



Erie Rise Leadership Academy Charter School  
Enrollment Checklist

PLEASE CHECK ALL PAPERWORK IS FILLED OUT

|  |                                       |
|--|---------------------------------------|
|  | ENROLLMENT FORM                       |
|  | RELEASE OF SCHOOL RECORDS             |
|  | CENSUS                                |
|  | EMERGENCY CONTACT FORM                |
|  | SPECIAL EDUCATION FORM                |
|  | PHOTO PERMISSION                      |
|  | REGISTRATION STATEMENT                |
|  | HOME LANGUAGE FORM                    |
|  | STUDENT HOUSING QUESTIONNAIRE         |
|  | FERPA                                 |
|  | CIPA                                  |
|  | MEDICAL RECORDS RELEASE               |
|  | PHYSICAL EXAM                         |
|  | DENTIST REPORT                        |
|  | ADMINISTER MEDICATION (IF APPLICABLE) |

PLEASE CHECK ALL DOCUMENTATION IS RECEIVED

|  |  |
|--|--|
|  | COPY OF STUDENT BIRTH CERTIFICATE                        |
|  | 2 FORMS OF RESIDENCY (UTILITY BILL, ID, LEASE AGREEMENT) |
|  | COPY OF PARENT/GUARDIAN'S ID/DRIVERS LICENSE             |
|  | GUARDIANSHIP LEGAL PAPERWORK (IF APPLICABLE)             |

# Charter School Student Enrollment Notification Form

For School Year 2021-2022

**Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.**

Name of Charter School: Erie Rise Leadership Academy Charter School  
Address: 1006 West 10th Street  
Erie, PA 16502  
Charter School Contact Person: Aubrey Favor, Interim CEO  
Telephone: 814.520.6468 Email Address: \_\_\_\_\_

## I. Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address (If Different From Home Address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## II. School District of Residence and Former School Information

School District of Residence: \_\_\_\_\_  
Former School Information (Other Than Pre-School):  
Public School \_\_\_\_\_ Charter School \_\_\_\_\_ Home School \_\_\_\_\_ Nonpublic School \_\_\_\_\_  
Student Not Enrolled in School Preceding Enrollment in Charter School Because:  
Entering Kindergarten \_\_\_\_\_ Re-Enrolling Dropout \_\_\_\_\_ Other \_\_\_\_\_  
Name of Former School: \_\_\_\_\_  
Address of Former School: \_\_\_\_\_  
Previous Grade: \_\_\_\_\_ Withdrawal Date From Former School: \_\_\_\_\_  
Was Your Child Receiving Special Education Services Based On An Iep? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Do You Have The Child's Special Education Records (Iep)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**III. Parent/Guardian Information:**

Child Lives With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Both Parents Alternately \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only  
\_\_\_\_\_ Legal Guardian \_\_\_\_\_ Foster Parents \_\_\_\_\_ Other Adult \_\_\_\_\_  
Special Custodial Court Instructions: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, Please Provide a Copy of Court Order.) \_\_\_\_\_

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**Complete Parent/Guardian Name and Address information As Applicable**

Father's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

-----  
Mother's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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**If The Student Is Not Living With Parents, Please Complete This Section.**

\_\_\_\_\_ Guardian's Name Or \_\_\_\_\_ Foster Parent's Name Or \_\_\_\_\_ Other Adult Name  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

-----  
My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. My signature also certifies that my child is not and will not be enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this charter school.

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

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**IV. To Be Completed By Charter School:**

Verification of Date of Birth: \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Other \_\_\_\_\_  
Proof of \_\_\_\_\_ Mortgage \_\_\_\_\_ Lease \_\_\_\_\_ Utility \_\_\_\_\_ Other \_\_\_\_\_  
Residency \_\_\_\_\_ Statement \_\_\_\_\_ Bill \_\_\_\_\_  
Official Enrollment Date: \_\_\_\_\_ Anticipated Date of Attendance: \_\_\_\_\_  
Grade Student Is Entering: \_\_\_\_\_  
Signature of Charter School Representative: \_\_\_\_\_



**AUTHORIZATION TO RELEASE AND OBTAIN STUDENT SCHOOL RECORDS**

Date Requested: \_\_\_\_\_.

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

PA Secure ID:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

To: \_\_\_\_\_  
\_\_\_\_\_

**Requested Documentation:**

- PA Secure ID
- Attendance Records
- Discipline Records
- All Academic Records (Report Cards\PSSA)
- Health and Immunization Records (please send to Nurse only)
- IEP (individual Education Plan\ Psychological and Educational Testing) contact special department.
- ELL Records

My Signature authorizes the release / receipt of the following records:

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

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C 123g,34 CFR Part 99) is a Federal Law that protects the privacy of student education records. The Law applies to all schools that receive funds under and applicable program of the U.S. Department of Education. 1.800.872.5327



## Student Census

Grade Entering: **K5F** 1 2 3 4 5 6 7 8 ONLY CIRCLE ONE

Student Last Name: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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First Student Name: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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D.O.B. 

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Gender  Male  Female

Homeless  Yes  No  Shelter  Living with Relative or Friends  
(CHECK ONLY IF APPLIES)

**Ethnicity (RACE)** please check all that applies

- American Indian or Alaskan Native** *A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal or community recognition.*
- Asian or Pacific Islander** *A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or Pacific Islands. This includes people from China, Japan, Korea, the Philippine Islands, Samoa, India, Vietnam, Guam, Cambodia, Malaysia, and Thailand.*
- Black (not of Hispanic origin)** *A person having origins in any of the black racial groups of Africa (except those of Hispanic origin) Mogaadishu, Ethiopian, Sudan.*
- Hispanic** *A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.*
- White (not of Hispanic origin)** *A person having origins in any of the original peoples of Europe, North Africa or the Ukraine, Arab, Iraqi, Bosnia, Lebanese, Russia (except those of Hispanic origin)*

Multi-Racial  Black  White  Hispanic  American Indian

**Home Language Survey**

- Is a language other than English spoken in the home?  Yes  No
- If yes, what Language is spoken in your home? \_\_\_\_\_
  - What date did you first attend a United States School: \_\_\_\_\_

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

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

# Erie Rise Leadership Academy Charter School



(Please call the office IMMEDIATELY if you have a change in your emergency information)

Date: \_\_\_\_\_ Grade: K 1 2 3 4 5 6 7 8 Bus#: \_\_\_\_\_ D.O.B \_\_\_\_\_

Name of Child \_\_\_\_\_

Home Address \_\_\_\_\_

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

Mother: \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

Father: \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

If neither parent can be contacted by the school, please list below those whom you give permission to be contacted in the event of an emergency as well as the ability to pick them up from the school:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

## SIBLING INFORMATION

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

## Erie Rise Leadership Academy Charter School Special Education Questionnaire

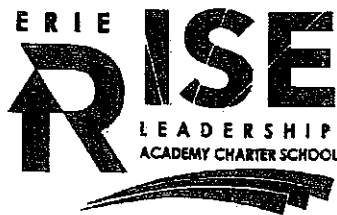


|   |  |
|---|--|
| _____<br>Student First Name                                     | _____<br>Student Last Name                                 |
| K    1    2    3    4    5    6    7    8<br>Grade (circle one) | Male          Female          Other<br>Gender (circle one) |
| _____/_____/_____<br>Date of Birth                              | _____<br>Previous School Name (if applicable)              |

Please answer the following questions by circling YES, NO, or UNSURE

|    |  |     |    |        |
|----|--|-----|----|--------|
| 1. | To your knowledge, does your student have an IEP?<br>(Individualized Educational Plan) | YES | NO | UNSURE |
| 2. | Does your student receive speech services?   | YES | NO | UNSURE |
| 3. | Does your student receive physical therapy?  | YES | NO | UNSURE |
| 4. | Does your student receive occupational therapy services?                               | YES | NO | UNSURE |

# Erie Rise Leadership Academy Charter School



## PHOTO PERMISSION

1. The students of the Erie Rise Leadership Academy Charter School upon numerous occasions will be positively "media worthy." We would like your permission to include your child when we are visited by the media\ website\ and photographs.

## FIELD TRIP PERMISSION FORM

1. In anticipation of the many future field trip opportunities, we would appreciate each family signing and completing the following permission form. *This will authorize students to participate in All field trips at Erie Rise Leadership Academy Charter School.*

Please indicate your response, the name of your child, your signature and phone number.

\_\_\_\_ YES I would like for my child to take part in website / media / field trip and covered events.

\_\_\_\_ NO I would like for my child to take part in website / media / field trip and covered events.

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

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_





# Parent's Registration Statement

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I, \_\_\_\_\_ am attesting to whether student  
(Parent/Guardian Name)

(Please check one)

\_\_\_\_\_  has not been  has been  
(Student Name)

suspended or expelled for offenses involving drugs, alcohol,  
weapons, infliction of injury or violence on school property.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness of 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



# Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the Federal Relay Service.

Acknowledgement of reading the FERPA information above.

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

\_\_\_\_\_  
Date

# CIPA (Children's Internet Protection Act)

CIPA requirements include the following three items:

**1. Internet Safety Policy** Schools and libraries receiving universal service discounts are required to adopt and enforce an Internet safety policy that includes a technology protection measure that protects against access by adults and minors to visual depictions that are obscene, child pornography, or — with respect to use of computers with Internet access by minors — harmful to minors.

The Internet safety policy must address all of the following issues:

- Access by minors to inappropriate matter on the Internet and World Wide Web
- The safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications
- Unauthorized access including "hacking" and other unlawful activities by minors online
- Unauthorized disclosure, use, and dissemination of personal information regarding minors
- Measures designed to restrict minors' access to materials harmful to minors

For schools, the policy must also include monitoring the online activities of minors. Note: beginning July 1, 2012, when schools certify their compliance with CIPA, they will also be certifying that their Internet safety policies have been updated to provide for educating minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, cyberbullying awareness, and response.<sup>2</sup>

**Technology Protection Measure** A technology protection measure is a specific technology that blocks or filters Internet access. The school or library must enforce the operation of the technology protection measure during the use of its computers with Internet access, although an administrator, supervisor, or other person authorized by the authority with responsibility for administration of the school or library may disable the technology protection measure during use by an adult to enable access for bona fide research or other lawful purpose.<sup>3</sup>

**3. Public Notice and Hearing or Meeting** The authority with responsibility for administration of the school or library must provide reasonable public notice and hold at least one public hearing or meeting to address a proposed technology protection measure and Internet safety policy. For private schools, public notice means notice to their appropriate constituent group. Unless required by local or state rules, an additional public notice and a hearing or meeting is not necessary for amendments to Internet safety policies.

## Administrative Authority

The Administrative Authority for a school or library is the entity that must make the relevant certification for the purpose of CIPA. For a school, the Administrative Authority may be the school, school district, school board, local educational agency, or other authority with responsibility for administration of the

school. For a library, the Administrative Authority may be the library, library board, or other authority with responsibility for administration of the library.

If the Administrative Authority is also the Billed Entity, the Administrative Authority certifies on the FCC Form 486. If the Administrative Authority is not the Billed Entity, the Administrative Authority must complete FCC Form 479 (Certification of Administrative Authority to Billed Entity of Compliance with the Children's Internet Protection Act), and submit the FCC Form 479 to the Billed Entity. The Billed Entity then certifies on the FCC Form 486 that it has collected, duly completed, and signed the FCC Form 479. The Billed Entity does not need to collect FCC Forms 479 when the Billed Entity applies only for telecommunications services.

### **Violation of this Policy**

Violation of the ERLACS Internet Acceptable Use Policy in any way may result in suspension or the loss of the privilege to access the Internet and World Wide Web or other technology resources provided by the school. Other disciplinary action may be taken in accordance with existing school and/or diocesan policy.

### **Student User Agreement**

I understand and will abide by the procedures and Internet Acceptable Use Policy (ISP) for independent access to the electronic resources of ERLACS. I further understand that any violation of the regulations above is unethical and should I commit any violation, my access privileges may be revoked, ERLACS disciplinary and/or appropriate legal action may be taken.

In consideration for the privilege of using ERLACS's electronic resources and in consideration for having access to the information contained on it, I hereby release and agree to hold harmless ERLACS from all claims for damages of any nature arising from my access, use, or inability to access or use the computer or network system.

**Student Name (Please Print)** \_\_\_\_\_

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

### **Parent or Guardian Consent for Independent Use**

As the parent or guardian of the student signing above, I have read the Internet Acceptable Use Policy (ISP) and guidelines for independent use established by ERLACS. I grant permission for my son or daughter to access networked computer services such as electronic mail, the Internet, and World Wide Web.

I understand and agree that individuals and families may be held liable for violations. I understand that some materials on the computers or Internet may be objectionable, but I accept responsibility for guidance of computer or Internet and World Wide Web use – setting and conveying standards for my son or daughter to follow when selecting, sharing, or exploring information or media. Furthermore, I accept full responsibility for supervision if and when my child's use is not in a school setting.

**Parent or Guardian (Please Print)** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Erie Rise Leadership Academy Charter School

## Medical Records Release Form

3. Please circle or specify the reasons for this Authorization.

- At my request
- Other: \_\_\_\_\_

4. I understand that I have the right to revoke this Authorization at any time. I understand that I must revoke it in writing to the attention of the "Privacy Officer" of each Provider listed above.

I understand that information used or disclosed under this Authorization could potentially be re-disclosed by the person receiving the information and may no longer be subject to the privacy provided to me by law.

**This Authorization will automatically expire once the student ceases to be enrolled at Erie Rise Leadership Academy Charter School.**

I have read this Authorization or had it explained to me and I understand its contents.

Student Signature (14 or older): \_\_\_\_\_ Date: \_\_\_\_\_

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

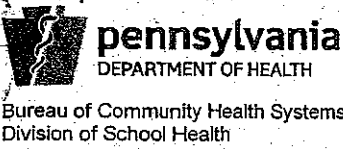
Relationship of the Witness to the Student (if required):  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form has been reviewed for HIPA (1996), FERPA (1974) and PA Mental Health & Mental Retardation Act (1996) compliance.





**Private or School  
PHYSICAL EXAMINATION  
OF SCHOOL AGE STUDENT**

**PARENT / GUARDIAN / STUDENT:**  
Complete page one of this form before  
student's exam. Take completed form to  
appointment.

Student's name \_\_\_\_\_ Today's date \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age at time of exam \_\_\_\_\_ Gender:  Male  Female

**Medicines and Allergies:** Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies?  No  Yes (If yes, list specific allergy and reaction.)

Medicines  Pollens  Food  Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

| GENERAL HEALTH <i>Has the student</i>  | YES | NO |
|--|-----|----|
| 1. Any ongoing medical conditions? If so, please identify:<br><input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection<br>Other _____  |     |    |
| 2. Ever stayed more than one night in the hospital?  |     |    |
| 3. Ever had surgery?   |     |    |
| 4. Ever had a seizure?   |     |    |
| 5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?   |     |    |
| 6. Ever become ill while exercising in the heat?   |     |    |
| 7. Had frequent muscle cramps when exercising?   |     |    |
| HEAD/NECK/SPINE <i>Has the student</i>   | YES | NO |
| 8. Had headaches with exercise?  |     |    |
| 9. Ever had a head injury or concussion?   |     |    |
| 10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?  |     |    |
| 11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?   |     |    |
| 12. Ever been unable to move arms or legs after being hit or falling?  |     |    |
| 13. Noticed or been told he/she has a curved spine or scoliosis?   |     |    |
| 14. Had any problem with his/her eyes (vision) or had a history of an eye injury?  |     |    |
| 15. Been prescribed glasses or contact lenses?   |     |    |
| HEART/LUNGS <i>Has the student</i>   | YES | NO |
| 16. Ever used an inhaler or taken asthma medicine?   |     |    |
| 17. Ever had the doctor say he/she has a heart problem? If so, check all that apply:<br><input type="checkbox"/> Heart murmur or heart infection<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____ |     |    |
| 18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?  |     |    |
| 19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?   |     |    |
| 20. Had discomfort, pain, tightness or chest pressure during exercise?   |     |    |
| 21. Felt his/her heart race or skip beats during exercise?   |     |    |
| BONE/JOINT <i>Has the student</i>  | YES | NO |
| 22. Had a broken or fractured bone, stress fracture, or dislocated joint?  |     |    |
| 23. Had an injury to a muscle, ligament, or tendon?  |     |    |
| 24. Had an injury that required a brace, cast, crutches, or orthotics?   |     |    |
| 25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?   |     |    |
| 26. Had joints that become painful, swollen, feel warm, or look red?   |     |    |
| SKIN <i>Has the student</i>  | YES | NO |
| 27. Had any rashes, pressure sores, or other skin problems?  |     |    |
| 28. Ever had herpes or a MRSA skin infection?  |     |    |

| GENITOURINARY <i>Has the student</i>  | YES | NO |
|---|-----|----|
| 29. Had groin pain or a painful bulge or hernia in the groin area?  |     |    |
| 30. Had a history of urinary tract infections or bedwetting?  |     |    |
| 31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes: At what age was her first menstrual period? _____<br>How many periods has she had in the last 12 months? _____<br>Date of last period: _____  |     |    |
| DENTAL  | YES | NO |
| 32. Has the student had any pain or problems with his/her gums or teeth?  |     |    |
| 33. Name of student's dentist: _____<br>Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years   |     |    |
| SOCIAL/LEARNING <i>Has the student</i>  | YES | NO |
| 34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?  |     |    |
| 35. Been bullied or experienced bullying behavior?  |     |    |
| 36. Experienced major grief, trauma, or other significant life event?   |     |    |
| 37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?   |     |    |
| 38. Been worried, sad, upset, or angry much of the time?  |     |    |
| 39. Shown a general loss of energy, motivation, interest or enthusiasm?   |     |    |
| 40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?  |     |    |
| 41. Used (or currently uses) tobacco, alcohol, or drugs?  |     |    |
| FAMILY HEALTH   | YES | NO |
| 42. Is there a family history of the following? If so, check all that apply:<br><input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome<br><input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems<br><input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder<br><input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease<br>Other _____ |     |    |
| 43. Is there a family history of any of the following heart-related problems? If so, check all that apply:<br><input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome<br><input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____                   |     |    |
| 44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?   |     |    |
| 45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?   |     |    |
| QUESTIONS OR CONCERNS   | YES | NO |
| 46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)  |     |    |

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student \_\_\_\_\_ Date \_\_\_\_\_

HEALTH CARE PROVIDERS *Please photocopy immunization history from student's record OR insert information below*

**IMMUNIZATION EXEMPTION(S):**

Medical  Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

Medical  Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

Medical  Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

**NOTE:** The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

| VACCINE   | DOCUMENT (1) Type of vaccine; (2) Date (month/day/year) for each immunization |    |    |    |    |
|---|---|----|----|----|----|
|   | 1   | 2  | 3  | 4  | 5  |
| Diphtheria/Tetanus/Pertussis (child)<br>Type: DTaP, DTP or DT                           |   |    |    |    |    |
| Diphtheria/Tetanus/Pertussis (adolescent/adult)<br>Type: Tdap or Td                     |   |    |    |    |    |
| Polio<br>Type: OPV or IPV   |   |    |    |    |    |
| Hepatitis B (HepB)  |   |    |    |    |    |
| Measles/Mumps/Rubella (MMR)   |   |    |    |    |    |
| Mumps disease diagnosed by physician <input type="checkbox"/>                           | Date: _____   |    |    |    |    |
| Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>            |   |    |    |    |    |
| Serology: (Identify Antigen/Date/POS or NEG)<br>i.e. Hep B, Measles, Rubella, Varicella |   |    |    |    |    |
| Meningococcal Conjugate Vaccine (MCV4)  |   |    |    |    |    |
| Human Papilloma Virus (HPV)<br>Type: HPV2 or HPV4                                       |   |    |    |    |    |
| Influenza<br>Type: TIV (injected)<br>LAIV (nasal)                                       |   |    |    |    |    |
|   | 6   | 7  | 8  | 9  | 10 |
|   | 11  | 12 | 13 | 14 | 15 |
| Haemophilus Influenzae Type b (Hib)   |   |    |    |    |    |
| Pneumococcal Conjugate Vaccine (PCV)<br>Type: 7 or 13                                   |   |    |    |    |    |
| Hepatitis A (HepA)  |   |    |    |    |    |
| Rotavirus   |   |    |    |    |    |
| <b>Other Vaccines: (Type and Date)</b>  |   |    |    |    |    |
|   |   |    |    |    |    |
|   |   |    |    |    |    |
|   |   |    |    |    |    |
|   |   |    |    |    |    |

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT  
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_

|               |       |        |     |   |       |              |
|---------------|-------|--------|-----|---|-------|--------------|
| NAME OF CHILD |       |        | AGE | SEX   | GRADE | SECTION/ROOM |
| Last          | First | Middle |     | <input type="checkbox"/> M <input type="checkbox"/> F |       |              |

ADDRESS

No. and Street      City or Post Office      Borough/Township      County      State      Zip

**REPORT OF EXAMINATION**

|       |  | TOOTH CHART |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |       |
|-------|--|-------------|----|----|----|----|----|----|----|------|----|----|----|----|----|----|----|-------|
|       |  | RIGHT       |    |    |    |    |    |    |    | LEFT |    |    |    |    |    |    |    |       |
| UPPER |  | 1           | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9    | 10 | 11 | 12 | 13 | 14 | 15 | 16 | Upper |
| LOWER |  | 32          | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24   | 23 | 22 | 21 | 20 | 19 | 18 | 17 | Lower |
| UPPER |  |             |    |    | A  | B  | C  | D  | E  |      |    |    | H  | I  | J  |    |    | Upper |
| LOWER |  |             |    |    | T  | S  | R  | Q  | P  |      |    |    | L  | K  |    |    |    | Lower |

Is The Child Under Treatment?      Yes       No

Treatment Completed      Yes       No

\_\_\_\_\_  
Date of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner

\_\_\_\_\_  
Print Name of Dental Examiner

\_\_\_\_\_  
Address

ERIE RISE LEADERSHIP ACADEMY CHARTER SCHOOL  
REQUEST TO ADMINISTER MEDICATIONS

REQUEST TO ADMINISTER MEDICATION

I request that designated personnel of Erie Rise administer the medication listed below to my child according to the label and/or physician instructions. I agree to furnish an adequate amount of medication in the original container. I understand that Erie Rise personnel will protect my child and not administer medication if this form is not completed or the medication is not furnished as required.

Please note: Non-Prescription/Prescription Medication cannot be sent home with the Student  
At the end of the school year (circle one)      Dispose of medication      Parent will pick up  
\*\*\*\*Note: All remaining medication will be disposed of on the last day of school\*\*\*\*

See back for more detailed information. Call your school nurse at (814) 520-6468 for any questions.  
Completed request can be faxed to (814) 520-6413 (Erie Rise) along with any questions.

Prescription Medication

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Dosage: \_\_\_\_\_

Condition for which the medication is prescribed: \_\_\_\_\_

Time(s) to be given at school: \_\_\_\_\_ Do not administer after the following date: \_\_\_\_\_

Physician's printed name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_ Physician's Fax: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to my child's school nurse to administer the prescribed medication in accordance with the physician's instructions above. I also give permission for the school to contact the above health care provider about the administration of this medication. I understand that Erie Rise, the Board and its employees shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration of medication to a student, provided such administration conforms to the requirements of this policy.

Parent/Guardian Printed Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

Non-Prescription Medication

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_

Condition for which the medication is prescribed: \_\_\_\_\_

Time(s) to be given at school: \_\_\_\_\_

Do not administer after the following date: \_\_\_\_\_

I understand that Erie Rise, the Board and its employees shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration of medication to a student, provided such administration conforms to the requirements of this policy.

Parent/Guardian Printed Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE AND INDEMNITY AGREEMENT**

KNOW ALL MEN BY THESE PRESENT, that we

\_\_\_\_\_ father,  
mother and /or guardian(s) of \_\_\_\_\_

A student enrolled at Erie Rise Leadership Academy Charter School Erie, Pennsylvania do hereby petition the School as follows: WHEREAS, the student has an illness or disability which requires the periodic administering of medication; and WHEREAS, the student's Licensed Prescriber has submitted unto the school, a written order identifying the medication and detailing the hours and units of dosage to be given to the student, and ;WHEREAS, the parent acknowledges the administration of such medication is gratuitous act on the part of the school for which the school is under no legal obligation to perform.

NOW THEREFORE, in consideration of the foregoing, the parents do hereby request Erie Rise Leadership Academy of Erie, Pennsylvania, its agents and employees, to administer the medication herein referred to, and in order to induce the school, its agents and employees, to administer such medication, do hereby remiss, release, and forever discharge the said school in the City of Erie, Pennsylvania, its members of the Board of Directors (both collectively and individually), its agents and employees, and his/her/their and its successors and assigns, heirs, executors, and administrators, of and from, any and all claims, demands, rights, and causes of action whatsoever kind and nature, arising from, and by reason of, any and all known and unknown foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, which hereafter may be sustained by the said minor student and by the said parent and by any other person or persons having legal interest therein in consequence of the administration of such medication.

AND, FURTHERMORE, we, the said parents and/or guardian(s) of the minor do hereby expressly stipulate and agree, to indemnify and forever hold harmless Erie Rise Leadership Academy Charter School of the City of Erie, Pennsylvania, its members of the Board of Directors, (both collectively and individually), its agents and employees, and his/her/their and its successors or assigns, heirs, executors and administrators against loss from any and all further claim for damages on account of the injuries which may be sustained in consequence of the administration of the medication herein referred to, and the parents, guardian(s) or next friend hereby waive any and all rights of exemption, both as to real and personal property, to which they may be entitled under the laws of this or any State as against such claim or reimbursement or indemnity.

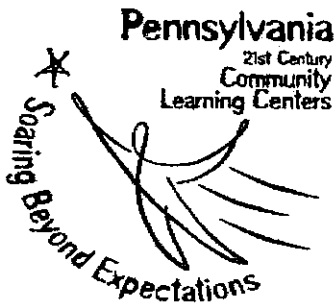
Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

ERIE RISE LEADERSHIP ACADEMY CHARTER SCHOOL  
REQUEST TO ADMINISTER MEDICATION(S)

Medication may be administered at the school with:

1. A parent or guardian written request that there is a need for the medication during the school day **and the parent brings the medication to the nurse.** This includes both prescription and over the counter medications.
2. **No medication is provided by the school.**
3. Medication must be kept in the nurse's office and administered by the school nurse or sub-nurse.
4. **No medication will be sent home with a student.** Parents/Guardians must pick up the medications whether prescription or over the counter.
5. Over the counter medications must be in the original bottle or box with the label intact and non-expired. Dispensing directions regarding age, dose and frequency will be strictly adhered to. All over the counter medications or request to alter the standard dose or frequency must also be accompanied by a physician's written note and signature.
6. Prescription medications must be in the original container and non-expired. It must be properly labeled in a prescription bottle/box with the student's name, medication name and directions for dispensing the drug and written by a physician/provider licensed to practice in the United States. **A physician's signature is required for all medications including over the counter. Including any dosage or frequency change. All PRN (as needed) medications will also need a physician's signature with order.**
7. Short term prescription medication can be administered for up to 10 consecutive days without a physician's signature. The prescription label can be no more than 7 days old upon receipt by the school nurse. A written request/signature from a physician/provider must be obtained if the medication needs to be administered for more than 10 days.
8. Medications (controlled substances) will be counted by the school nurse upon arrival at the school and documented as to the number of pills received. Narcotic pain medications prescribed for a temporary medical condition will not be stored or administered in the nurse office. Such medications must be delivered by the parent or guardian.
9. Medications prescribed or requested to be given three times a day or less **will not** be given at the school unless a specific time of administration during the school hours is prescribed by a physician/provider.
10. A student may be allowed to self-administer inhaled asthma medications, an Epi-pen or diabetes treatment **ONLY** if the following conditions have been complied with:
  - a. Written permission from the physician allowing the student to self-medication or treat
  - b. The Certified school nurse has counseled the parent and the student on the school's inability to monitor the student's health condition during the school day while self-medicating or treating. Written contract must be signed by the Certified school nurse **AND** the student for approval of self-administration.
  - c. The student complies with all the school safety policies.
11. No Erie Rise employee will administer herbal substances, anabolic steroids or dietary supplements except as prescribed by physician/provider if it is required by the IEP or Section 504 plan of a student with a disability. Medications must be provided by the student's parent or guardian. Reliable information must be given regarding the safe use of the product including side effects, toxicity drug interactions and adverse effects.



**Welcome Parents and Students!**

My name is Sarah Bridgett and I am the Director of the ERLACS 21<sup>st</sup> Century (CCLC) Program. The 21<sup>st</sup> Century Program is run outside of our normal school hours (after school) and is designed to enhance and expose our students to additional learning opportunities in our required subjects.

The ERLACS 21<sup>st</sup> Century program is eager to take advantage of every opportunity to reach students who have experienced learning gaps during the pandemic. This past year has removed students from their normal course of education and placed them into situations that may have delayed their educational expectations. Therefore, the ERLACS 21<sup>st</sup> Century program, and their staff are dedicating themselves to assuring that each student is provided the extra opportunity to assure student success.

The ERLACS 21<sup>st</sup> Century program is now accepting new applications for the 2021-2022 school year. Please consider this an opportunity for your child. If interested complete the form below and return it along with your Erie Rise application.

Sincerely,

Mrs. Sarah Bridgett, Director 21<sup>st</sup> CCLC

Mr. Aubrey Favors, Interim CEO

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\_\_\_\_\_ YES, I would like for my child to participate in the 21<sup>st</sup> Century after school program.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parents Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bus Rider: \_\_\_\_\_

Walker: \_\_\_\_\_

Car Rider: \_\_\_\_\_

# Erie Rise Leadership Academy Charter School

## Dress Code

Here at Erie Rise Leadership Academy Charter School, we are excited to have students be ambassadors for our school in the community. Following the dress code guidelines allow the students to be dressed in ways to celebrate the successes of both the school and the students. Students shall be dressed and groomed in a manner that is clean, neat and that shall not be disruptive to the learning environment.

**School administration maintains final authority on all matters relating to the dress code.**

### Specific Guidelines

For all students

- No pictures, emblems, writing, or any logos (other than approved Rise logo) on clothing.
- Clothing with offensive or suggestive slogans or advertisements is not permitted.
- Torn or patched clothing of any kind is not permitted.
- Sagging clothing that falls below the waistline will not be allowed.
- Hats, hoods, or other headgear, sunglasses, and pins may not be worn inside the building, except for religious purposes.

If you need assistance with procuring uniforms, or have any questions, please contact with Ms. Jeffries, social services, at 814-520-6468.

### Tops

Girls and Boys: Erie Rise Leadership Academy Charter School t-shirt or collared shirt

- Collared shirts can be black, white, or orange
- Collared shirts should not have any logos (except ERLACS)

### Bottoms

Boys: Shorts (season dependent) or Pants

Girls: Shorts (season dependent) Slacks, Skirts, Jumpers or Skorts

- Bottoms can be any shade of solid khaki or black
- Bottoms must be knee length of capris.
- Shorts may be worn from May 1<sup>st</sup> until October 31<sup>st</sup>

### Outerwear

All jackets/sweatshirts worn inside the building MUST adhere to the color and logo guidelines for tops

### Footwear

Most Closed-Toe Shoes are Acceptable

- The following shoes are not allowed:
  - Backless sandals or shoes
  - Slippers/house shoes
  - Shoes that resemble house shoes
  - Shoes with wheels

Thanks for partnering with us here at Erie Rise Leadership Academy to ensure high expectations for all of our students. Erie Rise is on the Rise!!!