



East Allegheny School District

Registration Requirements

Please bring ALL documents with you for registration appointment.

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

1. Proof of Immunizations

Child's immunization record obtained from child's physician, or online 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 1 document from EACH of the 3 lists below:

List A

- Lease/Rental Agreement
- Mortgage Agreement
- Deed
- Property Tax Bill

List B

- Driver's License
- DOT issued Photo I.D.
- Passport

List C

- 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 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 & Acknowledgment form, upon reviewing following info:
 - *Dress Code Policy #221
 - *Student Handbook
 - *Acceptable Use of Internet, Policy #815

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

_____(initial) Director of Pupil Services/Principal Approval

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



East Allegheny School District Student Enrollment Form

Student Information:

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

Birthdate (mm/dd/yyyy)

☐ M ☐ F
Gender

_____-_____-_____
Social Security Number

__ 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)

Father:	Email:	@	
			<input type="checkbox"/> Lives with Student
Full name	Primary Phone	Work/Alt Phone	<input type="checkbox"/> Legal Guardian

Mother:	Email:	@	
			<input type="checkbox"/> Lives with Student
Full name	Primary Phone	Work/Alternate Phone	<input type="checkbox"/> Legal Guardian

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



Registration Checklist Office Use only

Student's Name

Date

Grade

School Building

Date registration packet was given to parent/guardian

☐ Registration Packet Returned/completed Date: _____

Registration Documents: (enter date received)

Birth Certificate

Immunization Records ☐ Complete ☐ Incomplete

Student Enrollment form

EASD Parent Registration Statement: Act 26 Certification

Home Language Survey

Authorization for Release of Information

Special Education Services- Registration form

Health History Form

Three (3) Proofs of residency (*one from each lettered section*)

A. _____ Lease/Rental Agreement or

_____ Mortgage/Deed/Homeowners insurance

_____ Property Tax Bill

_____ Residency Affidavit, notarized. (*Required if student's District residency is dependent on someone other than Parent/Guardian*)

B. _____ Current utility bill

_____ Evident of receiving wages, public assistance or SSI at current address

_____ Vehicle registration with current address

C. _____ Driver's License or DOT Photo ID with current address

_____ Passport

Emergency Care Cards (2 copies- Nurse and Office)

Special Education- IEP or Recent Evaluation report (*pertains only to students with previous Special Education services (see Special Education Registration form)*)

Court order for custody arrangements (*if applicable*)

Foster children only:

Court Order or Placement

Registration completion date: _____ EA Staff signature: _____



East Allegheny School District 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			

If more room is needed, please use the back of this form.

Any willful false statement made above shall be misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record. 24 P.S. 13-1317.2



East Allegheny School District Special Education Services- Registration Form

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 the **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



East Allegheny School District 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



East Allegheny School District Residency Affidavit

RESIDENCY AFFIDAVIT, 24 PS §13-1302

(To be completed, including notarization, if student's District residency is dependent on someone other than Parent/guardian.)

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. Any false statements can and will be punishable by law.

I, We, _____, currently reside at
(Resident's Name)

Address (House number, Street, City, State, Zip)

Main Phone

Alternate Phone

This is a legal document. You may ask to see a copy of 24 P.S. §13-1302 prior to signing this document, and consult with an attorney if you have any questions or do not understand any portion of this document.

Homeowner's Verification

Homeowner's Name
Approval has been granted for _____ to reside with _____
(Parent/Guardian and Children) (Homeowner)

Homeowner's Signature

Date

If residing in a Rental property:

Landlord Verification

Landlord's Name
Approval has been granted for _____ to reside with _____
(Parent/Guardian and Children)
_____, at the address identified above.

(Resident's name)

Landlord's Signature

Date

Through my **notarized** signature, I/we grant the East Allegheny School District permission to investigate the above information that I/we presented in the affidavit for confirmation and factual accuracy.

Resident's Signature

Resident's printed name



East Allegheny School District Authorization for Release of Information

I authorize _____ to release information to the **EAST ALLEGHENY SCHOOL DISTRICT** in regards to:

Student's Name

Date of Birth

Please send records to (Check appropriate school):

☐ LOGAN ELEMENTARY SCHOOL
1154 JACKS RUN ROAD
NORTH VERSAILLES, PA 15137
PHONE: 412-824-6053
FAX: 412-824-6095

☐ EAST ALLEGHENY JUNIOR/SENIOR HIGH SCHOOL
1154 JACKS RUN ROAD
NORTH VERSAILLES, PA 15137
PHONE: 412-824-9700
FAX: 412-825-4570

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 Name (Print)

Signature

Date



East Allegheny School District Health History Form

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

Date of Birth

Grade

Homeroom

If your child has experienced any of the following medical conditions, please enter month, day and year in the space provided:

CHICKEN POX: _____

SEIZURE DISORDER: _____

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 ☐
(If yes, please specify) _____

MEDICINE ALLERGIES Yes ☐ No ☐
(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?

Parent/Guardian Signature _____

Date _____



EAST ALLEGHENY SCHOOL DISTRICT

Document Review and Authorization Form 2020/2021 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 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. Images will not be used in any form of paid advertising. Should you wish to not have your child photographed, please contact your child's school building principal to make this request.

_____ **YES**, My child has my permission to be photographed and I understand that if I do not wish for my child to be photographed, I will submit this request in writing to the building principal.

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.)

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



East Allegheny School District Notice of Lead Testing Requirements

September 20, 2018

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.



EAST ALLEGHENY SCHOOL DISTRICT ADMINISTRATION

District office: 1150 Jacks Run Road, North Versailles, Pa 15137
412.824.8012 www.eawildcats.net

SUPERINTENDENT

ALAN N. JOHNSON
PH: 412-824-8012 x 4151
EMAIL: AJOHNSON@EAWILDCATS.NET

CONFIDENTIAL SECRETARY TO THE SUPERINTENDENT:

JAMIE GRIESBAUM
PH: 412-824-8012 x 4158
EMAIL: JGRIESBAUM@EAWILDCATS.NET

JSHS/FEDERAL PROGRAMS SECRETARY

LISA PICCINI
PH: 412-824-9700 x 1000
EMAIL: LPICCINI@EAWILDCATS.NET

DIRECTOR OF FISCAL AFFAIRS

TONI VALICENTI
PH: 412-824-8012 x 4157
EMAIL: TVALICENTI@EAWILDCATS.NET

DIRECTOR OF PUPIL SERVICES

MARK DRASKOVICH
PH: 412-824-9700 x 1250
EMAIL: MDRASKOVICH@EAWILDCATS.NET

TECHNOLOGY COORDINATOR

JEFFREY MATHEWS
PH: 412-824-8012 x 4167
EMAIL: JMATHEWS@EAWILDCATS.NET

COORDINATOR OF SPECIAL EDUCATION/SCHOOL PSYCHOLOGIST

DR. JOSEPH HOWELL
PH: 412-824-8012 x 1502
EMAIL: JHOWELL@EAWILDCATS.NET

SPECIAL EDUCATION SECRETARY

DEANNA HOLBY
PH: 412-824-8012 x 1502
EMAIL: DHOLBY@EAWILDCATS.NET

ATHLETIC DIRECTOR

DAVID LOYA
PH: 412-824-8012 x 1005
EMAIL: DLOYA@EAWILDCATS.NET

FOOD SERVICE SUPERVISOR

TREVOR MAUK
PH: 412-824-9700 x 4164
EMAIL: TMAUK@EAWILDCATS.NET

CUSTODIAL/MAINTENANCE SUPERVISOR

DARYL DUKIC
PH: 412-824-8012 x 4181
EMAIL: DDUKIC@EAWILDCATS.NET

EAST ALLEGHENY SCHOOL DISTRICT CONTRACTED BUS COMPANY:

AKS SCHOOL BUS COMPANY
119 WALL AVENUE
WALL, PA 15148
PH: 412-379-8737
EMAIL: AMY@ALLEGHENYTRANSPORT.NET

STUDENT REGISTRATION: FORMS AND INFORMATION VISIT WWW.EAWILDCATS.NET
GRADES K-6, CONTACT LOGAN ELEMENTARY: 412-824-6053
GRADES 7-12, CONTACT JR/SR HIGH SCHOOL: 412-824-9700



EAST ALLEGHENY SCHOOL DISTRICT JUNIOR/SENIOR HIGH SCHOOL

1150 JACKS RUN ROAD, NORTH VERSAILLES, PA 15137

PH: 412-824-9700 FAX: 412-824-4570

JUNIOR HIGH: GRADES 7-8

SENIOR HIGH: GRADES 9-12

WWW.EAWILDCATS.NET

HIGH SCHOOL HEAD PRINCIPAL

MR. DON L. MAC FANN

PH: 412-824-9700 x 1855

EMAIL: DMACFANN@EAWILDCATS.NET

JR. HIGH SCHOOL PRINCIPAL

MARK DRASKOVICH

PH: 412-824-9700 x 1250

EMAIL: MDRASKOVICH@EAWILDCATS.NET

DEAN OF STUDENTS

CHRISTOPHER BERGER

PH: 412-824-9700 x 1911

EMAIL: CBERGER@EAWILDCATS.NET

SCHOOL NURSE

DARCY YELOUSHAN, RN, BSN

PH: 412-824-9700 x 1700

EMAIL: DYELOUSHAN@EAWILDCATS.NET

SCHOOL COUNSELORS

SCHOOL COUNSELOR, GR. 7-8

MRS. CHERYL IHNAT,

PH: 412-824-9700 x 3308

EMAIL: CIHNAT@EAWILDCATS.NET

SCHOOL COUNSELOR, GR 9-12

MRS. EMILIA PEIFFER,

PH: 412-824-9700 x 1501

EMAIL: EPEIFFER@EAWILDCATS.NET

SCHOOL COUNSELOR SECRETARY

SUSAN LITZINGER

PH: 412-824-9700 x 1500

EMAIL: SLITZINGER@EAWILDCATS.NET

SCHOOL SECRETARIES

LISA PICCINI, SECRETARY TO PRINCIPALS

PH: 412-824-9700 x 1000

EMAIL: LPICCINI@EAWILDCATS.NET

CAROL SMITH, HS DATA SECRETARY,

PH: 412-824-9700 x 1008

EMAIL: CSMITH@EAWILDCATS.NET

RUTH GIBSON, ATTENDANCE SECRETARY

PH: 412-824-9700 x 1001

EMAIL: RGIBSON@EAWILDCATS.NET

CONTACT BUILDING SECRETARY FOR REGISTRATION NEEDS

REGISTRATION FORMS AND INFORMATION AVAILABLE AT WWW.EAWILDCATS.NET



EAST ALLEGHENY SCHOOL DISTRICT LOGAN ELEMENTARY SCHOOL

1154 JACKS RUN ROAD, NORTH VERSAILLES, PA 15137

PH: 412-824-6053 FAX: 412-824-6095

GRADES K-6

WWW.EAWILDCATS.NET

PRINCIPAL

SEAN GILDEA

PH: 412-824-6053 x 3850

EMAIL: SGILDEA@EAWILDCATS.NET

DEAN OF STUDENTS

RYAN ENCAPERA

412-824-6053 x 3504

EMAIL: RENCAPERA@EAWILDCATS.NET

SCHOOL COUNSELORS

SCHOOL COUNSELOR, GR. K-3

MRS. LESLEY HAWKINS

PH: 412-824-6053 x 3150

EMAIL: LHAWKINS@EAWILDCATS.NET

SCHOOL COUNSELOR, GR. 4-6

MRS. CHERYL IHNAT

PH: 412-824-9700 x 3308

EMAIL: CIHNAT@EAWILDCATS.NET

SCHOOL NURSE:

JENNIFER STARK, RN, CSN

LOGAN ELEMENTARY NURSE DIRECT

PH: 412-824-6053 x 3700

ASSESSMENT/DATA ANALYSIS/TECH ASSISTANT

ALEX EICHLER

PH: 412-824-6053 X 3875

EMAIL: AEICHLER@EAWILDCATS.NET

SECRETARIES:

MARY EDWARDS

LOGAN ELEMENTARY SECRETARY

PH: 412-824-6053 x 3000

MARIA LAZZARO

LOGAN ELEMENTARY SECRETARY

PH: 412.824.6053 X 3855

CENTRAL REGISTRATION FOR DISTRICT IS LOCATED AT LOGAN ELEMENTARY SCHOOL
1154 JACKS RUN ROAD, NORTH VERSAILLES, PA 15137

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FOR OTHER FORMS AND INFORMATION VISIT WWW.EAWILDCATS.NET



Book	Policy Manual
Section	200 Pupils
Title	Dress and Grooming
Number	221
Status	Active
Legal	<ol style="list-style-type: none">1. 24 P.S. 1317.32. 22 PA Code 12.113. Pol. 3254. Pol. 4255. Pol. 5256. Pol. 233
Adopted	October 9, 2000
Last Revised	December 4, 2017

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	JSHS 7-12
1 st Offense	Loss of classroom privileges	1 Day Detention
2 nd Offense	2 days Detention *	1 day of ABC/BRR
3 rd Offense	3 days Detention *	1 Day OSS and no school activities for 45 consecutive school days.
4 th Offense	1 day OSS *	3 Days OSS and no school activities for 90 consecutive school days.
5 th Offense	3 days OSS *	5 Days OSS and no school activities for the remainder of the school year.
6 th Offense	5 days OSS *	Subsequent Dress Code violations may result in additional OSS or other disciplinary action deemed appropriate by the principal, including a referral to the Superintendent.
7 th Offense	10 days OSS *	Restricted school activities include, but are 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.

[221-Attach1 REVISED 11-3-2017.doc \(92 KB\)](#)[221-Attach2 REVISED 11-3-2017.doc \(94 KB\)](#)



EAST ALLEGHENY SCHOOL DISTRICT

DRESS CODE

The purpose for implementing this student dress code policy for all students in grades Kindergarten through 12 is to strengthen the learning environment for classroom instruction and academic performance; prevent disruption to the educational process; prevent distraction to students, staff and the educational process; facilitate learning; increase the atmosphere for school pride and personal appearance; and enhance the image of students and the school in the community. While requiring a specific type of clothing, it is not the district's purpose to interfere with student decisions or freedom of expression. However, the safety of all students, the security of the building, and the environment in which our students learn must be the foremost objective of the district.

This dress code policy shall be in effect during the regular school year.

Dress Code for Grades 7 to 12

BOYS-

1. Tops - Shirts with a collar and sleeve, in solids, stripes, or plaids, are required. Pictures or wording on the shirt are prohibited. Solid color, striped or patterned sweaters including crew neck, v-neck, full length zipper, half-zipper pullover, boat neck, vest/sweater vest, and cardigan can be worn as part of a layered outfit with a collared shirt or turtleneck. Button down dress shirts, with a collar and long or short sleeves, which have patterns.

No more than the top two (2) buttons may be unbuttoned on any style of a collared shirt.

A manufacturer's logo/emblem is permitted on the upper front corner of the shirt or on the sleeve.

All shirts must have finished seams, including sleeves, collars, and shirt sides.

Clothing that is torn, revealing, or tight is inappropriate school attire. Clothing that promotes drugs, alcohol, weapons or is offensive either by racial or sexual reference is prohibited.

2. Bottoms - Bottoms are permitted in the following colors: shades of **black, blue, and brown/tan** and must be solid in color. Pants can be pleated or straight. Length of pants should not extend beyond the bottom of the shoe and should not drag on the floor. The width of the pant bottom should be no larger than the shoe size. Shorts that are near the knee are permitted.

It is recommended that students wear a belt with bottoms. All bottoms must be worn at the waist. *The waist is defined as the area between the bottom of the rib cage and top of the hip bone.*

All bottoms must have a finished hem.

3. Shoes - Dress shoes, boots, sneakers, and sandals are permitted. **Slippers, flip-flops, and sneakers with wheels are not permitted.**

4. All clothing must be sized appropriately; therefore clothing must be no more than one (1) regular size larger or smaller than the student actually measures.

GIRLS-

1. Tops - Shirts with a collar and sleeve, in solids, stripes, or plaids, are required. Pictures or wording on the shirt are prohibited. Solid color, striped or patterned sweaters including crew neck, v-neck, full length zipper, half-zipper pullover, boat neck, vest/sweater vest, and cardigan can be worn as part of a layered outfit with a collared shirt or turtleneck. Button down dress shirts, with a collar and long or short sleeves, which have patterns.

No more than the top two (2) buttons may be unbuttoned on any style of a collared shirt.

A manufacturer's logo/emblem is permitted on the upper front corner of the shirt or on the sleeve.

All shirts must have finished seams, including sleeves, collars, and shirt sides.

Clothing that is torn, revealing, or tight is considered to be inappropriate school attire. Clothing that promotes drugs, alcohol, weapons, or is offensive either by racial or sexual reference is prohibited.

2. Bottoms - Bottoms are permitted in the following colors: shades of **black**, **blue**, and **brown/tan** and must be solid in color. Pants can be pleated or straight Length of pants should not extend beyond the bottom of the shoe and should not drag on the floor. The width of the pant bottom should be no larger than the shoe size. In addition to these choices, capri pants, jumpers, skirts, shorts, and skorts are also permitted but limited in colors to those outlined above. The hemline must be near the knee.

It is recommended that students wear a belt with bottoms. All bottoms must be worn at the waist. *The waist is defined as the area between the bottom of the rib cage and top of the hip bone.*

All bottoms must have a finished hem.

3. Dresses - All dresses must have a collar and sleeves. All jumpers must be worn with an approved collared top. Dresses and jumpers must be a solid color, the appropriate length and have a finished hem. Dresses with collar and long or short sleeves, with patterns or plaids.

4. Socks - Any color sock is permitted. Leggings, tights, leotards, etc. are recommended under dresses, skirts, and skorts and must be in a solid color.

5. Shoes - Dress shoes, boots, sneakers, and sandals are permitted. Slippers, flip-flops, and sneakers with wheels are not permitted.

6. All clothing must be sized appropriately; therefore clothing must be no more than one (1) regular size larger or smaller than the student actually measures.

PROHIBITED

Hooded tops or "hoodies" are prohibited. Hooded tops or "hoodies" may be worn as outerwear but must be placed in lockers upon arrival to school.

Outerwear/Outdoor clothing is not permitted once classes begin.

Wearing an oversize/draping shirt hanging at the knee area, touching the knee, or below the knee is strictly prohibited.

Draping articles of clothing, towels, or other objects out of pant pockets are not permitted.

Tops which expose cleavage, undergarments, or waist/belly button /stomach area are strictly prohibited.

Denim (Jeans) of any type is prohibited. Cut-offs or holes of any kind are not permitted in bottoms. Students are not permitted to wear leggings/jeggings as pants, pajama bottoms, yoga pants, athletic style pants and shorts, or sweat pants/jogging pants and sweat shorts, which includes fleece, stretch knits, cotton, nylon, spandex and velour.

Wearing bottoms which expose skin or undergarments or wearing oversized, draping baggy style pants to create a “sag” look is strictly prohibited.

Fishnet or ripped-up stockings are not permitted.

No head coverings are permitted. This includes but is not limited to caps, hats, hoods, bandanas, wave caps, sweatbands, skull caps, sunglasses, headsets, or any other head covering. Combs, rakes, or picks should not be worn in the hair

Any gang attire, symbols, signs, tattoos, hairstyles, or other evidence of membership in, or affiliation with, recruitment of, or desire to be affiliated with any gang is prohibited.

JEWELRY AND ACCESSORIES

Jewelry or accessories that may be used as weapons are not to be worn to school. This includes but is not limited to jewelry such as spiked rings, spiked bracelets, spiked dog collars, chained wallets, two (2) or three (3) finger rings that are connected, and bulky chains worn around the neck or waist.

Chains and sharp objects such as spikes are not allowed on clothing or book bags.

Students may not wear tinted glasses or sunglasses. Gold teeth or grills of any type are strictly prohibited.

RELIGIOUS/OTHER EXEMPTIONS

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. This may be determined by the building principal.

Requests for exemptions from the dress code based upon one’s religion or religious beliefs must be made at least seventy-two (72) hours in advance in writing to the Principal. The letter must include an explanation of why the religion/religious belief prevents compliance with the dress code.

Other exceptions will require approval from the Building Principal. Such exception requests must be made in writing at least twenty-four (24) hours in advance and must include a reason/explanation for the request.

GENERAL

All clothing is to be clean and neat.

Attire that is not in compliance with this dress code policy is not permitted. In addition to the clothing items expressly prohibited under this policy, Principals and District Administration have discretion to address any attire/body art that is offensive, degrading, vulgar, contrary to the educational mission of the school, disrupting the learning environment, or infringing upon the rights of others.

Transfer Students

Transfer students must be in compliance with the dress code policy by the first attended day of school.

VIOLATIONS

***TBA by building**

Repercussions for dress code violations will be determined by the building principals. Infractions could result in:

- Notification to parents

- Detentions

- In-school suspensions

- Out-of-school suspensions