



# Use of Student Photograph

Return to:  
James Watson, Student Information Manager  
jwatson@cityhigh.org

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

Dear Parents,

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image to be published on materials including but not limited to our website, social media, newsletter, or other social media outlets and marketing materials. We want to be able to celebrate your student and their work, while maintaining good lines of communication with you. City High's use of social media helps increase communication with parents, highlights student achievements, and promotes the success of our school.

It is our aim at City Charter High School to ensure that the use of social media at the school is undertaken responsibly and that the confidentiality of pupils and staff and the reputation of the school are safeguarded. When publishing material we will typically publish **First Names and Last initial**, and that in the case of a close-up of a child's image or use of full name, we will seek your permission before its is used.

Thank you!

Dr. Dara Ware Allen, CEO

**CHECK ONE:**

- I give permission for my child's photograph and name to be used on the City Charter High School website, on promotional material or on social media.
- I **DO NOT** give permission for my child's photograph or name to be used on the City Charter High School website, on promotional material or in local media.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



# Home Language Survey

The Civil Rights Act of 1964 Title VI, Language Minority Compliance Procedure requires that School Districts/Charter Schools identify limited English proficient (LEP) students. Pennsylvania has selected the home language survey as the method for the identification.

School Districts/Charter Schools have the responsibility under federal law to serve students who speak with limited English proficiency and need English instructional services. Given this responsibility, the School District/Charter School has the right to ask for the information it needs to identify English Language Learners (ELLs).

As part of the responsibility to locate and identify ELLs, the School District/Charter School may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the School District/Charter School in the future.

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

1. Is a language other than English spoken in the student's home?      No      Yes

If yes, what language or languages? \_\_\_\_\_

2. Does your student speak a language other than English?      No      Yes

If yes, what language or languages? \_\_\_\_\_

If you answered yes to question 1 or 2, please complete the following questions as well:

3. What language did your student first learn to speak? \_\_\_\_\_

4. Is your student receiving ELL or ESL services or has your student in the past?

No                      Yes                      I'm not sure

5. What language do you as parents/guardians prefer to receive communication in?

\_\_\_\_\_

6. What YEAR did the student first attend a school in the United States? \_\_\_\_\_

Person completing this form:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_



# Parental Registration Statement

*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 suspended or expelled from any public or private school of the Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful affliction of injury to another person or for any act of violence committed on school property."*

I hereby swear or affirm that my child was  was not  previously suspended or expelled, and is  is not  currently expelled from any other public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful affliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24P.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.

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

You must include all suspensions and expulsions for weapons, alcohol, drugs, and acts of violence. Any false or willful statement made below shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

School attending when violation occurred	Grade Level	Total # of Days	First Day of Suspension/Expulsion	Reason for Suspension/Expulsion

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

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



# Emergency Care Form

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

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

Does your child have Asthma?  Yes  No Asthma Medications: \_\_\_\_\_

Does your child have any allergies (food, insects, medication)?  Yes  No

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Taken at home

Taken at school

**No medications will be dispensed until this form is received in the Health Office**

In addition to First Aid, the School Nurse may treat my child with:

Acetaminophen (Tylenol)  Yes  No

Cough Drops (Halls)  Yes  No

Ibuprofen (Advil/Motrin)  Yes  No

Anbesol/Oragel  Yes  No

Throat Lozenges (sore throat)  Yes  No

Antacids (Tums)  Yes  No

Claritin 10MG  Yes  No

## Significant Medical Conditions (if yes, please explain)

Cardiac  Yes  No

Concussion  Yes  No

Diabetes  Yes  No

Eating Disorder  Yes  No

Gastrointestinal Disorder  Yes  No

Hearing Disorder  Yes  No

Menstrual Disorder (females)  Yes  No

Orthopedic Condition  Yes  No

Respiratory Condition  Yes  No

Psychiatric Disorder  Yes  No

Seizure Disorder  Yes  No

Skin Disorder  Yes  No

Vision Disorder  Yes  No

Other (please specify) \_\_\_\_\_

Does your child wear glasses or contacts? \_\_\_\_\_

Please specify any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education:

*I understand that if my child needs immediate medical attention and the school is unable to reach a parent or designated emergency contact my permission is granted to take my child to the emergency room for treatment. I also understand that this information may be shared with all appropriate school personnel.*

Parent/Guardian Signature

Date