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

Parent's Name: \_\_\_\_\_ ( )  
Phone: \_\_\_\_\_

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Thank you for your interest in Central Pennsylvania Digital Learning Foundation. Please complete this entire packet and return all forms to:

CPDLF Enrollment Counselor  
1500 Fourth Avenue  
Altoona, PA 16602

1. **Complete the following forms and sign where indicated:**

- Charter School Enrollment Form
- Application form
- Act 26 Affidavit
- Request for Student Records
- Home Language Survey
- Publishing Release Form
- Terms of Agreement
- Free and Reduced Lunch Application

2. **Complete the required Technology Forms and sign where indicated:**

- Network Usage Agreement
- Network Usage Signature Page
- E-mail Account Agreement
- ISP Registration

3. **Complete the required Health Forms for your student:**

- Mandated Health Services Form** – required for all students
- Student Health Screening Form** – required in grade 1 (unless first year of school) and in grades 2, 3, 4, 5, 8, 9, 10, and 12.
- Student Medical Form** – Required for first year of school (K or 1<sup>st</sup> grade) and in grades 6 and 11
- Student Dental Form** – Required for first year of school (K or 1<sup>st</sup> grade) and in grades 3 and 7

4. **Please include the following Documents:**

- Residency** – Please include a **CURRENT** copy of proof residency. Acceptable documents include: current driver's license, local or state tax documents (white-out information not pertaining to residence). Current voter registration or other official current document addressed to parent/guardian living with student. (For example, a utility bill or rent receipt addressed to parent/legal guardian living with student.)
- Student's Birth Certificate**
- Student's Immunization Record**
- Students Latest Report Card**
- Student's Guardianship Papers** – copy of court order is required in situations where there are special custodial court instructions.

Please note that students need to be enrolled and currently attending school at the time of application. Students are not officially enrolled in CPDLF until they have completed an interview with a CPDLF Facilitator. Thank you for your interest in Central Pennsylvania Digital Learning Foundation.

# Charter School Student Enrollment Notification Form

For School Year 2011-2012

**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: Central PA Digital Learning Foundation

Address: 1500 4<sup>th</sup> Avenue  
Altoona, PA 16602

Charter School Contact Person: Mr. Bruce Hazlett

Telephone: (814) 940-6989 or Toll free (855) 462-2923 Email Address: bhazlett@cpdlf.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 Alternately \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only  
\_\_\_\_\_ Legal Guardian \_\_\_\_\_ Foster Parents \_\_\_\_\_ Other Adult \_\_\_\_\_

Special Custodial Court Instructions:  
(If Yes, Please Provide a Copy of Court Order.) \_\_\_\_\_ Yes \_\_\_\_\_ No

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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:** \_\_\_\_\_

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

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

**Signature of Charter School Representative:** \_\_\_\_\_

**Additional Student Information:**

Please complete one form for each student to be admitted to the school. Please print clearly with blue or black ink.

**Legal Name of Student:** \_\_\_\_\_  
Last First Middle

**Gender:**  Male  Female      **Grade Enrolling In:** \_\_\_\_\_

**Ethnicity:** (check one)       White (Not Hispanic)       Black/African American (Non-Hispanic)  
 Latino/Hispanic       Asian or other Pacific Islander       American Indian/Alaskan Native       Multiracial

**City and State of Birth:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
Last First Middle

**Cell phone:** \_\_\_\_\_      **Email address:** \_\_\_\_\_

**Work Information: Name of Employer:** \_\_\_\_\_      **Occupation:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_      **Work address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City County State Zip Code

**Mother's Name:** \_\_\_\_\_  
Last First Middle

**Cell phone:** \_\_\_\_\_      **Email address:** \_\_\_\_\_

**Work Information: Name of Employer:** \_\_\_\_\_      **Occupation:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_      **Work address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City County State Zip Code

**A copy of Legal Guardianship papers is required prior to enrollment.**

**Stepparent/Legal Guardian's Name:** \_\_\_\_\_  
Last First Middle

**Home phone:** \_\_\_\_\_      **Cell phone:** \_\_\_\_\_      **Email address:** \_\_\_\_\_

**Work Information: Name of Employer:** \_\_\_\_\_      **Occupation:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_      **Work address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City County State Zip Code

The Central Pennsylvania Digital Learning Foundation requires a responsible adult to work with your child on a daily basis. Please list all those who will be working with your child. The name listed first will be the *primary* contact.

**1. Primary:** \_\_\_\_\_      Relationship: \_\_\_\_\_

**2. Name:** \_\_\_\_\_      Relationship: \_\_\_\_\_

**3. Name:** \_\_\_\_\_      Relationship: \_\_\_\_\_

## Emergency Contacts:

If a parent/legal guardian cannot be contacted we will attempt to contact one of the following in the order listed below.  
Two emergency contacts are required for enrollment.

### First person to contact if the parent/legal guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Second person to contact if the parent/legal guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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## Emergency Release:

Central Pennsylvania Digital Learning Foundation (CPDLF) will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact. If none of these people can be reached, CPDLF personnel have my permission to use discretion in securing medical aid in an emergency. It is understood that neither CPDLF nor the person responsible for obtaining this medical aid will be responsible for the expense incurred.

Parent/Legal Guardian Signature \_\_\_\_\_

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

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Do we have your permission to publish the parent and student's name, address, email, and phone number in the Student Directory?  Yes  No

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I am aware that I am able to access CPDLF Handbook, including policies online at [www.cpdlf.org](http://www.cpdlf.org).  Yes  No  
After my student's enrollment is complete I will access and read the policies.

Permission to release records to Superintendent of District of Residence:  Yes  No

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Signature of Parent or Legal Guardian

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## Special Programs:

Has your child been evaluated for and/or participated in any of the following special services?  Yes  No

If yes, check the appropriate service:

- Gifted & Talented  Title I/Chapter I Program  Literacy Program (ILP)  
 504 Plan  Special Education (IEP)  English as a Second Language (ESL)  
 Other: \_\_\_\_\_

If you checked Special Education (IEP), do you have the student's special education records?  Yes  No

**Please include a copy of your child's IEP with this enrollment form.**

If you checked 504 Plan, indicate if plan is for academic or health reasons:

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## How did you hear about CPDLF:

- Google Search  Guidance Counselor / Principal / Other School Official  Other Internet Search  
 Friend / Relative  Newspaper Ad, Please specify which newspaper: \_\_\_\_\_  
 Other (Please be specific): \_\_\_\_\_

## Act 26 Sworn Affidavit

I, \_\_\_\_\_, the undersigned parent/guardian of \_\_\_\_\_, a student seeking admission into the Central PA Digital Learning Foundation, do hereby swear, under penalty of law, that the information provided below is true and correct.

1. My son/daughter has been suspended from a public or private school system somewhere in the US for an act or offense involving weapons, defined as any type of firearm, cutting tool, nunchaku, or implement capable of inflicting serious bodily injury.  Yes  No
2. My son/daughter has been expelled from a public or private school system somewhere in the US for an act or offense involving weapons, defined as any type of firearm, cutting tool, nunchaku, or implement capable of inflicting serious bodily injury.  Yes  No
3. My son/daughter has been suspended from a public or private school system somewhere in the US for an act or offense involving alcohol or drugs.  Yes  No
4. My son/daughter has been expelled from a public or private school system somewhere in the US for an act or offense involving alcohol or drugs.  Yes  No
5. My son/daughter has been suspended from a public or private school system somewhere in the US for the willful infliction of injury to another person and/or for an act of violence committed on school property.  Yes  No
6. My son/daughter has been expelled from a public or private school system somewhere in the US for the willful infliction of injury to another person and/or for any act of violence committed on school property.  Yes  No

If any of the above statements are marked "Yes," indicate the question number, the approximate date of suspension/expulsion and a brief explanation of the incident that led to the suspension/expulsion.

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Mark "X" here if additional sheet is attached: \_\_\_\_\_

I understand that any willful false statement I have included on this form is a misdemeanor of the third degree, punishable pursuant to 24 Pa. Stat.  $\S$  13-1304-A.

**Signature**

**Date**

## Request for Student Records

**Date:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

The Central Pennsylvania Digital Learning Foundation was granted a charter from the Pennsylvania Department of Education to begin accepting students in the summer of 2002. As per charter school legislation, home districts are required to send all pertinent records to a charter school since it is a recognized public school entity.

### Records are being requested for:

Student	Date of birth	Grade
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Student	Date of birth	Grade
---------	---------------	-------

Student	Date of birth	Grade
---------	---------------	-------

### Send any records including:

- |   |   |
|---|---|
| <input type="checkbox"/> Official transcript                              | <input type="checkbox"/> Attendance data  |
| <input type="checkbox"/> School Profile and explanation of grading system | <input type="checkbox"/> Permanent/Cumulative record  |
| <input type="checkbox"/> Subjects in progress and grades to date          | <input type="checkbox"/> Any standardized test scores ( <b>including PSSA results</b> )               |
| <input type="checkbox"/> Disciplinary record                              | <input type="checkbox"/> Special education records including initial and latest <b>ER, NOREP, IEP</b> |
| <input type="checkbox"/> All Health records / Immunization records        | <input type="checkbox"/> Pennsylvania law, Section 1307 Act 26 Certified Discipline records           |

Pennsylvania law, Section 1307-A of the Safe Schools Act 26, states "All school entities and private schools within this Commonwealth shall maintain updated records of all incidents of violence, incidents of violence, incidents involving possession of a weapon and convictions or adjudications of delinquency for acts committed on school property by students enrolled therein." Section 1305-A states, "Whenever a pupil transfers to another school entity, a certified copy of the student's disciplinary record shall be transmitted to the school entity to which the pupil has transferred. The school entity to which the student has transferred should request the record. The sending school entity shall have ten (10) days from receipt of the request to supply a certified copy of the student's disciplinary record." Permission of the parent, guardian or other person having control or charge of the student shall not be required for transfer of the individual's record to another school entity within this Commonwealth or in another state in which the student seeks enrollment or is enrolled.

I hereby authorize you to release to the Central Pennsylvania Digital Learning Foundation any appropriate information or records that you may have.

_____ <b>CAO-CPDLF</b>	_____ <b>Date</b>
---------------------------	----------------------

_____ <b>Parent's signature</b>	_____ <b>Date</b>
------------------------------------	----------------------

_____ <b>Resident District Official's Signature</b>	_____ <b>Title</b>	_____ <b>Date</b>
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**Sign, keep the original, give a copy to the parents and send a copy to CPDLF, address above.**

**Central PA Digital Learning Found**  
**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:** Central PA Digital Learning Found

**Name of Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

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. Has the student attended any United States school in any 3 years during his/her lifetime?  Yes  No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.

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## Publishing Release Form

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Dear Parent/Responsible Adult:

Throughout the year there are occasions when the Central Pennsylvania Digital Learning Foundation (CPDLF) will want to take photographs/videos of your child participating in activities. We may use these photographs/videos in Central Pennsylvania Digital Learning Foundation (CPDLF) publications, local newspapers, school website and/or home sites, advertising, or on display at the offices of Central Pennsylvania Digital Learning Foundation. We are requesting that you sign a photo/video release for your child.

Thank you in advance for your support and understanding.

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**Student's Name: Last**

**First**

- I give my consent for Central Pennsylvania Digital Learning Foundation (CPDLF) to use photographs/videos of my child.
- I do **not** give my consent for Central Pennsylvania Digital Learning Foundation (CPDLF) to use photographs/videos of my child.

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**Parent/Guardian's Signature**

**Date**

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## Terms of Agreement

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Welcome to CPDLF! As a parent/guardian, your role in the education of your child is of primary importance. The following terms describe your role and responsibilities. Please read these terms carefully; and, if you agree to them, please sign and date this form.

1. I agree that I or a responsible adult designee will guide the home instructional process for my child and be available to my child while he/she is working on the CPDLF curriculum. I further agree to provide an environment and process that will help my child be successful.
2. Because I am accountable for my child's attendance, I agree to maintain contact with CPDLF. I will be available at least once a week to receive my mentor's phone call according to our agreement. Also, I understand that if I choose not to communicate with CPDLF, I may be subject to Pennsylvania truancy fine of \$300.
3. I am aware that I must supervise my child in following the pace chart for each course, and together, my child and I will check progress in each course by looking in his/her course gradebook weekly.
4. I recognize that all equipment and materials, except consumables, are the property of CPDLF and agree to return all equipment and materials I received from CPDLF within ten business days of my child's withdrawal or graduation. I also agree not to mistreat equipment or materials or to download software that is not academically acceptable by CPDLF. I will use this equipment for academic purposes only.
5. I understand that I am responsible for logging my child's attendance throughout the designated school year.
6. I am aware that I am able to access CPDLF policies online at [www.cpdf.org](http://www.cpdf.org). I will access and read the policies.
7. I will commit to checking email at least every other day.
8. I am aware that all new students are required to take an Orientation Course online in order to ensure success in the cyber environment. I am aware that portions of the course involve the student and portions involve the parent/guardian. I am aware that, if the student does not pass this course, he/she must retake it as soon as it becomes available again. I am aware that a parent/guardian and the student must attend an Orientation Workshop with a CPDLF Facilitator at CPDLF Headquarters in Altoona if the student does not pass the Orientation Course after taking it a second time online.

**I have read all articles above and agree to their terms.**

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**Student's Signature**

**Date**

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**Parent or Legal Guardian's Signature**

**Date**

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**CPDLF Facilitator or Interviewer's Signature**

**Date**

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## Network Usage Agreement

### **Please read this entire document and sign the Network Usage Signature Page.**

Internet access and an email account are required to take courses with the Central Pennsylvania Digital Learning Foundation (CPDLF). An Internet service provider (ISP) is required to access CPDLF Internet resources. It is the parent/guardians responsibility to have an ISP prior to the start of courses with the CPDLF (see the Internet Service Provider Registration Form for addition details). Email accounts for the student and parent/guardian will be provided by the CPDLF (see the Email Account Agreement Form for additional details). Access of these resources must be used in a responsible, ethical and legal manner.

This document is the Acceptable Use Policy for your use of the Internet and email within the Central Pennsylvania Digital Learning Foundation curriculums. Hereafter the CPDLF internet and email resources are referred to as the Network.

The purpose of this document is to ensure that the use of Internet resources remains consistent with our stated mission, goals and objectives. Access to these resources is considered a privilege, not a right. Violation of the terms and conditions of this agreement may result in disciplinary and/or legal action consistent with the Student Handbook.

### **Terms and Conditions**

1. All use of the network must be in support of education and research and be consistent with the purposes of the CPDLF and The Center for Advanced Technologies. All use of the network is and shall be deemed to be part of the educational program of the CPDLF. Furthermore, the school computer network's system operator, or other school employees, may, at any time review the subject, content and appropriateness of electronic communications or other computer files and remove them, if warranted, reporting any violation of rules to the school administration or law enforcement officials.

2. Any use of the network for commercial or for-profit purposes is prohibited.

3. Any use of the network for gambling or games of chance is prohibited.

4. Extensive use of the network for personal and private business is prohibited.

5. Any use of the network for product advertisement or political lobbying is prohibited.

6. Network accounts are to be used only by the authorized owner of the account for the authorized purpose.

7. Users shall not intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.

8. All communication and information accessible via the network should be assumed to be private property.

9. No use of the network shall serve to disrupt the use of the network.

10. Malicious use of the network to develop programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computing system is prohibited.

11. Harassment, threats, intimidation and other behavior contrary to the educational goals of CPDLF are prohibited on the network.

12. Any use of the network to copy or transfer copyrighted materials and software without authorization is prohibited.

13. Use of the network to access or process pornographic material (including, but not limited to male or female nudity), inappropriate or sexually explicit text files, or files dangerous to the integrity of the network is prohibited. In accordance with the

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## Network Usage Agreement (page 2)

Children's Internet Protection Act (CIPA), the CPDLF will employ the use of filtering/blocking technology throughout the entire school district as a technology protection measure. It should be noted that filtering is a protection measure. Although the school district will make every attempt to block materials that are deemed inappropriate, no filter is a guarantee against access to objectionable material. CPDLF reserves the right to track and monitor the online activities of students.

14. When sending electronic messages or transmitting on-line registrations, students shall not include information that could identify themselves or other students and staff without written consent from the parent or guardian and express permission of the instructor. Examples of identifying information include last names, addresses, phone numbers, individual pictures, student ID's, and passwords.

15. Your ID(s) and password(s) (if supplied) are provided for your personal use. Do not share your ID or password with anyone and do not use anyone else's ID or password, regardless of how it was obtained.

16. CPDLF and The Center for Advanced Technologies reserve the right to monitor usage in order to determine if specific uses of the network are consistent with the terms of this agreement.

17. Vandalism is strictly prohibited and may result in legal action. Vandalism as defined for this policy is any attempt to change or destroy data of another network user, or any other network that is connected to the CPDLF network. This includes, but is not limited to the uploading or creation of computer viruses. Students committing such vandalism will be subject to discipline consistent with the Student Handbook.

18. All users are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to:
- a. Be polite, do not get abrasive in your response to others.
  - b. Use appropriate language. Do not swear or use vulgarities or other inappropriate language.
  - c. Illegal activities are strictly prohibited.
  - d. Do not reveal your last name, personal address or phone numbers of other students, staff or colleagues.
  - e. Do not use the network in any way that you would disrupt the use of the network by other users.
  - f. Respect the intellectual property of other users and information providers.

**Network Usage Signature Page:** Please note that both the student and parent/guardian must sign the Network Usage portion of this form for access to the Network in the Central Pennsylvania Digital Learning Foundation.

**Network Usage Signatures**

Having read the conditions as outlined in the Central Pennsylvania Digital Learning Foundation Network Usage Agreement, your signature indicates your acceptance of the terms as outlined. You will be expected to abide by the Network User Agreement. Access to these resources is considered a privilege, not a right. Violation of the terms and conditions of this agreement may result in disciplinary and/or legal action consistent with the Student Handbook.

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

**Print Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

As the parent or guardian of \_\_\_\_\_, I have read the **Network Usage Agreement**. I understand this access is designed for educational purposes and that I will not hold the CPDLF responsible for any inappropriate use of the Internet by my son/daughter as outlined in the Network Usage Agreement. Further, I accept full responsibility for supervising my son's/daughters use of the Internet when not in a school setting. I understand that my signature on this form gives my permission for my son/daughter to access the Internet while in school and that his/her access of these resources is considered a privilege, not a right. Violation of the terms and conditions of this agreement may result in disciplinary and/or legal action consistent with the Student Handbook.

**Parent or Guardian's Name (Please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Network Publishing Release**

As a part of our on-going web development, your child's work, picture and/or opinions may be chosen to represent CPDLF on our website or a CPDLF sponsored internet project. Before your child's work, picture or opinion can appear on the web, we must first have your permission as well as your child's. Student pictures will only be identified by first name. Please fill in the bottom of this form and have your child return it to the school if permission is to be granted. If the form is not signed, we will assume that you and/or your child are not interested in granting permission at this time.

I give permission for \_\_\_\_\_'s work, picture and/or opinions to be posted on the CPDLF web pages or CPDLF sponsored internet projects done at school.  
(please print Child's name)

**Parent or Guardian's Name (Please print)** \_\_\_\_\_

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

I give permission for my work, picture and/or opinions to be posted on the CPDLF web pages or CPDLF sponsored internet projects done at school.

**Student's Name (Please Print):** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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## E-mail Account Agreement

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### Overview

As a part of your enrollment, we are providing you and your child e-mail accounts for use during the school year. These accounts will be provided through the CPDLF. With these e-mail accounts students and parents are able to communicate with their instructors and other participants as well as send assignments directly to their instructors via the Internet. In order for us to assign the e-mail accounts for you and your child's use, the parent/guardian and the student must sign this e-mail account agreement in accordance with our Network Usage Agreement. Furthermore, the parent/guardian and the student must have a signed Network Usage Agreement on file with the school before the e-mail account can be released.

### Student Responsibility

This e-mail account is subject to monitoring and filtering by the Central Pennsylvania Digital Learning Foundation. The sole purpose of this account is electronic communication for educational purposes as directed by the instructors and administrators of the Central Pennsylvania Digital Learning Foundation. Any violation of the Network Usage Agreement will be just cause for immediate action as outlined in the Network Usage Agreement and/or the Student Handbook.

### Parent Responsibility

It is the parent's responsibility to monitor on-line activity, including e-mail, instant messaging, etc. when the child is using the computer. Please discuss general Internet use and safety issues with your child. It is a good practice for your child never to provide their real name, address or telephone number without your prior permission when using the Internet, including e-mail.

This e-mail account is strictly voluntary for students 10 years of age and under. If you, the parent/guardian, choose not to have this child issued an e-mail account, the student will still be able to participate in the program.

### Terms and Conditions Acceptance Statement

I have read and agree to terms and conditions in the Central Pennsylvania Digital Learning Foundation E-mail Account Agreement.

**Legal Name of Student:** \_\_\_\_\_  
Last First Middle

**Parent's Name:** \_\_\_\_\_  
Last First

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**Student Signature:** \_\_\_\_\_  
Date

**Parent Signature:** \_\_\_\_\_  
Date

## Please Return This Form Prior To Getting Your Computer

### Internet Service Provider (ISP) Registration

In order to better serve our families, we need some preliminary information about your status as a user of the Internet. Please understand that it is your responsibility to have a connection to the Internet in your home. CPDLF will not reimburse cable installations, additional phone line or similar services.

#### 1. I currently have internet service

- Yes**
- No**

#### 2. If yes, check which type of internet service:

- Dial-up
- High Speed (Cable, DSL, etc.) - **Recommended**

Company Name: \_\_\_\_\_

The CPDLF will reimburse your monthly cost for the entry-level (lowest speed) broadband Internet connection available in your area. If broadband Internet service is not available in your service area, the CPDLF will reimburse you for Dial-up Service through your choice of a local provider or a national provider with local or toll-free numbers. If you are unable to determine a provider with local or toll-free numbers, contact the CPDLF Technical Support staff for assistance.

The **ISP Reimbursement form\*** and copies of your internet invoices for reimbursement are to be submitted in January and June of the school year.

I have read and understand the following statement: In accordance with the Children's Internet Protection Act (CIPA), CPDLF installs and activates the use of filtering/blocking software on all CPDLF computers as a technology protection measure. It should be noted that filtering is a protection measure. Although CPDLF makes every attempt to block sites that are deemed inappropriate, no filter is a guarantee against access to objectionable material. As a parent/ guardian I am responsible for my student's internet use in my home.

\*ISP Reimbursement form is available for download at the following web address: <http://www.cpdf.org/pdf/ISPprovider.pdf>

**Parent/Guardian's Signature**

**Date**

**Student Name/Names:**



Phone: 814.940.6989 or 814.940.6990
Toll Free: 866.215.5936
Fax: 814.946.8526 Website: www.cpdlf.org
1500 Fourth Avenue ■ Altoona, Pennsylvania 16602

Mandated Health Services Form

Legal Name of Student: Last First Middle

Parent's Name: Last First

Address: Street Apt # City

County State Zip Code

Home phone: Parent Cell phone:

Parent email address:

Student: Date of Birth Grade Level

School District of Residence:

Please indicate below your preferences for completing the necessary health screenings and exams, and return to us in the enclosed envelope.

I wish to have the required Screenings (height, weight, vision, hearing and scoliosis) and examinations (physical/ dental) done by my own physician/ dentist. I will return the completed forms to the school.

I wish to have the required Screenings (height, weight, vision, hearing and scoliosis) done at my child's home school and the Examinations (physical/ dental) done by my own physician/ dentist. I will return the completed forms to the school.

I wish to have the required Screenings (height, weight, vision, hearing and scoliosis) and Examinations(physical/dental) done at my child's home school. I will return the completed forms to the school.

Other (please specify)

Please list your child's current physician and dentist:

Physician's name Office Phone Number:
Dentist's name Office Phone Number:

Please list significant medical history, chronic illness and medications: (Re-enrolling students - only update with new info)

ALL students must be fully immunized PRIOR to the first day of school. ALL state mandated screenings MUST be turned in by December 1st. Please return this form to CPDLF as soon as possible so we are aware of your intentions for completing the mandated health requirements.

School Nurse/Central Pennsylvania Digital Learning Foundation
1500 Fourth Avenue
Altoona, PA 16602

# To Be Completed By Physician

This form is **REQUIRED** for students in the following grades:  
**Grade 1 (unless his/her first year attending any school)**  
**Grades 2, 3, 4, 5, 7, 8, 9, 10, 12**



Digital Learning Foundation

1500 Fourth Avenue Altoona, Pennsylvania 16602

## Physician's Report of Student Health Screening

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

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

A complete physical examination is **REQUIRED** upon school entry (K or Grade 1), Grades 6 and 11. A dental examination is **REQUIRED** upon school entry (K or Grade 1), Grades 3 and 7. Separate forms are used for these two exams.

*The following health data is **REQUIRED** of ALL Pennsylvania students in the grades indicated.*

**Height** (all grades): \_\_\_\_\_ **Weight** (all grades): \_\_\_\_\_

**BMI** (all grades): \_\_\_\_\_ **BMI %** \_\_\_\_\_

**Vision** (all grades):                      Right                      Left

**Near**    \_\_\_\_\_                      \_\_\_\_\_

**Far**    \_\_\_\_\_                      \_\_\_\_\_

Does this student wear corrective lenses?                      Yes                      No  
 If yes, were they worn for this exam?                      Yes                      No  
 Was the student referred for further vision evaluation?                      Yes                      No

**Other Vision** (Grade 1)

**Color vision:**                      Pass      or      Fail  
**Stereo/Depth Perception:**                      Pass      or      Fail  
**Convex Lens:**                      Pass      or      Fail

**Hearing** (grades K, 1, 2, 3, 7, 11, any IEP student, and any student with known hearing loss):

	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz	Pass or Fail
<b>Right</b> dB							
<b>Left</b> dB							

**Scoliosis** (Grades 6 and 7):                      Pass      or      Fail  
 Comments: \_\_\_\_\_  
 Was this student referred for further evaluation?                      Yes                      No

**Date of Screening:** \_\_\_\_\_ **Physician Signature:** \_\_\_\_\_  
 (must be within *current* school year – i.e. performed after 6/1/10)

Physician Name & Address (stamp):


# To Be Completed By Physician

This form is **REQUIRED** only for students in their first year of school (either Kindergarten or 1st Grade), in 6th Grade, and in 11th Grade.

Commonwealth of Pennsylvania  
Department of Health

## Health Form: Medical

### Private Physician's Report of Physical Examination of a Student of School Age

<b>Name of Child</b>	First Middle Last	<b>DOB</b>	Month Day Year
<b>Name of School</b>	 Central Pennsylvania Digital Learning Foundation	<b>AGE</b>	<b>SEX</b> M F <b>GRADE</b>
<b>Child's Address</b>	Address City or Post Office Borough or Township County State Zip		

## Medical History

### Immunizations and Tests

Vaccine	Doses				Boosters & Dates										
	Enter month, day and year each Immunization was given														
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, Td	1	/	/	2	/	/	3	/	/	4	/	/	5	/	/
Polio (Circle): OPV, IPV	1	/	/	2	/	/	3	/	/	4	/	/	5	/	/
Measles, Mumps and Rubella	1	/	/	2	/	/									
Hepatitis B	1	/	/	2	/	/	3	/	/						
HIB	1	/	/	2	/	/	3	/	/						
Varicella	1	/	/	2	/	/					Varicella Disease or Lab Evidence Date: _____				
Menactra	1	/	/	Tdap				1	/	/					

- Medical Exemption**  
The physical condition of the above named child is such that immunization would endanger life or health.
- Religious Exemption**  
Include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/legal guardian.

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

#### Follow-up of significant tuberculin tests:

Parent/Guardian notified of significant findings on \_\_\_\_\_ Date

Result of Diagnostic Studies: \_\_\_\_\_ Date

Preventative Anti-Tuberculosis - Chemotherapy ordered. Yes  No  \_\_\_\_\_ Date



Health/medical1\_2011\_2012

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1500 Fourth Avenue, Altoona PA 16602

## Significant Medical Conditions

			<i>If yes, explain</i>
Allergies	<input type="radio"/> Yes	<input type="radio"/> No	_____
Asthma	<input type="radio"/> Yes	<input type="radio"/> No	_____
Cardiac	<input type="radio"/> Yes	<input type="radio"/> No	_____
Chemical Dependency	<input type="radio"/> Yes	<input type="radio"/> No	_____
Drugs	<input type="radio"/> Yes	<input type="radio"/> No	_____
Alcohol	<input type="radio"/> Yes	<input type="radio"/> No	_____
Diabetes Mellitus	<input type="radio"/> Yes	<input type="radio"/> No	_____
Gastrointestinal Disorder	<input type="radio"/> Yes	<input type="radio"/> No	_____
Hearing Disorder	<input type="radio"/> Yes	<input type="radio"/> No	_____
Hypertension	<input type="radio"/> Yes	<input type="radio"/> No	_____
Neuromuscular Disorder	<input type="radio"/> Yes	<input type="radio"/> No	_____
Orthopedic Condition	<input type="radio"/> Yes	<input type="radio"/> No	_____
Respiratory Illness	<input type="radio"/> Yes	<input type="radio"/> No	_____
Seizure Disorder	<input type="radio"/> Yes	<input type="radio"/> No	_____
Skin Disorder	<input type="radio"/> Yes	<input type="radio"/> No	_____
Vision Disorder	<input type="radio"/> Yes	<input type="radio"/> No	_____
Other (specify)	<input type="radio"/> Yes	<input type="radio"/> No	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might effect his/her education? If so, specify. \_\_\_\_\_

## Report of Physical Examination

	Normal	Abnormal	Not Examined	Comments
Height (inches)				
Weight (pounds)				
Pulse ( )				
Blood Pressure /				
Hair/Scalp				
Skin				
Eyes NEAR Visual Acuity R___/___ L___/___				
Eyes FAR Visual Acuity R___/___ L___/___				
Eyes - Plus Lens / Color / Stereopsis				
Ears - Hearing dB R L				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart - Murmur, etc.				
Lung - Adventitious Findings				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Presence of Scoliosis)				

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

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

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

\_\_\_\_\_  
Address




# To Be Completed By Dentist

This form is **REQUIRED** only for students in their first year of school (either Kindergarten or 1st Grade), in 3rd Grade, and in 7th Grade.

Commonwealth of Pennsylvania  
Department of Health

## Health Form: Dental

### Private Dentist Report of Dental Examination of a Student of School Age

<b>Name of Child</b>	First	Middle	Last	<b>DOB</b>	Month	Day	Year
<b>Name of School</b>	 <b>Central Pennsylvania Digital Learning Foundation</b>			<b>AGE</b>	<b>SEX</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>GRADE</b>
<b>Child's Address</b>	Address                      City or Post Office                      Borough or Township                      County                      State                      Zip						

## Report of Examination

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

Is the Child Under Treatment?     Yes     No

Treatment Completed                 Yes     No

\_\_\_\_\_  
*Date of Examination*

\_\_\_\_\_  
*Signature of Examiner*

\_\_\_\_\_  
*Print Name of Examiner*

\_\_\_\_\_  
*Address*



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## Immunization / Student Health Requirements

As a charter school, CPDLF follows the same health mandates as other public schools as set by the Pennsylvania Department of Education and the Department of Health. School health records are maintained for all students. Pennsylvania school immunization requirements are as follows:

- 4 doses of diphtheria and tetanus - (1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles, mumps, and rubella - (first dose at age 1 year or older)
- 2 doses of varicella (chickenpox) - (at age 1 year or older) or history of disease
- 3 doses of hepatitis B

**Students claiming a medical exemption must have a physician's note on file. Those with religious or moral objections to immunizations must indicate the reason in writing.**

### Note to Parent or Guardian:

State regulations require that all children at any grade, Kindergarten through 12, including all public, private, parochial, intermediate unit, and home schooled students, show proof of immunization prior to attending school in the Commonwealth of Pennsylvania. Any student in Kindergarten through 12th grade may be admitted to school provisionally if evidence of at least one dose of each required antigen is given. If a student is provisionally enrolled, the parent must present a plan for completion of the required immunizations. All immunization requirements must be completed within eight months of entrance to school. If the requirements are not met, the student is subject to exclusion from the school program.

### Maintenance of school health records for all students

School health services are mandated by Pennsylvania school laws and implemented under the state health department guidelines. These services supplement, but are not a substitute for the health care, which parents provide for their children. Every child of school age attending a public or non-public school within the Commonwealth, or those participating in a home based school program, must be provided the following services from the local public school district. The following table explains the health requirements for a given grade level.

Grade Level	K	1	2	3	4	5	6	7	8	9	10	11	12
Height / Weight / BMI	x	x	x	x	x	x	x	x	x	x	x	x	x
Vision (near & far)	x	x	x	x	x	x	x	x	x	x	x	x	x
Hearing*	x	x	x	x				x				x	
Physical**	x	x					x					x	
Dental**	x	x		x				x					
Scoliosis							x	x					

\*Students with an IEP must have hearing screened every year

\*\*Physical and dental exams are required at original entry, either Kindergarten or Grade 1

Students who are home schooled or participate in a program where they do not attend the school, will need a way to meet these requirements. One way to provide the necessary screenings is through an annual physical examination by a private physician, and private dental exams at the required grade levels. Another option is to contact the local school district in which your child lives to set up an appointment with the school nurse, at the school your child would normally attend, to have the necessary screenings and exams completed.

The Medical and Dental Health forms need completed and returned to us for your child's health records. Please indicate on the Mandated Health Services for whether you will be providing the necessary screenings through your private physician and/or dentist, or would like to use the health services of your local school district.