



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St

Philadelphia, PA 19120

Phone: 267-297-1883 Fax: 267-774-4860

Registration Checklist

Listed below is a checklist of items that **are requested by ASPIRA Bilingual Cyber Charter School**. Please use this document to track your submissions to us and ensure that you complete all requests in the registration process.

- State of Pennsylvania Charter School Enrollment Notification Form
- ABCCS Enrollment Form
- Family Income Form
- Home Facilitator Agreement Form (**Clearances must be provided if non-parent home facilitator.**)
- Instructional Property Agreement Form
- ISP Request for Reimbursement Form
- Release of Student Information Form (**Do not send to student's former school.**)
- Expulsion/Exclusion Signature Form
- Home Language Survey Form
- Why I Chose ABCCS Form
- Attendance Policy and Signature Form
- Picture Release Form
- PSSA Agreement Form
- Emergency Care Information Form
- School-Parent Compact Form
- Health Screening and Immunization Requirements Form
- School Health Information Form
- Private Dental Report
- Private Physician's Report

Additional Required Information:

- COPY of the Student's Birth Certificate—Please send a **copy**; you will bring the original to the orientation as well.
- Current Proof of Residency—Please include a copy of any of the following items: **deed, lease, current utility bill, property tax bill, vehicle registration, driver's license, DOT identification card.** Driver's License must be current. Document must be in the name of the homeowner or payee, must reflect the current address and must be current (within the past 30 days). Items NOT acceptable: credit card statement, bank statement, envelope, checks, etc.
- Immunization Records—Please send a copy, not the originals.

Additional Requested Information

- Medical/Dental Forms (Please refer to the *Health and Immunization Requirements* to see which medical forms you need to complete). **NOTE:** You do NOT need to complete the appropriate physical or dental exams before enrolling.
- Report Card/Transcripts—Please send a copy of the final report card for the last school year completed. **HIGH SCHOOL STUDENTS:** Please obtain a copy of your transcripts from your former school (transcripts should include all grades 9-12). If enrolling in the middle of the year, include grades/progress reports for every completed quarter of the current school year.
- Special Education Documents (if applicable): Parent is requested to include a copy of the student's most recent **IEP** (Individualized Educational Program) & **NOREP** (Notice of Recommended Educational Placement), the **Initial ER** (Evaluation Report), **all RR's** (Reevaluation Reports), most recent **Invitation to Participate**, all **Permission to Evaluate** and/or **Waiver** forms, and any other psychological or related service evaluations pertaining to Special Education.



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- Homeschool Transcripts (if homeschooled)—also include **signed evaluations** from the previous year, and for each year of high school.

ANNUAL PUBLIC NOTICE

In compliance with state and federal law, the ASPIRA Bilingual Cyber Charter School (ABCCS) will provide each protected handicapped student without discrimination or cost to the student or family, those related aids, services or accommodations which are needed to provide equal opportunity to participate in and obtain the benefits of the school program and extracurricular activities to the maximum extent appropriate to the student's abilities.

In order to qualify as a protected handicapped student, the child must be of school age with a physical or mental disability that substantially limits or prohibits participation in or access to an aspect of the school program.

These services and protections for "protected handicapped students" are distinct from those applicable to all eligible or exceptional students enrolled (or seeking enrollment) in special education programs.

For further information on the evaluation procedures and provisions of services to protected handicapped students, contact the ABCCS at 267-297-1883, or via email at Jherrera@cyber.aspirapa.org.

July 1, 1999 – 22 Pa. Code Chapter 15



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Charter School Student Enrollment Notification Form For School Year 2016-2017

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: ASPIRA Bilingual Cyber Charter School

Address: 6301 Nth 2nd st

Philadelphia, PA 19120

Charter School Contact Person: Janarys Herrera

Telephone: 267-297-1883 Email Jherrera@cyber.aspirapa.org
Fax 267-774-4860 Address: Jherrera@cyber.aspirapa.org

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



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III. Parent/Guardian Information:

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

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: _____

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
Parent/Guardian: _____ **Date:** _____

IV. To Be Completed By Charter School:

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



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ASPIRA Bilingual Cyber Charter School Enrollment Form 2016-2017

Please complete a separate Registration Packet for **each** student. **Print** clearly with **blue or black ink**.

Student Information

Student's Legal Name: _____
last first middle

Preferred Name: _____ Gender: Male Female Age: (as of 9/1/15) _____

Student's DATE of BIRTH: _____

Grade enrolling in THIS YEAR (2016-2017): K 1 2 3 4 5 6 7 8 9 10 11 12

Grade Level LAST YEAR (2015-2016): K 1 2 3 4 5 6 7 8 9 10 11 12

For students entering grades **9-12** for the 2016-2017 school year: What year did student **first** enter 9th grade?
2013-2014 2012-2013 2011-2012 2010-2011 2009-2010 2008-2009 2007-2008

Has the student ever lived outside the state of Pennsylvania? YES NO

If "YES," please provide the date that he/she most recently entered PA (yyyy-mm-dd): _____ - _____ - _____

OR, if that is not possible, please provide the most recent date he/she enrolled in a school in PA:

(yyyy-mm-dd): _____ - _____ - _____

Mailing Address:

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____ - _____

Home Phone: _____

Shipping Address:

(Must be the physical address of parent or legal guardian for materials delivery. No post office (P.O.) boxes. We cannot ship instructional materials without a physical address.)

Check if SAME as Mailing Address

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

PLEASE NOTE: If you are planning to move, please be sure to notify ABCCS in writing, or call the school at 215-455-1300, immediately. Shipping occurs periodically throughout the school year for some courses. Failure to notify ABCCS of an address change may result in delayed materials receipt.

Student's Name: _____ Student's Home Phone: _____



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Special Programs

To help us better serve your student's needs and transition, we would like to know about any special services your student has received or is required to receive under state or federal law. This information will not be used to determine enrollment eligibility, but will be used to ensure that your child is provided with proper services.

Has your student participated in any of the following special services?

Special Education Gifted & Talented ESL (English as a Second Language) 504 Plan

Does your student have an Individual Education Plan (IEP)? Yes No

If yes, do you have a copy of the IEP? Yes No

If yes, please enclose a copy. A copy must be received to assist in meeting your student's needs.

Emancipated Minor Information

Is the student an emancipated minor? Yes No

A student is considered emancipated if he/she is under 21 years of age and one or more of the following:

- Established a home apart from the control and support of their parents/legal guardians
- Married and living with his/her spouse
- Deemed legally emancipated

Sibling Information (for K-12 siblings only) – Please add additional siblings to back of page.

Sibling's Name	Enrollment Status	Date of Birth	Relationship to Student
	<input type="checkbox"/> Enrolling this year <input type="checkbox"/> Enrolled last year <input type="checkbox"/> Not enrolling now		
	<input type="checkbox"/> Enrolling this year <input type="checkbox"/> Enrolled last year <input type="checkbox"/> Not enrolling now		

Home Facilitator Working with Student

For working with your student on a daily basis. This Home Facilitator may be a parent, legal guardian, or someone else of your choosing. If other than a parent or legal guardian, you will be asked to provide additional information before you enroll.

Please designate the Home Facilitator, list his or her relationship to the student, and provide requested information below.

Home Facilitator's Name: _____
Last First Middle

Relationship to Student: _____

Home Phone: _____ E-Mail Address: _____

What language(s) does the Home Facilitator speak? _____

What language(s) does the Home Facilitator read? _____

What language(s) does the Home Facilitator write? _____



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Enrollment Form 2016-2017

Parent/Guardian Information

Student Lives With: Both parents Both parents alternately (joint custody) Mother Only Father Only
 Legal Guardian Other (Please Explain): _____

Mother's Name: _____

Mother's Mailing Address: Same as student's

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Mother's Maiden Name: _____

Federal Employee? Yes No

Migrant Worker? Yes No

Name of Employer: _____

Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Is it okay to contact you at work in case of an emergency? YES NO

E-Mail Address: _____

Highest level of education completed (optional):

GED

High school

Some college

Associate's degree

Bachelor's degree

Master's degree or above

Father's Name: _____

Father's Mailing Address: Same as student's

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Federal Employee? Yes No

Migrant Worker? Yes No

Name of Employer: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Is it okay to contact you at work in case of an emergency? YES NO

E-Mail Address: _____

Highest level of education completed (optional):

GED

High school

Some college

Associate's degree

Bachelor's degree

Master's degree or above

Student's Name: _____ **Student's Home Phone:** _____



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Family Income Form for the 2016-2017 School Year

PLEASE NOTE: Each year the Pennsylvania Department of Education (PDE) allocates funds to be used for the express purpose of providing supplemental services to students at risk of academic failure in reading and/or mathematics. The amount of money we receive is directly tied to the percentage of families who graciously indicate their level of family income on the following form. As you can see on the next page, total family income levels are divided into several possible ranges of dollar amounts so that one does not have to list a specific amount. For confidentiality purposes the information on the form will only be seen by one person who will record the information in a database to be sent directly to the PA Department of Education. Only a total percentage of each category is shared with the Pennsylvania Department of Education; family names will not be shared. Thank you for your willingness to complete this form.

Student Information

List only those students enrolled in ABCCS.

Name	Birth Date	Sex	Grade	School District of Residence (where you live)	Indicate if Child is a Foster Child, Ward of Court, or Food Stamp Recipient

Calculating Household Income

In order to determine if ABCCS will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all others related and unrelated in your household). See lists below of the type of income to report.

Earnings from work:

- Wages/salaries/tips
- Strike benefits
- Unemployment Compensation
- Worker's Compensation
- Net income from self-owned business or farm

Public Assistance/Child Support/Alimony:

- Public assistance/welfare payments
- Alimony/child support payments

Other Income:

- Disability benefits
- Interest dividends
- Cash withdrawn from savings
- Estate/trusts/investments
- Net royalties/annuities/net rental income
- Regular contributions from person(s) not living in household

Pensions/Retirements/Social Security:

- Pensions
- Supplemental Security Income
- Retirement income
- Social Security



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Annual Household Income

Please indicate total number of all household members, whether they receive income or not:

Using your calculated household income and the total number of children and adults living in your home, check the box on the chart below that most closely describes your family's annual income:

Family Size	Annual salary range – Please check one.		
one	<input type="checkbox"/> \$0 to \$14,157	<input type="checkbox"/> \$14,158 to \$20,147	<input type="checkbox"/> \$20,148 and above
two	<input type="checkbox"/> \$0 to \$19,123	<input type="checkbox"/> \$19,124 to \$27,214	<input type="checkbox"/> \$27,215 and above
three	<input type="checkbox"/> \$0 to \$24,089	<input type="checkbox"/> \$24,090 to \$34,281	<input type="checkbox"/> \$34,282 and above
four	<input type="checkbox"/> \$0 to \$29,055	<input type="checkbox"/> \$29,056 to \$41,348	<input type="checkbox"/> \$41,349 and above
five	<input type="checkbox"/> \$0 to \$34,021	<input type="checkbox"/> \$34,022 to \$48,415	<input type="checkbox"/> \$48,416 and above
six	<input type="checkbox"/> \$0 to \$38,987	<input type="checkbox"/> \$38,988 to \$55,482	<input type="checkbox"/> \$55,483 and above
seven	<input type="checkbox"/> \$0 to \$43,953	<input type="checkbox"/> \$43,954 to \$62,549	<input type="checkbox"/> \$62,550 and above
eight	<input type="checkbox"/> \$0 to \$48,919	<input type="checkbox"/> \$48,920 to \$69,616	<input type="checkbox"/> \$69,617 and above
nine	<input type="checkbox"/> \$0 to \$53,885	<input type="checkbox"/> \$53,886 to \$76,683	<input type="checkbox"/> \$76,684 and above
ten	<input type="checkbox"/> \$0 to \$58,851	<input type="checkbox"/> \$58,852 to \$83,750	<input type="checkbox"/> \$83,751 and above

Certification and Signature

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that school officials may verify the information on the form.

Parent/Guardian Signature: _____ Date: _____



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Home Facilitator Agreement

What is a Home Facilitator?

Each student at ABCCS is required to have a Home Facilitator (HF) to partner with the school to ensure that the student is attending school and assignments are completed on time. This person may be a parent/legal guardian or someone the parent/legal guardian designates as a facilitator. In the event the parent/legal guardian or designated HF is unable to fulfill the responsibilities as outlined below, the parent/legal guardian is responsible for assigning a new HF and notifying the school as soon as possible.

The requirements for the HF vary with the age and motivation of the student and involve a commitment that goes beyond a traditional public school. Students in lower grades (K-8), students with lower motivation levels and students with special needs require more direct involvement. The HF is an **integral** part of each student's success. **Without the full commitment of the HF, at all grade levels, a student's academic success will suffer.**

What Are the Primary Responsibilities of the Home Facilitator?

The Home Facilitator is the essential link between the teacher and the student. By signing and dating the signature form of this agreement, the HF and parent in the case of a non-parent HF agrees:

to comply with basic steps:

- attend a mandatory orientation at one of our designated locations before enrollment.
- arrange for high speed Internet to be connected before enrollment to provide the optimum online learning connection. Other connections may be insufficient for some aspects of online education; an inadequate connection is not an acceptable excuse for incomplete school assignments.
- agree to keep HF username and password confidential.
- agree not to log into the student's account without the student present.

to assist with student learning:

- ensure the student has a sufficient amount of time on the Internet to complete a day of school work and provide supervision for the student at all times when he/she is logged on to the ABCCS site.
- agree to log in to the HF's account to view student's daily attendance, daily assignments and profile, and to answer ABCCS Google Mail in timely manner. Home Facilitators should be familiar with what the student is working on, and be able to assist where necessary. Failure to do so may result in the withdrawal of your student.

to comply with state testing requirements:

- agree to participate in all required activities, including, but not limited to, state-mandated testing. HF **MUST** provide transportation to state-mandated testing for student and see that the test is completed in its entirety.

to communicate with ABCCS teachers, administrators, and staff:

- agree to communicate with the student's teachers regularly as needed and to respond to ABCCS Google Mail requests for information from the teacher.
- agree to communicate with ABCCS administrators and staff, as needed.
- agree that in the event of Level 4 non-compliance with the Attendance Policy, HF and student are required to attend a mandatory truancy meeting. Failure to do so may result in the withdrawal of your student.

What Technological Knowledge Is Needed to be a Home Facilitator?

The Home Facilitator must have a **basic** understanding of technology to provide supervision of the student while the student is in attendance at ABCCS. If the HF does not have a sufficient understanding of computer technology, **ABCCS will provide training until the HF is able to demonstrate sufficient knowledge.** Basic knowledge includes but is not limited to: e-mail, basic use of Microsoft Office Products (or similar software), Internet and Moodle navigation.



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What is the Home Facilitator's Involvement?

All Home Facilitators must be fully engaged no matter what the specified level of involvement indicates. Each course at ABCCS has been assigned a level of involvement for the HF from one to five. The following are only guidelines indicating the level of involvement for each course or program. The HF's level of involvement is indicated in each course in the online course description catalogue. The levels are as follows:

Level 5

- Level 5 courses require full time participation for the HF.
- The HF is expected to assist the child 90-100% of the time that the child is working on material.
- This commitment involves making sure students are completing all parts of lessons and assignments, monitoring student understanding of readings and checking HF ABCCS Google Mail daily.

Level 4

- This course involves a major commitment of time from the HF.
- The HF will need to assist the child 70-90% of the time the child is working on course material.
- This commitment involves making sure students are completing all parts of lessons and assignments, monitoring student understanding of readings and checking HF ABCCS Google Mail daily.

Level 3

- This course requires a time commitment of 30-70% of the time the child is working on course work.
- Teachers recommend working with students 50% of the time, adjusting involvement as necessary.
- This commitment involves making sure students are completing all parts of lessons and assignments, occasionally monitoring student understanding of readings and checking HF ABCCS Google Mail daily.

Level 2

- This course requires student monitoring by the HF 10-30% of the time and minimal intervention in the class.
- Students will be expected to display the appropriate maturity level to attempt the material without the HF.
- Students advocate for themselves as well as request help directly from their teachers most of the time.
- HF should continue to check on student progress regularly and check HF ABCCS Google Mail daily.

Level 1

- This course requires monitoring by the HF only 1-10% of the time.
- Students are expected to complete assignments independently with occasional help from their teachers above and beyond the instructional time.
- The HF should continue to check on student progress regularly, but should not need to be involved instructionally.
- The HF should continue to check HF ABCCS Google Mail daily.

Non-Parent Home Facilitator

All non-parent Home Facilitators must provide the school with a current (within the last year) **Criminal Record Check (\$10 fee)** and **Child Abuse Clearance (\$10 fee)** before working with the students. Copies of the originals must be submitted with this form. Originals of said forms must be witnessed by a ABCCS employee. Such witness may be done during the required face-to-face interview or at another time as arranged by non-parent HF and ABCCS. The Act 151 form (Child Abuse Clearance) and the Act 34 form (Criminal Record Check) are available at both ABCCS offices. You may also call (717) 783-6211 or visit the following website for more information:

http://www.education.state.pa.us/portal/server.pt/gateway/PTARGS_6_2_39112_0_0_43/



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Home Facilitator Agreement Signature Form

Student Name: _____

Home Facilitator Name: _____

Parent/Guardian Name (if not Home Facilitator) _____

Contact Information if HF is **NOT** Parent/Legal Guardian:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

My signature indicates that I have read and understand the Home Facilitator Agreement enclosed in my registration packet. I agree (please check each box):

- to comply with basic steps
- to assist with student learning
- to comply with state testing requirements
- to communicate with ABCCS teachers, administrators, and staff

Home Facilitator Signature: _____

Date: _____

Parent/Guardian Signature (if not Home Facilitator) _____

Date: _____

Please detach and return this signature page only and keep pages 1 and 2 of this Home Facilitator Agreement.



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Instructional Property Contract and Acceptable Use Policy

ABCCS provides a computer for each student to enable access to the many tools needed for attending ABCCS, including access to ABCCS Internet based educational portal, online libraries, curriculum and other educational tools and materials.

Internet Safety - It should be clear that students may find ways to access materials available through the Internet that are inappropriate, illegal, defamatory, inaccurate or offensive. While the school will take measures to make it more difficult, the responsibility for enforcing standards of behavior on the Internet lies with Responsible Party (i.e. parent, legal guardian or other Home Facilitator). Please feel free to contact the school with questions concerning safe Internet usage.

I. ABCCS Provided Technology

- A. ABCCS Equipment.** ABCCS will provide a computer, monitor and printer along with software applications needed to fulfill all of the requirements set by the school program.
- B. Software.** The installation or removal of software not approved in advance by ABCCS is strictly forbidden. Costs related to damage caused to computers or other devices due to unauthorized use are solely the obligation of Responsible Party.
- C. Non-Adherence.** Students who jeopardize or sabotage their own or other students' education by causing persistent technical issues that stem from the non-adherence to this Contract will be subject to disciplinary action or expulsion.
- D. Substitutions.** ABCCS reserves the right to substitute or change these provided technologies at any time at its sole discretion.
- E. Ownership.** Any equipment issued by ABCCS is the sole property of ABCCS. Under no circumstances are students and/or families permitted to remove any such equipment from the student's place of residence or keep any equipment following withdrawal or graduation from the school without a contract agreement. Any issues surrounding equipment not returned to the school will be directed to the proper legal authorities.

II. Equipment Delivery, Setup and Return

- A. Equipment Shipment.** All equipment will be shipped from an authorized provider or from the school itself to the current primary or specified shipping address of the student as listed on the enrollment form. Serial numbers of all equipment are recorded and tracked to assure that the correct equipment is returned to the school following withdrawal or graduation.
- B. Boxes, Packing Materials, Instructional Manuals.** It is Responsible Party's sole obligation to retain all boxes, packing materials, instructional manuals, contact lists, and any other materials included with the shipment of computers. In the event the original boxes/packing materials are not available at the time equipment return to ABCCS is necessary, it is Responsible Party's sole obligation to obtain boxes and approved shipping materials as described in the following section.
- C. Packaging Materials.** The original packing materials mentioned in Item B above are "**critical**" when utilized to return equipment. Items returned utilizing other containers/boxes must meet the standards of UPS packaging requirement which is a "**double wall strength standard.**" This type of container helps to ensure that the items returned are in a reusable, non-damaged condition. The boxes must also be packed with peanuts or foam that protects the contents from being smashed or broken during the shipment process. Please keep in mind that Responsible Party mentioned within this document is liable for the replacement cost of all damaged items.
- D. Set-up.** Responsible Party is responsible for the set up of the system when it arrives at the home. The computers will be shipped with instructions on how to set up the equipment to the school specifications. Included will be telephone contact information for assistance in setting up the equipment. In the case of any malfunction or other issues affecting the proper use of the equipment, Responsible Party should report the issue immediately to the contact person as designated on the information sheet included with the equipment shipment. If the issues are not resolved within two (2) business days, Responsible Party should report this information to the school office of student services so that alternate arrangements can be made.
- E. Return of Equipment.** Equipment must be returned to the school in its original boxes with original packing materials or in approved packing containers/boxes immediately upon equipment replacement or withdrawal or graduation from ABCCS. This includes all parts such as keyboard, cables, wires, software, mouse, webcam, headset and any other hardware or software provided to the student during the course of his/her enrollment in the school. Costs associated with repairing or replacing hardware lost or damaged while in the student's possession is the sole obligation of Responsible Party.



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III. Textbooks and other Instructional Materials

- A. Textbooks and Instructional Materials.** Should any materials be received from ABCCS in damaged condition, it is the sole obligation of Responsible Party to notify ABCCS immediately. At no time does ownership of the materials designated for return transfer from ABCCS to student. Responsible Party shall be liable for loss or damage to any Instructional Materials until received by ABCCS. All textbooks and textbooks with accompanying CD's must be returned in original case and in same condition as received (other than normal wear and tear). Responsible Party will take all reasonable precautions to protect materials from damage or loss. Loss and/or significant damage must be reported to ABCCS within forty-eight (48) hours of occurrence. ABCCS reserves the right to substitute Textbooks and Instructional Materials where necessary.
- B. Consumables.** ABCCS will provide, upon request, one ink cartridge per student each school year. ABCCS will not provide paper, markers, crayon, replacement ink cartridges, or other consumables used in the ordinary course of education. These consumables are solely the obligation of Responsible Party to provide.
- C. Boxes and Packing Materials.** It is Responsible Party's sole obligation to retain boxes and packing materials included with the shipment of books and other instructional materials. In the event the original boxes/packing materials are not available at the time such materials are to be returned to ABCCS, it is Responsible Party's sole obligation to obtain boxes and shipping materials.

IV. Lost, stolen and damaged equipment

- A. Insurance.** Responsible Party agrees to maintain, at his or her expense, adequate insurance to cover damage, loss, theft, vandalism, or any other cause that results in loss or damage to the ABCCS equipment to its full replacement value. Responsible Party agrees to be financially liable for the equipment regardless of any insurance proceeds.
- B. Equipment damage/loss.** Responsible Party must notify ABCCS within 48 hours of the occurrence or discovery of any theft, damage, destruction or other loss of any school-owned equipment. Responsible Party is responsible for the cost of the equipment. In most cases, Responsible Party will file a claim with his/her homeowner's insurance carrier, and ABCCS will assist this process by submitting all of the information related to the cost of the equipment. Responsible Party must immediately forward to ABCCS Asset Recovery Department copies of all police reports, fire reports, insurance claims and any other applicable reports.
- C. Intentional/Unintentional Damage, Neglect, Environmental Contamination.** Responsible Party is to make every effort to protect ABCCS equipment from damage (whether intentional or unintentional), neglect, and environmental contamination so that returned equipment may be re-used. Responsible Party is solely responsible for the cost of repairing and/or refurbishing and, if necessary, replacing such damaged equipment.

V. Internet/Phone Services

Internet services will **NOT** be provided to student/household. Responsible Party may choose to use any Internet service carrier available to them. The school recommends a high-speed connection to provide the optimum online learning connection. Other connections may be insufficient for some aspects of online education; an inadequate connection is not an acceptable excuse for incomplete school assignments. Assistance in choosing an Internet service company is available from the Student Services office of the school. If dial-up service is required, provisions must be made for telephone communication while students are online.

VI. Technical Support

These support services will be provided only for students of the school and concerning issues related to school equipment. No services can be provided to those outside of the school or for the personal equipment of the student or his/her family or friends. Use of support services for non-school issues, equipment, software or other matters is a violation of this agreement and violators will be subject to disciplinary action by the school. Support is provided by the staff of the Student Services office at the school. They can be reached via ABCCS Google Mail to Student Services or by calling the school office.



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St

Philadelphia, PA 19120

Phone: 267-297-1883 Fax: 267-774-4860

VII. Acceptable Use

- A. Appropriate Use by Students.** Students are responsible for behaving in an appropriate manner on the school's computer, just as if they were present in a traditional classroom or school-sponsored event. The school may suspend or expel any student behaving inappropriately.
- B. Personal Responsibility.** The student is personally responsible for his/her actions in accessing and using the school's computer resources. Students are advised never to access, store, keep or send anything they would not want their parents/guardians, teachers or school administration to see. All communications in the school are logged and available for review by school-authorized personnel, and communications over the Internet are often public in nature. Computer storage areas may be treated like the traditional school locker, the contents of which may be reviewed by school administrators to assure that students are using the computer system responsibly. Content deemed inappropriate will be confiscated and, if called for, turned over to the appropriate authorities.
- 1. Software.** Students should never download or install any commercial software, shareware or freeware onto their computer unless they have written permission from a staff member at ABCCS.
 - 2. Inappropriate Behavior.** Students should not use profane, abusive or impolite language when communicating online. They should not access any materials that are in violation of school rules and policies. If a student encounters such material by accident, he/she should report it to his/her parents/guardians immediately. Students will restrict their access to material deemed inappropriate by staff and parents/guardians.
 - 3. Conduct.** Students will use appropriate conduct toward others.
 - 4. Copyright/License Agreements.** Students will observe and respect copyright and license agreements.
 - 5. Passwords/Personal Information.** Students will keep passwords and personal information confidential.
 - 6. Proper Use.** All use of computer technology must be related to, or in support of, the educational goals of the student as stated by the school.
 - 7. Illegal Activity.** The use of the Internet and/or computer technology for any illegal activity, including but not limited to gambling, advertising, spamming, sending offensive materials, spam mail, discriminating remarks or obtaining pornographic or other obscene material is strictly forbidden. The use of the Internet and computer technology for fraudulent or illegal copying, communication, taking or modification of material is strictly forbidden. Such action will be referred to the federal authorities.
 - 8. Right to Remove.** ABCCS reserves the right to remove any student violating these or other school policies to prevent further unauthorized activity and to protect other students, staff and property.

VIII. Responsibility.

Responsible Party must monitor his/her student's compliance with this contract. Violation of this contract may result in disciplinary action which may include suspension or expulsion.



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
Philadelphia, PA 19120
Phone: 267-297-1883 Fax: 267-774-4860

Instructional Property Contract Signature Form

Your signature indicates that you have read the **ABCCS Instructional Property Contract** and you understand your responsibility to (please check each box):

- protect equipment and materials provided to you by ABCCS from intentional / unintentional damage, neglect, environmental contamination, and loss.
- return all equipment, textbooks, and instructional materials immediately upon replacement or student withdrawal or graduation.
- for equipment: make every effort to retain original boxes and packing materials; use only *approved* packing materials if the original boxes are unavailable
- for textbooks and other instructional materials: make every effort to retain original boxes and packing materials; use appropriate packing materials if original boxes are not available
- monitor appropriate student use of ABCCS equipment and materials

_____ Responsible Party Signature

_____ Date

Print Name of Responsible Party _____

Relationship to Student (circle one): Mother Father Legal Guardian Other

Print Name of Student _____

ABCCS Staff Signature _____

Please detach and return this signature page only and keep pages 1-3 of this Instructional Property Contract.



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
Philadelphia, PA 19120
Phone: 267-297-1883 Fax: 267-774-4860

Release of Student Information

Former School or School District: _____

School Address: _____

City, State, Zip: _____

School Phone Number _____

The following student indicated that he/she previously attended your school:

Student Name: _____ Date of Birth: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Please send all cumulative records you may have pertaining to this student, including:

- Academic Records
- PSSA Scores
- Standardized Test Scores (please provide IOWAs, CATs, DIBELS, SAT, PSAT, ACT or any other school wide standardized test scores)
- ACT 26 Certified Discipline Records
- Dental, Health & Immunization Records
- Special Education Documents (if applicable): Please include a copy of the student's most recent **IEP** (Individualized Educational Program) & **NOREP** (Notice of Recommended Educational Placement), the **Initial ER** (Evaluation Report), **all RR's** (Reevaluation Reports), most recent **Invitation to Participate**, **all Permission to Evaluate** and/or **Waiver** forms, and any other psychological or related service evaluations pertaining to Special Education.

Forward records to: ASPIRA Bilingual Cyber Charter School
Attn: Student Records
6301 Nth 2nd st
Philadelphia PA, 19120
Fax 267-774-4860/ Jherrera@cyber.aspirapa.org

Thank you for your prompt attention to this matter.

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of ABCCS Representative: _____ Date: _____



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
Philadelphia, PA 19120
Phone: 267-297-1883 Fax: 267-774-4860

Home Language Survey

The Office of Civil Rights (OCR) requires that school districts / charter schools / full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: ASPIRA Bilingual Cyber Charter School

Student Name: _____ Date: _____

Address: _____

Home Phone: _____ Grade: _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English?
(Do not include languages learned in school.) Yes No

If yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Was the student born in the United States? Yes No

a. If NO, what DATE did the student first enter the United States? (yyyy/mm/dd): _____ - _____ - _____

b. If NO, what DATE did the student first enroll in a U.S. school? (yyyy/mm/dd): _____ - _____ - _____

(* Please note: A territory of the U.S. does not count as enrollment in a U.S. school. Territories include: Guam, Northern Mariana Islands, Puerto Rico, American Samoa, Palau, and the United States Virgin Islands.)

5. Has the student attended any schools in the United States* for three or more years of his/her lifetime? Yes No

If YES, complete the following. Please list only three (3) previous schools or school districts.

Name of School(s) or School District(s) State Dates Attended (approx.)

1. _____

2. _____

3. _____

6. Has the student ever been enrolled in an English Language Learner (ELL) education program since his/her first enrollment in a U.S. School? Yes No

a. If YES, what DATE did the student first enroll in the ELL education program since his/her first enrollment in a U.S. school? (yyyy/mm/dd): _____ - _____ - _____

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

The school district / charter school / full day AVTS has the responsibility under the 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 ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St

Philadelphia, PA 19120

Phone: 267-297-1883 Fax: 267-774-4860

Why I Chose ABCCS

Student Name: _____

Last Grade Completed: _____
(as of June 2016)

Home Facilitator Section

Please write a short description of why you have chosen ABCCS for your child.

Student Section

Please write a short description of why you have chosen our school (parent may help with this section).

If parent helped student write paragraph above, please indicate with a check mark: _____



ASPIRA Bilingual Cyber Charter School

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Attendance Policy 2016-2017 School Year

Attendance

State law requires that ASPIRA Bilingual Cyber Charter School (ABCCS) be open 180 days a year and in operation for 990 hours. In compliance with this law ABCCS has established and published a 180-day academic calendar.

Due to the nature of ABCCS there is a great deal of student flexibility regarding participation in the academic program. In many cases, students will access the program beyond the traditional Monday to Friday academic schedule.

Attendance Requirement is met by the following:

- **Log in each school day listed in the academic calendar**
- **Remain current with all assignments**

“Current” is defined by actively participating and submitting all work assignments no later than 5 days past due date given by the teacher. When students are not actively participating in their online classes **and** are not submitting assignments, they will be considered absent. These accumulated absences will be recorded as unexcused absences.

Excused Absence

Parents are responsible for providing the Attendance Office with verification of the reason (notes and/or documentation) for each absence upon the student’s return to school. The excuse must be submitted online by logging in with Parent Username and Password or by calling the ABCCS telephone number: 215-455-1300, extension123

The reasons listed below may be designated as valid excuses for absence of a student from school provided satisfactory evidence or documentation for the excuse is provided to the Attendance Administrator. For illness, any student missing more than three consecutive school days requires a note from a physician. Unusual circumstances may require students to be absent from school. Parents/Home Facilitators should notify the Attendance Office before the absence, or as soon as possible, to avoid miscommunication or misunderstanding.

Death in the Immediate Family. An absence resulting from the death of a member of the student’s immediate family. The immediate family of a student includes, but is not necessarily limited to, parents, grandparents, brothers and sisters.

Medical or Dental Appointments. An absence resulting from a medical or dental appointment that cannot be scheduled outside of regularly scheduled academic calendar days. Notice should be given to the Attendance Office prior to the absence, except in the case of an emergency.

Illness or Injury. An absence resulting from illness or injury which prevents the student from being physically able to attend school. Any student missing more than three consecutive school days requires a note from a physician.

Quarantine. An absence that is ordered by the local health office or by the State Board of Health.

Court or Administrative Proceedings. An absence resulting from the attendance of a student at the proceedings of a court or an administrative tribunal if the student is a party to the action or under subpoena as a witness.



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Philadelphia, PA 19120

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Observance of a Religious Holiday. An absence may be considered excused if the tenets of a religion, to which a student or his/her parent adhere, require observance of a religious event.

Educational Opportunities or Family Educational Trips. An absence may be excused when it is demonstrated that the purpose of the absence is to take advantage of a valid educational opportunity. Approval for such an absence must be granted prior to the absence in accordance with the Student Educational Leave of Absence Policy.

Student Educational Leave of Absence Policy

Any planned absence requires a formal application process in advance. Requests should be submitted online by logging in with Parent Username and Password. Application must be submitted at least two weeks in advance. Attendance Administrator will review request, and will reply to family. Attendance Administrator will take special circumstances into consideration.

Cumulative Lawful Absences

A maximum of ten days of cumulative lawful absences verified by parental notification may be permitted during a school year. All absences beyond ten cumulative days should require an excuse from a physician.

Unexcused/Illegal Absences

1. One unexcused absence is incurred by the student not logging-in to school and parent not submitting a valid excuse within three days of student returning to school.
2. Any missed day of logging-in to school that is not deemed legal or excused will be documented as unexcused/illegal.
3. If a student's parent/guardian does not present a valid excuse on the day of return from an absence, school administration may contact the parent/guardian to inform him/her of the absence and the need to submit a valid excuse. **The excuse must be submitted online by logging in with Parent Username and Password or by calling our telephone number: 215-455-1300 extension 123.**
4. Failure to submit a valid excuse within three days of returning to school will result in the absence being classified as an unexcused missed day.
5. A violation of the attendance policy is considered a violation of the Student Behavior Code. The student will then be subject to disciplinary action and/or loss of privileges.

Truancy

Attendance at ABCCS is a student obligation and responsibility. A student who abuses the attendance policy cannot be expected to do well in school.

Truancy: ABCCS shall coordinate a school/family conference to discuss the cause of the child's truancy and develop a mutually agreed upon Truancy Elimination Plan (TEP) to resolve truant behavior. Issues to be reviewed at the school/family conference include the appropriateness of the child's educational environment, current academic difficulties, physical or behavioral health issues, and family/environment concerns. At the end of the conference all parties will sign a comprehensive TEP that is agreed to by the school representative, the child, and the parents and/or family. The plan could include accessing academic and social/health supports from the school, outlining family/parent and student responsibilities, and monitoring levels of performance that could include rewards.

If a child of any age continues to be truant after the above actions have been taken, then school districts are encouraged to file citations with the local magisterial district judge citing the child's continued truancy on a weekly basis. School districts will be notified for every absence thereafter.

Students of compulsory school age, who have not complied with compulsory attendance requirements and are consistently truant, may be withdrawn from ABCCS and referred back to their school district of residence. ABCCS administration, however, reserves the right to refer any student with a pattern of truancy to the ABCCS Team.



ASPIRA Bilingual Cyber Charter School

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Philadelphia, PA 19120

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If you have any questions regarding ABCCS Attendance Policies, please contact the Attendance Administrator at 215-455-1300 extension 123 or 267-338-1045.



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
Philadelphia, PA 19120
Phone: 267-297-1883 Fax: 267-774-4860

Attendance Policy 2016-2017 School Year Signature Page

I have read the attached material pertaining to ASPIRA Bilingual Cyber Charter School's Attendance Policy for the 2016-2017 school year.

My signature indicates that I have read and understand ABCCS Attendance Policy.

Student Name (Please Print): _____

Student Signature

date

Parent/Guardian Signature

date

***Please detach and return this signature page only and
keep pages 1-3 of this ABCCS Attendance Policy***



ASPIRA Bilingual Cyber Charter School

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Picture Release Signature Form

At the orientation meeting, a photo ID of each student is taken.

Acceptable Use Policy requires a parent signature before any photos of students or their work can be published on the web.

Please Check One:

- I hereby **give permission** to publish my child's picture and/or work on the Internet/Website of the school for only those reasons that ASPIRA Bilingual Cyber Charter School deems appropriate (example: advertisement or acknowledgement of student's work).
- I **do not** give my permission to have my child's picture and/or work published or used in any way for advertising or acknowledgement.

Printed Name of Student

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
Philadelphia, PA 19120
Phone: 267-297-1883 Fax: 267-774-4860

PSSA and KEYSTONE Test Agreement Form

I hereby certify that I will accept the responsibility of taking

 Student Name

to whatever location deemed necessary and appropriate by ASPIRA Bilingual Cyber Charter School for the purpose of the State mandated PSSA testing. I certify here also that said student(s) will arrive at that location before the official starting time on the assigned day.*

Signed and Certified:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

***PSSA and KEYSTONE** testing for the **2016-2017** School Year will be scheduled during the following periods:

October – November 2015: 12th Grade Retest for Math, Reading, Science and Writing

During March – April 2017, the following assessments will be given:

- 5th y 8th & Grade Writing (one ½ day)
- 3rd, 4th, 5th, 6th, 7th y 8th Grade Math and Reading (two to three ½ days)
- 4th y 8th Grade Science (one ½ day)

KEYSTONE testing for the 2016-2017 School Year will be scheduled during the following periods:

Winter 2016, the following assessments will be given:

- 9th, 10th & 11th Grade Biology (one ½ day)
- 9th, 10th & 11th Grade English (one ½ day)
- 9th, 10th & 11th Grade Algebra(one ½ day)

Spring 2017, the following assessments will be given:

- 9th, 10th & 11th Grade Biology (one ½ day)
- 9th, 10th & 11th Grade Algebra (one ½ day)
- 9th, 10th & 11th Grade English (one ½ day)



ASPIRA Bilingual Cyber Charter School

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School-Parent Compact

Dear Parent/Guardian:

We value your role in working to help your child achieve high academic standards. The following is an outline of some of the ways you and school staff can build and maintain a partnership to share the responsibility for supporting your child's learning.

School's Responsibility:

- Provide high quality curriculum and learning materials
- Provide you with assistance in understanding academic achievement standards and assessments and how to monitor your child's progress
- Provide opportunities for ongoing communication between you and teachers through, at a minimum:
 - parent-teacher "chats,"
 - frequent reports regarding your child's progress,
 - opportunities to communicate with staff, and
 - parent informational meetings

Parent's Responsibility:

- Ensure that your child attends school regularly
- Monitor your child's online behavior and review your child's school work
- Monitor television watching and encourage positive use of your child's extracurricular time
- Attend parent-teacher "chats" and participate in parent informational meetings whenever possible

Please review this School-Parent Compact with your child. This School-Parent Compact may be discussed with you by your child's teacher(s) as it relates to your child's school progress.

Thank you for your support and involvement in your child's education. Please contact the person listed below for more information.

Name: Nancy Ruiz.

Telephone Number: 215-455-1300-ext 126

Title: Principal, ABCCS

Email Address: nruiz@cyber.aspirapa.org

Your signature indicates you have read and understand this policy.

Student Name (Please Print)

Parent/Guardian Signature

Date



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
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Health Screening and Immunization Requirements

PLEASE READ:

- Please refer to the following chart regarding your student's health requirements. New students and all students in grades K, 6, and 11 must provide a current physical exam.
Exam should be dated on or after 07/01/16
- New students and all students in grades K, 3, and 7 must provide a current Dental exam.
Exam should be dated on or after 07/01/16.
- All students in all grades must provide annual Health Screenings, which may be performed at your

Summary of Health Requirements	Grades K or 1	2	3	4	5	6	7	8	9	10	11	12
Medical Exam	X					X					X	
Dental Exam	X		X				X					
Height/Weight	X	X	X	X	X	X	X	X	X	X	X	X
Vision	X	X	X	X	X	X	X	X	X	X	X	X
Hearing	X	X	X				X				X	
Scoliosis						X	X					

nearest ABCCS office or doctor's office. (Height/Weight/Vision/Hearing/Scoliosis)
Screening results should be dated on or after 07/01/16.

Immunizations:

Please provide current immunization records for your child. **A complete immunization record must be submitted for each student upon original entry into school. Please submit the dates of newly administered immunizations to ABCCS nurses.**

Required Immunizations:

- 4 doses of Tetanus (1 dose after 4th birthday) (DTP or DtaP or DT or Td)
- 4 doses of Diphtheria (1 dose after 4th birthday)
- 3 doses of Polio (OPV, IPV)
- 2 doses of MMR (or 2 doses measles and mumps and 1 dose rubella, AFTER child's 1st birthday)
- 3 doses of Hepatitis B (properly spaced)
- 2 doses of Varicella (chickenpox) vaccine or history of disease

****AS OF THE 2016-2017 SCHOOL YEAR: ALL students require 2 doses Varicella or history of chicken pox disease to attend school.**

****IN ADDITION, ALL STUDENTS ENTERING 7TH GRADE in 2016-2017 REQUIRE:**

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap, Adacel, Boostrix) if 5 years have elapsed since their last tetanus immunization
- 1 dose of meningococcal conjugate vaccine (MCV/Menactra)

Please note: Exemptions for immunizations or exams must be documented in student's school health record. Pennsylvania's school immunization requirements can be found in 28 PA.CODE CH.23 (School Immunization).

Contact your health care provider or 1-877 PA HEALTH for more information.



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
Philadelphia, PA 19120
Phone: 267-297-1883 Fax: 267-774-4860

School Health Information

Name of Child: _____ DOB: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Sex: M F Grade: _____

The School Health Act requires that **Physical Examinations** for **new students** and students in grades **K, 6, and 11** be provided to schools. If you prefer for the physical exam to be done by your family doctor, a Private Physical form is available for completion by your child's physician. Completed copies must be returned to the school nurse by **November 1, 2016**.

The School Health Act also requires that **Dental Examinations** for **new students** and students in grades **K, 3, and 7** be provided to schools. If you prefer for the dental exam to be performed by your family dentist, a Private Dental form is available for completion by your child's dentist. Completed copies must be returned to the school nurse by **November 1, 2016**.

*****If you choose to have your child evaluated by the school physician/dentist, you will be contacted with available exam dates. NO IMMUNIZATIONS WILL BE ADMINISTERED DURING SCHOOL PHYSICAL EXAMS.**

▪ **For new Students and students entering grades K, 6, and 11, I prefer to have my child examined by:**

Our Family Doctor

▪ **For new Students and students entering grades K, 3, and 7, I prefer to have my child examined by:**

Our Family Dentist

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

Does your child have a hearing problem? Yes No Hearing aid? Yes No

Does your child have allergies? Yes No If YES, please list (i.e. insects, bees, food, environment, medications, etc.)

Does your child have asthma or reactive airway disease? Yes No

Is your child taking any medications? Yes No If YES, Please list below:

- Non prescription _____
- Prescription _____
- Reason for medication _____

Has your child ever had seizures? _____ Date: _____ Cause: _____

Does your child have any special health needs or problems? Yes No If YES, please explain:

Has your child ever had a serious operation, illness or accident? Yes No Date: _____

If YES, please explain: _____

Has your child had:
Please circle and, if possible, provide dates.

Disease /Date
Chickenpox
Measles
Whooping Cough

Disease/Date
Mumps
Scarlet Fever
Rheumatic Fever

Disease/Date
Hepatitis
Tuberculosis
German Measles

*** Please send dates of newly administered immunizations so that we can update your child's health record.**

Parent/Guardian Signature: _____ **Date:** _____



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
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Phone: 267-297-1883 Fax: 267-774-4860

STUDENT EMERGENCY CONTACT & PARENTAL CONSENT FORM

Please **PRINT** all information, except for your signature:

STUDENT'S NAME _____
Last Name First Name Grade

OTHER ASPIRA BILINGUAL CYBER CHARTER SCHOOL STUDENTS IN THIS FAMILY:

_____ Last Name First Name Grade

_____ Last Name First Name Grade

_____ Last Name First Name Grade

Family email address (Please print clearly) _____

Emergency Contact Information for Parents/Guardian with Whom Students resides:

Parent/Guardian's Name	Home	Work	Cell

Emergency Contact Person other than Parents or Guardians in case parents/guardian cannot be reached and to whom this student can be released.

Name	Relationship	Phone Numbers	Comments

Medical Information/Student's:

Allergies and or Special Conditions: _____

Medication(s): _____

Method of Transportation when coming to and leaving Cyber School: (Only when required to come to the building).

- Public Transportation
- Walking
- Parent Pick Up

Parent/Guardian Consent: Please sign and date (not signing means you do NOT give your consent).

Signature: _____ Date: _____



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
 Philadelphia, PA 19120
 Phone: 267-297-1883 Fax: 267-774-4860

Dental Exam Report

Dental					
Student Name	Last	First	M.I.	Date of Birth	
Gender	Address: Number & Street		City	Borough/Township	County State Zip Code
Student Phone #	Health Care Provider Name				
Age	Health Care Provider telephone number			Aspira Student I.D.#	
<p>TO THE DENTIST</p> <p>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade). These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</p> <p style="text-align: center;">Thank you for your cooperation.</p>					
UNDER TREATMENT / WORK BEGUN			COMPLETION OF WORK / NO TREATMENT NECESSARY		
Date Work Begun			<input type="checkbox"/> No Treatment Required Now		
Scheduled Follow-up Appointment			<input type="checkbox"/> All Necessary Dental Work Completed		
Date of Dental Examination			Expected Completion Date		
Comments / Follow-up Treatment / Special Instructions to School					
Name of Dentist			Telephone		
Signature of Dentist			Date		
Address			Fax Number		
IMPORTANT:					
Return this form to:					
Certified School Nurse/ Practitioner					
School					
School Address					
Phone Number					



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
Philadelphia, PA 19120
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Last Grade completed _____ Date of Exam _____

Physical Exam Report

Private Health Care Provider Report of Physical Examination of a Pupil of School Age

Student Name	Last	First	M.I.	Date of Birth / /
Gender	Address: Number & Street City borough/township county state zip code			
Student Phone #	Health Care Provider Name			
Age	Health Care Provider telephone number			Aspira Student I.D.#

Tuberculin Test

Date Applied	Arm R L	Device	Antigen	Manufacturer	Expiration	Lot#	Signature
Date Read	Result (mm)	Signature			Notes		

Follow-up of significant tuberculin test:

Parent/Guardian notified of significant findings on: _____ Date _____
 Result of diagnostic studies: _____ Date _____
 Preventive ant tuberculosis-chemotherapy ordered? Yes _____ No _____ Date _____

Significant medical conditions

	Yes	No	ICD-9 Code	If yes please explain	Meds
Allergies					
Asthma					
Cardiac					
Chemical Dependency					
Drugs					
Alcohol					
Diabetes Mellitus					
Gastrointestinal Disorder					
Hearing Disorder					
Hypertension					
Neuromuscular Disorder					
Orthopedic Condition					
Respiratory Illness					
Seizure Disorder					
Skin Disorder					
Vision Disorder					
Other- Please Specify					
Surgery					

Notes:	Office Stamp
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ASPIRA Bilingual Cyber Charter School

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Philadelphia, PA 19120
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Last Grade completed _____ Date of Exam _____

Student Name	Last	First	M.I.	Date of Birth / /
Gender	Address: Number & Street	City	Borough/Township	County State Zip code
Student Phone #	Health Care Provider Name			
Age	Health Care Provider telephone number			Aspira Student I.D.#

Physical Examination Report

TO THE CARE PROVIDER (Please complete all items)

Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.

RECORD OF VACCINE ADMINISTRATION

Please attach complete immunization record including serology results if available.

Allergies _____ Date of last PPD _____ Result _____ mm

Does this student have health insurance? ___ Yes ___ No Name of Insurance Provider: _____

RECORD THE FOLLOWING

1	Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____												
2	Audiometric Screening: R _____ L _____ 3 BP _____												
4	Height _____ inches / cm Weight _____ lb. / kg BMI percentile _____												
5	Scoliosis Screening: ___ Normal ___ Abnormal ___ Referred ___ No Referral												
6	Activity Recommendation: ___ Full Physical Activity ___ Restricted Physical Activity (Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23) Specify Restrictions: _____												
7	List all medications currently being taken: Medication: _____ Reason: _____												
8	List ALL problems by history or examination: _____ Circle status of problem <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">1. _____</td> <td style="width: 20%;">Under Care</td> <td style="width: 20%;">Care Complete</td> <td style="width: 30%;">Referred</td> </tr> <tr> <td>2. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> <tr> <td>3. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> </table> _____ No Problems Identified	1. _____	Under Care	Care Complete	Referred	2. _____	Under Care	Care Complete	Referred	3. _____	Under Care	Care Complete	Referred
1. _____	Under Care	Care Complete	Referred										
2. _____	Under Care	Care Complete	Referred										
3. _____	Under Care	Care Complete	Referred										

Comments / follow-up treatment plan / Special instructions to school:

Signature of Care Provider (REQUIRED)	Telephone Fax	Care Provider office stamp (REQUIRED)
Address	Date of Exam	



ASPIRA Bilingual Cyber Charter School

6301 Nth 2nd St
Philadelphia, PA 19120
Phone: 267-297-1883 Fax: 267-774-4860

SID # _____ Last Grade completed _____ Date of Exam _____

Physician Results of Student Health Screenings

Student Name	Last	First	M.I.	Date of Birth		
Gender	Address: Number & Street code	City	Borough/Township	County	State	Zip
Student Phone #	Health Care Provider Name					
Age	Health Care Provider telephone number				Aspira Student I.D.#	

Height (all grades) _____ BMI (all grades) _____

Weight (all grades) _____ BMI Percentile _____

Vision (all grades)

	Right	Left		w/lenses	w/o lenses
Near	____/____	____/____	Pass Fail	____	____
Far	____/____	____/____	Pass Fail	____	____

Referral to/for _____

Additional vision testing (grades 1, 2 and anyone entering public school for the first time)

Color Vision Pass Fail **Explain Failure:**

Stereo/Depth Perception Pass Fail

Convex Lens Pass Fail

Hearing (Grades 1, 2, 3, 7 and 11, and anyone entering public school for the first time).

	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz	Pass/Fail
Right dB							
Left dB							

Scoliosis (grades 6 & 7/ age 11 & 12) Pass ____ Fail ____

Referral to/for _____

Physician's signature _____

Physician Phone # _____

Office Stamp
