge.

Parent/Guardian Name (Print)

Signature

Date



Parental Registration Statement - Act 26 Certification

Child's Legal Name (Last, First, Middle): _____

Date of Birth: _____ Grade: _____ Homeroom: _____

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 the 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."

If this student HAS NOT been or IS NOT previously or presently suspended or expelled please complete:

I hereby swear or affirm that my child **was NOT** previously suspended or expelled, or **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 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 – 1304A(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.

Signature of Parent or Guardian

Print

Date

If this student HAS BEEN or IS PRESENTLY suspended or expelled from another school, please check as appropriate and complete:

I hereby swear or affirm that my child **was** previously suspended or expelled, or **is** presently suspended or expelled from a public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or 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 – 1304A(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.

Signature of Parent or Guardian

Print

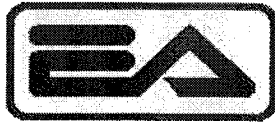
Date

This student: *(Check any and all that apply)*

was previously suspended **was previously expelled** **is presently suspended** **is presently expelled**

Please provide specifics below.

Check as applicable	School in which expulsion/suspension occurred	Date Expulsion/Suspension occurred	Reason for Expulsion/Suspension
___ Expulsion ___ Suspension			
___ Expulsion ___ Suspension			
___ Expulsion ___ Suspension			
___ Expulsion ___ Suspension			



Special Education Services

Student Name: _____ Grade: _____

We are happy to welcome you and your child to the East Allegheny School District. In order to provide educational services, it is important that we are aware of special education services the student had at his/her previous school. Please complete this form so that we can better service you.

Please check all that apply:

☐ My Child WAS NOT in a Special Education Program

~OR~

☐ My Child DID have a 504 or service agreement at a previous school.

☐ My Child WAS in a gifted program at a previous school.

My Child DID receive Special Education services in this type of placement:

(Check all that apply)

- ☐ Learning Support
- ☐ Autistic Support
- ☐ Emotional Support
- ☐ Speech/Language Support
- ☐ Hearing Support
- ☐ Vision Support
- ☐ Remedial Math
- ☐ Remedial Reading
- ☐ Gifted
- ☐ Life Skills Support

- ☐ Multi-Handicapped Support
- ☐ Physical Support
- ☐ Out of District Placement

where: _____

☐ Other, Please Specify:

Parent/Guardian Signature:

Printed Name:

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? _____

Person completing this form (if other than Parent/Guardian): _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided ☐ No ☐ Yes



Authorization to Release Records

I authorize _____ to release information to the **EAST ALLEGHENY SCHOOL**
(previous school district)

DISTRICT in regards to:

Student's Name

Date of Birth

Please send records to (Check appropriate school):

EAST ALLEGHENY SCHOOL DISTRICT
1150 JACKS RUN ROAD
NORTH VERSAILLES, PA 15137
ATTN: AMY ROHAL
PH# 412-824-8012 X4150
FAX# 412824-1062

INFORMATION TO BE FORWARDED SHOULD INCLUDE:

- ACT 26 RECORDS
(DISCIPLINE/EXPULSION)
- GRADE TRANSCRIPTS
- ATTENDANCE RECORDS
- PA SECURE ID
- TEST SCORES (KEYSTONE, PSSA, ETC.)
- IMMUNIZATION AND HEALTH RECORDS
- REGULAR EDUCATION ASSIGNMENT
- IF CHILD RECEIVED SPECIAL
EDUCATION, SERVICES, THE FOLLOWING
ARE TO BE SENT:
 - I.E.P. - INDIVIDUAL EDUCATIONAL
PROGRAM
 - NOREP - NOTICE OF
EDUCATIONAL PLACEMENT
 - PSYCHOLOGICAL/PSYCHIATRIC
REPORT
 - MULTI-DISCIPLINARY
EVALUATION

The last day of attendance in your district for the student named above was: _____

**THIS INFORMATION IS TO BE USED FOR PROFESSIONAL PURPOSES ONLY AND WILL BE HELD STRICTLY
CONFIDENTIAL.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____



Health History

Child's Legal Name (<i>Last, First, Middle</i>)	Date of Birth	Grade	Homeroom
RHEUMATIC FEVER: _____		HEART PROBLEMS/MURMUR: _____	
NERVOUS DISORDER: _____		T.B. CONTACT: _____	
KIDNEY INFECTION: _____		DIABETES: _____	
BLADDER/URINARY PROBLEMS: _____		CONCUSSION/HEAD INJURY: _____	
CEREBRAL PALSY: _____		FRACTURES: _____	
ADD/ADHD: _____		BLEEDING PROBLEM: _____	
ASTHMA: _____	If yes, does child use an inhaler? Yes No		
OTHER MENTAL AND/OR PHYSICAL DISORDERS (Please specify): _____ _____			

Please indicate below if your child has a:

FOOD ALLERGIES	Yes	No	MEDICINE ALLERGIES	Yes	No
(If yes, please specify) _____			(If yes, please specify) _____		
_____			_____		
_____			_____		

Does Child have a prescribed allergy medication (s)? If so, provide specific information: _____

Is your child receiving any treatment or medicine at the present time? Yes No If yes, please explain: _____

Please indicate if your child wears glasses, contact lenses, hearing aid(s), has tubes in ears or has any other assistive device: _____

Has your child had any serious injuries, illnesses or operations? Yes No If yes, please explain: _____

Does your child require any special services? Yes No If yes, please explain: _____

If your child is restricted from physical activity of any kind, please indicate and explain: _____

Is there anything special you wish for us to know about your child? _____

EAST ALLEGHENY SCHOOL DISTRICT



Document Review and Authorization Form _____ School Year

Parents / Guardians,

In order to continue our efforts to help the environment, the EASD has posted a copy of the District's handbook, as well as other important documents, online at www.eawildcats.net. A copy of any document may be obtained by contacting your child's school office. Please review, initial each appropriate section and sign below.

HANDBOOK

_____ **YES**, My child and I understand the rules and procedures located in the EASD handbook. A family plan has been discussed in the event of an unexpected school closure. (Review section on School Closing and Delay.) I understand that the handbook is available online at www.eawildcats.net.

INTERNET USE

_____ **YES**, as the parent/guardian of this student, I have read Policy #815, Acceptable Use of Internet, Computers and Network Resources and the Internet Use Agreement located on the EASD website. I understand that this access is designed for educational purposes. I also recognize it is impossible for East Allegheny School District to restrict access to all controversial materials and I will not hold them responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission for my child to use the Internet via an EASD account and certify that the information contained on this form is correct. **I also understand that if I do not wish for my child to have access to the internet while in school, I must submit this request in writing to the building principal.

PHOTO RELEASE

Students enrolled in the East Allegheny School District, may be photographed or videotaped from time to time by members of the press, and/or District staff. Photos may be shared on the District Facebook page or Instagram. They may also be shared via classroom communication apps and used in the yearbook or school newspaper. These images will not be used in any form of paid advertising.

_____ **YES**, My child has my permission to be photographed.

_____ **NO**, My child does not have my permission to be photographed.

Student Name: _____ School Child Attends: _____

Parent Signature: _____ Date: _____

(If you are under the age of eighteen (18), a parent/guardian must read and sign this agreement.)

East Allegheny School District 1:1 Device Lending Agreement Form

As part of the East Allegheny School District 1:1 Device initiative, your student is being provided with a Chromebook or tablet and a power adapter to use for educational purposes both at school and at home. In order for your student to receive his/ her assigned device, his/her parent/guardian must sign and return a copy of the 1:1 Device Lending Agreement Form. Students and parents/guardians must carefully read this agreement prior to signing it.

Any device that is distributed to a district student is to be utilized exclusively for the East Allegheny Educational Plan. Neither the student, nor any family member may use this device for any other reason. No programs or other software should be downloaded onto the device without prior permission of the students' building Principal and the District Technology Department. No music, movies, apps or games should be downloaded or installed on the district device.

I _____ have read the above statements and agree to adhere to all East Allegheny School District Continuity of Education Device Lending Agreement guidelines.

Parent/Guardian Signature: _____ Date _____

INSURANCE

The computing devices provided to students in the East Allegheny School District are costly pieces of equipment that require proper handling. Students need to follow all usage guidelines and use caution when handling the equipment. However, accidents happen and repairs can be costly. To this end, the East Allegheny School District is offering low cost Accidental Damage Insurance to its families. Insurance is recommended, but is not mandatory. **If you choose not to purchase insurance and the device is damaged, the parent/guardian is financially responsible for all repair or replacement costs.** The non-refundable insurance fee is valid for the current school year only. **Insurance may be purchased by September 10, 2021 and is only valid for the school year in which it is purchased.**

This insurance policy covers damage that may occur from accidentally dropping the device, or any other accidental damage. **Damage that occurs from intentional acts will result in the complete repair and/or replacement cost to be paid by the student/guardian.** If you elect to not purchase the insurance, you will be responsible to cover all costs related to any damage. **The insurance does not cover lost or stolen devices or power adapters.**

Students and parents are responsible for maintaining this equipment in the condition in which it was distributed. Parents and students will incur all expenses resulting from attempts to tamper with, damage or misplace equipment. Any damage caused deliberately will be classified as vandalism. Students will be billed for repairs caused by vandalism, and will be subject to disciplinary action. If the device is misplaced, lost, or stolen, you must notify the school immediately and file a police report. The school district encourages the purchasing of insurance, as it provides peace of mind for the student and Parent/Guardian.

The accidental insurance fee for each school year is \$30. Financial assistance is available for those families who would like to participate in the accidental insurance program, but are financially unable to do so. Please contact your child's principal for details. Please make checks or money orders payable to the East Allegheny School District.

If loss or damage of components occur, the family must notify their students' building Principal immediately. If costs are incurred, only cash or check reimbursement payment will be accepted.

The East Allegheny School District will not issue a diploma to any student who has not returned the EA Continuity of Education device and its components in good working order, or who has not paid for any necessary repairs. The East Allegheny School District reserves the right to contact a collection agency to recoup any lost equipment or money.

_____ I **DO** wish to purchase insurance. I have read and understand this document and agree to the conditions described within.

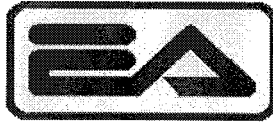
Due by _____

_____ I **DO NOT** wish to purchase insurance at this time. I understand that by doing so, I am financially responsible for all repair costs should the computer become damaged. I have read and understand this document and agree to the conditions described within.

Parent/Guardian Signature: _____ Date _____

Student Name: _____ Grade _____ Student ID _____

Device SerialNumber: _____



Junior/Senior High Directory

Ph: 412-824-9700 Fax: 412-824-4570

High School Head Principal

Ms. Candee Morris

Ph: 412-824-9700 x 1855

Email: cmorris@eawildcats.net

School Counselor, Gr. 7-9

Mrs. Cheryl Ihnat,

Ph: 412-824-9700 x 3308

Email: cihnat@eawildcats.net

Jr. High School Principal

Mark Draskovich

Ph: 412-824-9700 x 1250

Email: mdraskovich@eawildcats.net

School Counselor, Gr. 10-12

Mrs. Emilia Peiffer,

Ph: 412-824-9700 x 1501

Email: epeiffer@eawildcats.net

Dean of Students

Christopher Berger

Ph: 412-824-9700 x 1911

Email: cberger@eawildcats.net

School Secretaries

Lisa Piccini, Secretary to Principals

Ph: 412-824-9700 x 1000

Email: lpiccini@eawildcats.net

School Nurse

Darcy Yeloushan, rn, bsn

Ph: 412-824-9700 x 1700

Email: dyeloushan@eawildcats.net

Ruth Gibson, Attendance Secretary

ph: 412-824-9700 x 1001

Email: rgibson@eawildcats.net

Carol Smith, HS Data Secretary

Ph: 412-824-9700 x 1003

Email: csmith@eawildcats.net



Lead Testing Notice

Dear Parents,

As of January 1, 2018, Allegheny County requires lead testing for all children in the county. **Children entering Kindergarten this fall will need to show that they have had two tests to measure his or her blood lead level.**

Here is what you need to know:

1. The new regulations require blood lead testing for all children at around 9-12 months old and again at around 24 months old. If your child did not have one or both of these tests, he or she should have a blood lead test as soon as possible.
2. We will accept any written proof from your child's doctor showing when the blood lead tests were done.

If your child doesn't have a doctor, doesn't have insurance, or if your insurance won't cover blood lead testing, lead testing is available at the Allegheny County Health Department Immunization Clinic listed below:

Hartley Rose Building

425 First Avenue, 4th Floor

Pittsburgh, PA 15219

(412) 578-8062

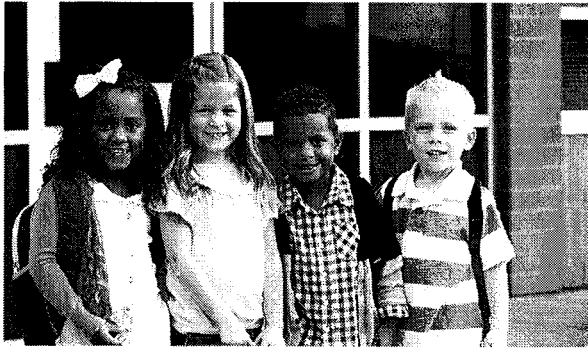
Tuesdays 9 a.m.-12 p.m. and Thursdays 12-4 p.m.

3. You can request an exemption to the blood lead testing requirement if you have strong moral or religious objection to the test. A sample exemption form is included on the second page of the sample blood lead testing form.
4. Talk with your child's doctor about next steps if your child has elevated blood lead levels. You can also visit www.achd.net/lead or call 412-687-ACHD (2243) for more information about resources to reduce lead exposure at home.
5. A child will not be excluded from school if they have not had blood lead tests at 9-12 months and at 24 months, or if you don't have documentation of tests that have been performed. However, parents should have a "catch up" test as soon as possible.

Thank you for helping to implement universal lead screening in Allegheny County. To request additional brochures, or for more resources, please visit www.achd.net/lead.

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

**Usually given as DTP or DTaP or if medically advisable, DT or Td*

*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*

****Usually given as MMR*

ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- The medical plan must be followed or risk exclusion.



FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



pennsylvania
DEPARTMENT OF HEALTH



Dress Code

Book: Policy Manual
Section: 200 Pupils
Title: Dress and Grooming
Number: 221
Active: Status
Legal: 1. 24 P.S. 1317.3
2. 22 PA Code 12.11
3. Pol 325
4. Pol 425
5. Pol 525
6. Pol 233
Adopted: October 9, 2000
Last Revised: December 4, 2017

<https://www.boarddocs.com/pa/eall/Board.nsf/Public#>

Purpose

The Board recognizes that each student's mode of dress and grooming is a manifestation of personal style and individual preference.

Authority

The Board will not interfere with the right of students and their parents/guardians to make decisions regarding their appearance, except when their choices affect the educational program of the schools or the health and safety of others.[1][2]

The Board has the authority to impose limitations on students' dress in school.[1]

Students may be required to wear certain types of clothing while participating in physical education classes, technical education, extracurricular activities, or other situations where special attire may be required to ensure the health or safety of the student [2]

Delegation of Responsibility

The Board authorizes the administration to designate which types of dress or appearance disrupt or detract from the educational programs.

Staff members shall be instructed to demonstrate by example, positive attitudes toward neatness, cleanliness, propriety, modesty, and good sense in attire and appearance.[3][4][5]

The Superintendent shall ensure that all rules implementing this policy impose only the minimum necessary restrictions on the exercise of the student's taste and individuality.[2]

Guidelines

Student dress and personal appearance must be of such character so as not to disrupt or distract from the education environment of the school. Any form of dress or appearance so determined to diminish instructional effectiveness or discipline control by teachers is prohibited. Please refer to Attachment #1 (K-6) and Attachment #2 (7-12) for specific dress code guidelines.

Discipline - Minor Offenses - Dress Code Violations

	Logan PK-6	JR/SR High 7-12
1st Offense	Loss of Classroom Privileges	1 Day Detention
2nd Offense	2 Days Detention *	1 Day of ABC/BRR
3rd Offense	3 Days Detention *	1 Day of OSS and no school activities for 45 consecutive school days.
4th Offense	1 Day OSS *	3 Days of OSS and no school activities for 90 consecutive school days.
5th Offense	3 Days OSS *	5 Days of OSS and no school activities for the remainder of the school

		year.
6th Offense	5 Days OSS *	Subsequent Dress Code Violations may result in disciplinary action deemed appropriate by the principal, including a referral to the Superintendent.
7th Offense	10 Days OSS *	Restricted school activities include, but not limited to: all school dances, including homecoming and prom, all school athletics, band, cheerleading, senior breakfast and graduation.

Gang-Related Attire

The administration and Board desires to keep the district schools and students free from the threats or harmful influence of any groups or gangs which advocate drug use or disruptive behavior. The administration and Board therefore prohibits the presence of any apparel, jewelry, accessory, notebook or manner of grooming which, by virtue of its color, arrangement, trademark, or any other attribute, denotes membership in such a group.

The East Allegheny School District has a zero tolerance on gangs and gang attire. The East Allegheny School District also has a zero tolerance for student-initiated groups or cliques that intimidate others and advertise said groups on shirts, hats, book bags or other clothes. Any student group that wishes to wear shirts for a student event, such as the Powder Puff game, Homecoming, Band, or other activities, must have permission from the administration to wear such shirts to school. Students may not wear shirts, hats or bring book bags that have self-made writing on them that promotes student cliques, outside personal events of students, or memorializes students. Students who wear such shirts, hats, sweats, book bags, and other clothing to school **will** be sent to the office. The students will be made to change the outfit, and the offending article **of** clothing

will be confiscated. Parents/Guardians **will** be notified.

Student refusal to adhere to the dress code policy will result in suspension from school. Students may not return to school from said suspension unless accompanied by a parent/guardian.[6]

These guidelines shall be applied at the principal's discretion as the need for it arises at individual school **sites**.

Any student wearing or carrying overt gang paraphernalia or making gestures that symbolize gang membership shall be referred to the principal(s) or his/her designee.

Disciplinary problems shall be handled as individual problems and not labeled as gang problems.