CORRY AREA SCHOOL DISTRICT
540 East Pleasant Street
Corry, PA 16407
Phone: (814) 664-4677
Fax: (814) 663-0722
http://www.corrysd.net

WELCOME
ALL Prospective Students
Completed by Parent or Guardian

Sheri Williams, Coordinator of Student Data
swilliams@corrysd.net

We are excited to partner with you in the education of your student(s). Only completed registration packets should be returned to our District Administration Office. Required documents that are missing from the registration packet will only delay your child/children from beginning their educational experience with us.

The following items with guidelines are required to be returned with your registration packet:

- ☐ R**EGISTRATION PACKET** (one packet for each student being registered).
- ☐ **STUDENT'S ORIGINAL BIRTH CERTIFICATE –** The original needs to be provided to the school district and a copy will be made for the student's file.
- ☐ **STUDENT'S CURRENT IMMUNIZATION RECORDS**
- ☐ **PROOF OF RESIDENCY (TWO FORMS)** – *In addition a valid Pennsylvania Photo ID with your current address such as a Pennsylvania Driver's License, provide any two of the following documents containing your name and current Corry Area School District address:*
    - Lease/Rental Agreement or Mortgage Settlement Statement/Property Tax Bill.
    - Current utility bill or agreement for utility service. ***Phone bills are NOT acceptable.***
- ☐ **PARENT REGISTRATION STATEMENT** (included in the registration packet)
- ☐ **HOME LANGUAGE SURVEY** (included in registration packet).
- ☐ **CUSTODY ORDER –** If a custody order is in effect for the student(s) being registered, the district will need to make a copy of the most recent order for the student's file.
- ☐ **FOSTER CARE –** If applicable, provide the placement documentation.

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Release of Records
ALL Prospective Students
Completed by Parent or Guardian

Please send the following records to:

Corry Area School District
ATTN: SHERIDAN L WILLIAMS
540 E Pleasant St
Corry PA 16407
Fax: (814) 663-0722
Email: swilliams@corrysd.net

Previous School:_____
Address:_____
_____
Phone #:_____ Fax #:_____

Student Name:_____
Last, First, Middle Initial

Grade:_____ Birth Date: _____

You are hereby authorized to release copies of the following requested records:

STANDARD RECORDS
- ☐ Transcripts
- ☐ Attendance
- ☐ Discipline
- ☐ Test Scores (Include PSSA & Keystone Scores)
- ☐ Withdrawal Grades
- ☐ Health Records

SPECIAL EDUCATION RECORDS
- ☐ Most Recent IEP
- ☐ Evaluation/Re-evaluation Reports
- ☐ 504 Plan (Protected Handicapped)
- ☐ Gifted Program

Please forward this request to the Special Education Office. Thank you.

_____ _____
Signature of Parent/Guardian *Date*

****

To Whom it May Concern:

The above listed student has registered with the Corry Area School District effective _____ (Date of Entry). Please forward his/her school records to the above address. School records should include transcript of grades, materials from both A and B categories such as grades earned this year and/or withdrawal grades, standardized test score, attendance, birth certificate, I.E.P. (Individual Educational Plan), psychological records, speech, dental, health and immunization records, and any other pertinent information.

We also request that you provide us with the following PIMS reporting information:

PA SECURED ID	9TH GRADE ENTRY DATE	STATE ENTRY DATE

Thank you very much for your cooperation.

_____ _____
Coordinator of Student Data *Date*

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Registration Form
ALL Prospective Students
Completed by Parent or Guardian

CASD OFFICE USE ONLY	CASD OFFICE USE ONLY	CASD OFFICE USE ONLY
Resident School:	Enrollment School:	Registration Date:
PA Secure ID #:	CASD ID #	Start Date:
Bus #:	Locker #:	Homeroom:

THE INFORMATION BELOW AND ON THE FOLLOWING PAGES IS TO BE PROVIDED BY A PARENT OR GUARDIAN
Please read and complete each section and field carefully. Providing inaccurate or incomplete information will delay entry.

STUDENT INFORMATION — Section A

Legal Last Name:		Legal First Name:	Middle Name:
Date of Birth:	Sex: ☐ M ☐ F	Entering Grade:	City of Birth:
State of Birth:		Country of Birth:	

Ethnicity (Check only one): ☐ Caucasian ☐ African-American ☐ American Indian ☐ Asian ☐ Hispanic ☐ Hawaiian Native/Pacific Islander ☐ Multi-Racial ☐ Other:

PRIMARY RESIDENCE INFORMATION FOR STUDENT — Section B

Primary Address:				Apt. No:
City:	State:	Zip:	County:	Township:

(PO Boxes will not be accepted as Primary Resident Address)

Student at address:
☐ All Week ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Mailing Address (If different than Primary):	**City:**	**Zip:**

CONTACT INFORMATION FOR PARENT/GUARDIAN WITH WHOM STUDENT LIVES — Section C

Student lives at the above address with (check one):
☐ Both Parents ☐ Mother ☐ Father ☐ Mother and Father Share Custody* ☐ Ward of State
☐ Foster Parent ☐ Grandparents* ☐ Guardian* ☐ Self* ☐ Agency: _____
☐ Other:

☐ Supporting Documentation Received*

Last Name:		First Name:		Relationship:
Primary Address:				☐ Additional Mailing
City:	State:	Zip:	Primary Phone:	☐ Unlisted
Cell Phone:	Work Phone:	Ext:	Migrant Worker ☐ Yes ☐ No	

Last Name:		First Name:		Relationship:
Primary Address:				☐ Additional Mailing
City:	State:	Zip:	Primary Phone:	☐ Unlisted
Cell Phone:	Work Phone:	Ext:	Migrant Worker	☐ Yes ☐ No

OTHER PARENT/GUARDIAN CONTACT INFORMATION *(If different than information provided in Section B)* — Section D

Last Name:		First Name:		Relationship:
Primary Address:				☐ Additional Mailing
City:	State:	Zip:	Primary Phone:	☐ Unlisted
Cell Phone:	Work Phone:	Ext:	Email *(Optional)*	

Student at address:
☐ All Week ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Can child be released to this person? ☐ Yes ☐ No	If no, please explain:

NON-DISCRIMINATION POLICY (CASD Policy #103)
The Corry Area School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex or handicap in its activities, programs or employment practices as required. For information regarding civil rights, grievance procedures or services, contact: Mrs. Sheri L. Yetzer, Superintendent, CASD Administration Building, 540 E Pleasant St, Corry PA 16407 (814) 664-4677.

OTHER PARENT/GUARDIAN CONTACT INFORMATION *(If different than information provided in Section B)* **Section D** *(cont'd)*

Last Name:	First Name:		Relationship:	
Primary Address:				☐ Additional Mailing
City:	State:	Zip:	Primary Phone:	☐ Unlisted
Cell Phone:	Work Phone:		Ext:	Email *(Optional)*

Student at address:

☐ All Week ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Can child be released to this person? ☐ Yes ☐ No If no, please explain:

SPECIAL SERVICES **Section E**

Has the child repeated a grade? ☐ Yes ☐ No If Yes, which grade?

Does your child currently receive any of the following: *(Please check all that apply)*

☐ **TITLE 1**

SPECIAL EDUCATION

☐ Learning Support ☐ Emotional Support ☐ Autistic Support ☐ Life Skills Support

☐ Deaf/Hearing Impaired Support ☐ Blind/Visually Impaired Support ☐ Speech/Language Support

☐ **504 PLAN** (Protected Handicapped)

☐ **GIFTED PROGRAM**

Attention Registration Personnel, if any special services are indicated, contact the Special Education Office before enrolling student.

PREVIOUS ENROLLMENT IN THE CORRY AREA SCHOOL DISTRICT

Has child ever been enrolled in the Corry Area School District? ☐ Yes ☐ No

If **Yes**, which school did he/she attend? In what year(s):

PREVIOUS SCHOOL ATTENDED *(Outside of Corry)*

Last School Attended:	Year(s):	Grade Last Attended:	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Previous School Attended:	Year(s):	Grade Last Attended:	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

AUTHORIZATION FOR RELEASE OF INFORMATION **Section F**

I give permission for the Corry Area School District to ☐ release to ☐ obtain from the agency(ies) listed below, information about my child for the purpose of educational planning. Specific information to be released/obtained:

☐ Educational

☐ Other (Specify): _____

Agency Name: _____

☐ Other (Specify): _____

Agency Name: _____

AUTHORIZATION FOR RELEASE OF INFORMATION — Section F *(cont'd)*

Any information obtained by CASD will be placed in a file to which parents have access and the capacity to release to a third independent agency. The professional staff of the CASD will monitor this access. Information will be destroyed when it is no longer used for for educational purposes. I may revoke this release at any time except to the extent that the person who is to make the disclosure has already acted on it. Except as noted above, this release will expire one year from date signed.

Parent/Guradian Signature	*Date*
Student Signature (if 18 years or older)	*Date*

Are you aware that Special Education Support Service are available in the Corry Area School District? ☐ Yes ☐ No

Learned about services from (check all that apply): ☐ Newspaper ☐ Radio/TV ☐ Handouts ☐ Friend ☐ Other

OUT OF DISTRICT STUDENT INFORMATION — Section G

(Including Tuition, Tuition Exempt, Foster Students, Wards of State, etc.)

If the student identified in Section A does not reside within the CASD, the following information must be provided.

Check the Most Applicable: ☐ Tuition ☐ Tuition Exempt ☐ Foster Child ☐ Ward of State ☐ Other

Resident School District:		Resident School:	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

OTHER RESIDENTS/CENSUS INFORMATION — Section H

List **ALL** occupants living at residence

Name *(Last, First, Middle)*	Birthday *(mm/dd/yy)*	Sex	Relationship to Head of Household	School Attending	Grade

OUR PLEDGE TO YOU

The information provided throughout the enrollment process will be kept confidential and used only for educational purposes and reporting as mandated by the State of Pennsylvania. As noted by the **Family Educational Rights and Privacy Act (FERPA)**, access to these records by employees within the Corry Area School District is limited to those that have "legitimate educational interest."

pennsylvania
DEPARTMENT OF EDUCATION

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? ☐ No ☐ Yes (language) _____

2. Does your child communicate in a language other than English? ☐ No ☐ Yes (language) _____

3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided ☐ No ☐ Yes

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Parent Registration Statement
ALL Prospective Students
Regarding Suspension and Expulsion
Completed by Parent or Guardian

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of the Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Child's Full Legal Name:	
Birth Date *(mm/dd/yyyy)*:	Entering Grade:

Parent/Guardian Name *(Please Print)*:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	

Please complete the following:

I hereby swear or affirm that my child ☐ was ☐ was not previously suspended or expelled, or ☐ is ☐ is not presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person; sexual assault; or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge information and belief.

If this student has been or is presently suspended or expelled from another school, please complete the following:

Name of School from which student was suspended or expelled:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
☐ Suspension ☐ Expulsion	Date:	Reason:	
☐ Suspension ☐ Expulsion	Date:	Reason:	
☐ Suspension ☐ Expulsion	Date:	Reason:	
☐ Suspension ☐ Expulsion	Date:	Reason:	

If necessary, please use back of form.

Parent/Guardian Signature _____ Date _____

Any willful false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student's disciplinary record.

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Emergency Information Form
ALL Students
Completed by Parent or Guardian

2026-27 School Year

***PLEASE COMPLETE ALL SECTIONS ON BOTH SIDES**

STUDENT INFORMATION — Section A

Legal Last Name:		Legal First Name:		Middle Name:	
Primary Address:				Apt. No:	Sex: ☐ M ☐ F
City:	State:	Zip:	Birth Date (mm/dd/yyyy):		
	Building: ☐ CAPS ☐ CAIS ☐ MS ☐ HS			HR #:	Entering Grade:
Teacher:		Parent/Guardian's Email:			
Student Lives With (check all that apply):	☐ Both Parents full time ☐ Guardian:		☐ Mother	☐ Father ☐ Other:	

Print Father's Name:	**Print Step-Mother's Name:**
Father's Address :	Step-Mother's Address:
☐ Own ☐ Rent Landlord's Name:	☐ Own ☐ Rent Landlord's Name:
Employer: / Work #:	Employer: / Work #:
Home #: / Cell #:	Home #: / Cell #:
Print Mother's Name:	**Print Step-Father's Name:**
Mother's Address:	Step-Father's Address:
☐ Own ☐ Rent Landlord's Name:	☐ Own ☐ Rent Landlord's Name:
Employer: / Work #:	Employer: / Work #:
Home #: / Cell #:	Home #: / Cell #:

Legal Guardian's Name: (If not living with a parent):

Guardian's Address:	Relationship:
☐ Own ☐ Rent Landlord's Name:	Employer:
Cell #:	Work #:
Home #:	

EMERGENCY CONTACT INFORMATION — Section B

You *MUST* provide two (2) alternate contacts that *ARE NOT* already listed in the Parent or Guardian section

Last Name:	First Name:	Relationship:
Primary Phone:	Cell #:	
Last Name:	First Name:	Relationship:
Primary Phone:	Cell #:	
Family Doctor:		Phone:
Family Dentist:		Phone:

SCHOOL REACH — Section C

Please provide a phone number where the primary parent/guardian can be reached should there be the need to issue a School Reach call. Please note that this number should be your landline number or the cell number of the primary parent or guardian.

Phone # Phone #

MEDICAL RELEASE — Section D

Medical information will be shared with school staff as deemed necessary for the safety of your child.

Does your child have medical insurance? ☐ No ☐ Yes ☐ Private ☐ CHIPS ☐ Medical Assistance

It is understood that in case of emergency, the school authorities use their own judgement in sending the child to the Corry Memorial Hospital or a physician most easily accessible if the parent/guardian cannot be reached.

_____ _____
Parent/Guardian Signature *Date*

STUDENT'S NAME: _____

BROTHERS OR SISTERS — Section E

Last Name	First Name	Age	Grade	School

UPDATED MEDICAL HISTORY — Section F

Condition	Yes	No	Age	Condition	Yes	No	Age
Asthma				Kidney Trouble			
Bed Wetting				Pneumonia			
Chicken Pox				Rheumatic Fever			
Chronic Illness				Scarlet Fever			
Frequent Colds				Concussion			
Type I Diabetes				Whooping Cough			
Type II Diabetes				Seizure Disorder			
Frequent Ear Aches/Infection				Age of Last Seizure:			
Heart Trouble				Other:			

If Yes to any of these conditions, please use this space to explain:

List any immunizations administered during the last year.

Is your child required to wear glasses? ☐ Yes ☐ No Is your child required to wear contacts? ☐ Yes ☐ No

Is your child required to wear hearing aids? ☐ Yes ☐ No

Does your child have any urinary tract or bowel incontinence problems that might require extra care or preparation in school?

☐ Yes ☐ No If Yes, explain:

Doctor's Name: Doctor's Phone:

Does your child have any other physical illness or impairment that might affect his/her normal participation or progress in regular school programs: If Yes, explain:

Doctor's Name: Doctor's Phone:

Is your child currently under a doctor's care? ☐ Yes ☐ No If Yes, explain:

Doctor's Name: Doctor's Phone:

Are there components of this care that would restrict your child's participation in any physical activity at school?

☐ Yes ☐ No If Yes, explain:

In addition, if you answered Yes to the above, please submit a statement from your doctor detailing the nature and the duration of the restriction.

Does your child have any health problems which might require emergency treatment while at school? ☐ Yes ☐ No

(seizures, bee-sting or food allergies, bleeding, asthma or heart problems) If Yes, explain:

Treatment plan for bee-sting ☐ Observe ☐ Benadryl ☐ Epi-pen

Treatment plan for food allergies ☐ Observe ☐ Benadryl ☐ Epi-pen

If Epi-pen, you must provide Epi-pen, parent authorization and signed doctor authorization.

Is your child currently taking prescribed medication? ☐ Yes ☐ No

If Yes, please specify:

MEDICATION NAME:			
DOSAGE:			
TIME TAKEN:			

Must medication be administered during school hours? ☐ Yes ☐ No

If Yes, you must read Policy 210-Use of Medication and complete the Authorization for Medication to be taken during School Hours Form.

MIDDLE-HIGH SCHOOL STUDENTS ONLY

My child may be given pain reliever if needed.

Acetaminophen (Tylenol) ☐ Yes ☐ No Ibuprofen (Advil) ☐ Yes ☐ No

_____ _____

Parent Signature *Date*

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http://www.corrysd.net

Consent for School Health Services
ALL Prospective Students
Completed by Parent or Guardian

Dear Parent/Guardian:

The health of children is very important if they are to succeed in school. Therefore, to safeguard children in our District, we begin preventative examinations when the child enters school. The State of Pennsylvania, in cooperation with the school nurse, local doctors and dentists, will provide the following tests at various intervals throughout their school years.

1.	VISION SCREENING	Every grade, K through 12
2.	HEARING SCREENING	Grades K, 1, 2, 3, 7, 11
3.	PHYSICAL EXAM	Grades K, 6, 11
4.	SCOLIOSIS (Alignment of the spine)	Grades 6, 7
5.	HEIGHT AND WEIGHT	Every grade, K through 12
6.	DENTAL EXAM	Grades K, 3, 7

Referrals will be made when standard normal results are not met.

Please give permission for your child to receive these screening tests by signing this form below. This form will be placed in the student's permanent health record. It will remain in effect from Kindergarten through Grade 12 unless otherwise determined by the parent.

PLEASE NOTE:

1. If permission is not granted for the above state mandated testing, the parent/guardian is responsible for scheduling these tests with the appropriate caregiver. Furthermore, the test results must then be provided to the school nurse for the student's health record.

2. For medication to be given during school hours, the parent/guardian must obtain and have completed the Medication Forms A (parent consent) and B (physician orders). These forms must be turned in to the school nurse before medication can be given to the student. Forms can be obtained in the school office.

I give my permission for _____

Student's Name

to have the tests listed above.

_____ _____

Parent/Guardian Signature *Date*

HEALTHY CHILDREN LEARN BETTER!

Equal Rights and Opportunity Agency

Corry Area School District

Annual Notification of Rights Under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's educational records. The Corry Area School District (CASD) also has its own Student Records policy, available on CASD's website, which takes into account FERPA as well as Pennsylvania state rules and regulations that protect students' rights and privacy.

Parents and eligible students have the following rights under FERPA:

1. The right to inspect and review the student's education records within 45 days of the day the District receives request for access.

Parents or eligible students should submit to the Superintendent's Office a written request that identifies the record(s) they wish to inspect. A school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes to be inaccurate or misleading or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the Corry Area School District to amend a record should write to the Superintendent's Office, clearly identify the part of the record they want changed, and specify why it should be changed.

If the School District decides not to amend the record as requested, the District will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

"Personally identifiable information" includes the student's name, name of the parent or other family members, a personal identifier, or a list of personal characteristics that would make the student's identity easily traceable.

"Disclosure" of information means to release, transfer, or otherwise permit access to education records, or the personally identifiable information contained in these records, to any party, by any means, including oral, written, or electronic means.

While you may request a list of all the FERPA exceptions that authorize disclosure of personally identifiable information without consent, the three most common of these exceptions are as follows:

(a) CASD may disclose education records to "school officials" with "legitimate education interests" without obtaining consent. "School officials" include administrators, instructors, and staff employed by CASD, persons serving on the School Board, and may also include volunteers or person with whom CASD has contracted to fulfill a purpose for which the school would otherwise use its own employees. A school official has a "legitimate educational interest" if the official needs to review an education record in order to fulfill his or her professional responsibility.

(b) Upon request, CASD will disclose educational records without obtaining consent to officials of another school district in which the student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

(c) Unless directed otherwise in writing by parents or eligible students, CASD may disclose without consent "directory information." "Directory information" consists of information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. For more detailed information about directory information, see below.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School District to comply with the requirements of FERPA.

The name and address of the office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5920

Or call 1-800-872-5327

FERPA Notice Regarding Directory Information

FERPA requires CASD, with certain exceptions, to obtain the written consent of a parent or eligible student prior to the disclosure of personally identifiable information from educational records. However, the District may disclose appropriately designated "directory information" without prior written consent, unless the parent or eligible student has advised CASD to the contrary in accordance with District procedures. The primary purpose of directory information is to allow CASD to include this type of information from your child's education records in certain school publications, such as the following:

- a playbill showing the student's role in a drama production;
- the annual yearbook;
- honor roll or other recognition lists;
- graduation programs; or
- sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organization without a prior written consent unless the parent or eligible student has advised CASD that they do not want the information disclosed without their prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks.

The Corry Area School District has designated the following information as directory information:

- student's name
- student's address
- student's telephone number
- student's electronic mail address
- student's photograph
- student's date and place of birth
- major field of study
- grade level
- enrollment status
- dates of attendance
- participation in officially recognized activities and sports
- weight and height of members of athletic teams
- degrees, awards or honors received
- the most recent educational agency or institution attended

Directory information does not include a student's Social Security number or student identification (ID) number, except that directory information may include a Student ID number, user ID, or other unique personal identifier displayed on a student ID card/badge or used by the student for the purpose of accessing or communicating in electronic systems, but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a personal identification number (PIN), a password, or other factor known or possessed only by the authorized user.

NOTE: Parents and eligible students may not use their right to opt out of directory information disclosures to prevent a school district from requiring students to wear student identification badges or cards that display information that may otherwise be designated as directory information. If a parent or eligible student has an objection to wearing student identification badges, the reasons for the objection should be articulated to the Superintendent and will be dealt with on a case by case basis, consistent with applicable Pennsylvania and federal laws.

In addition, Section 8528 of the Every Student Succeeds Act requires that school districts shall provide access to secondary school students' names, addresses, and telephone listings upon requests made by military recruiters or institutions of higher education unless a parent or eligible student has advised the school district that they do not want this information disclosed without prior written consent.

If you do not want CASD to disclose directory information without your prior consent, you must notify the District in writing by September 1st of the school year for which you are opting out of disclosure. The opt-out will last for the school year (unless revoked earlier by you in writing), and you must send a new written request to the District each year by September 1st.

Questions or written requests should be directed to: Corry Area School District Superintendent, 540 East Pleasant Street, Corry, PA 16407 – Phone 814-664-4677.

I have read and understand the above statement.

Student's Name

Parent/Guardian Name

Date

Corry Area School District
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http://www.corrysd.net

Custody Acknowledgement Form

ALL Prospective Students
Completed by Parent or Guardian
2026-2027 School Year

PLEASE COMPLETE THE SECTION THAT APPLIES TO YOUR FAMILY SITUATION.

_____
STUDENT'S FULL NAME

Initials

_____ There is no split custody and therefore no court-ordered custody agreement needed at this time.

I hereby state that should this status change, I will provide a copy of the court-ordered custody agreement to the building in which my child attends school as soon as possible.

_____ _____
Parent/Guardian Signature Date

Initials

_____ There is split custody; however there is no court-ordered custody agreement.

_____ It is understood that since there is no court-ordered custody agreement, that the parent(s) as named on the birth certificate will be allowed to have access to the student and all school records pertaining to the student.

_____ It is understood that if/when a court-ordered custody agreement is in place, a copy must be provided to the building in which my child attends school as soon as possible.

_____ It is understood that since there is no court-ordered custody agreement, the child's physical address will be used for all transportation purposes.

_____ _____
Parent/Guardian Signature Date

Initials

_____ There is a court-ordered custody agreement in place.

_____ It is understood that I must provide a copy of the most recent court-ordered custody agreement to the building in which my child attends as soon as possible.

_____ It understood that the Corry Area School District has one full business day after the receipt of a court-ordered custody agreement to make the necessary transportation changes.

_____ _____
Parent/Guardian Signature Date

FOR OFFICE USE ONLY

Custody Agreement Provided _____Yes _____ No Date_____ Received by_____

Equal Rights and Opportunity Agency

CORRY AREA SCHOOL DISTRICT

CENTRAL ADMINISTRATION
540 East Pleasant Street, Corry, PA 16407-2246
(814) 664-4677 • Fax (814) 664-9645
http://www.corrysd.net

Sheri L. Yetzer
Superintendent

Daniel L. Daum
Director of Elementary Education

William P. West
Director of Secondary Education

Jennifer L. Cullers
Business Manager

2026 - 2027

To meet the ESSA (Every Student Succeeds Act) requirements, we are required to collect data regarding children of the military.

Please indicate the student's parent and or guardian information if they are currently an **active** duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including full time Reserve or National Guard duty.

STUDENT'S NAME _____

ACTIVE DUTY PARENT/GUARDIAN'S NAME _____

BRANCH OF SERVICE _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

Corry Area School District
540 East Pleasant Street
Corry PA 16407
Phone: (814) 664-4677
Fax: (814) 663-0722
http://www.corrysd.net

Homeless Designation Form

ALL Prospective Students
Completed by Parent or Guardian

The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the right of homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren). Thank you for your cooperation.

Additional students in the same household can be listed on the back of this form.

Student's Name:_____ Male:____ Female:____ Current Grade:_____

Date of Birth_____ School of Current Enrollment:_____

Student's Name:_____ Male:____ Female:____ Current Grade:_____

Date of Birth_____ School of Current Enrollment:_____

Address where the student(S) currently live:_____
Street or Route (PO Box NOT Accepted)

Today's Date:_____ _____
City, State, Zip

Printed Name of Person Completing Form:_____

Signature Person Completing Form:_____

Contact Phone Number for Person Completing this Form:_____ Relationship to Student:_____

IN WHAT TYPE OF SETTING IS THE STUDENT NOW LIVING? (Check only one box)

1. ☐ In an emergency or transitional shelter
2. ☐ Sharing the housing of other persons due to loss of housing, economic hardship or similar reason
3. ☐ In a motel, hotel or campsite due to lack of alternative, adequate accommodations
4. ☐ In a car, park, public spaces, abandoned building, substandard housing, bus or train station, or similar setting
5. ☐ None of the choices above
   If you checked box number 5, you do NOT need to complete the remainder of this form. Submit the form to school personnel now.

NOTE TO STAFF: All forms with a checked box in 1-4 are to be faxed ***IMMEDIATELY*** to the Homeless Liaison to eliminate any delay.

METHOD OF IDENTIFICATON: Shelter Visit_____ Self-Referral_____ Staff Referred_____ Survey_____ Other_____

STUDENT LIVES WITH (Please check all that apply):

Parent(s) or Legal Guardian(s)_____ Relative, friend(s) or other adult(s)_____ Alone_____

Other:_____
Please print name of person and their relationship to the student.

PRECIPITATING EVENT:

Abandonment_____ Natural Disaster_____ Fire_____ Death of Parent/Guardian_____ Parental Divorce_____
Domestic Violence_____ Hospitalization of Parent/Guardian_____ Left Home_____ Eviction_____ Separated from Family_____
Incarceration of Parent/Guardian_____ Other_____

FOR OFFICE USE ONLY

Date Received:_____ Received by:_____ Date Faxed to Liaison:_____ Faxed to Liaison by:_____

Approved:_____ Denied:_____ Approved/Denied by:_____
Signature of Liaison

Student's Name:_____ Male:____ Female:___ Current Grade:_____

Date of Birth_____ School of Current Enrollment:_____

Student's Name:_____ Male:____ Female:___ Current Grade:_____

Date of Birth_____ School of Current Enrollment:_____

Student's Name:_____ Male:____ Female:___ Current Grade:_____

Date of Birth_____ School of Current Enrollment:_____

Student's Name:_____ Male:____ Female:___ Current Grade:_____

Date of Birth_____ School of Current Enrollment:_____

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Residency Acknowledgement
ALL Prospective Students
Completed by Parent or Guardian

STUDENT'S FULL LEGAL NAME:_____ GRADE:_____

Per 24 P.S. Section 13-1302, a person who knowingly provides false information for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars ($300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with Section 2561 during the period of enrollment.

_____ I agree to notify CASD within five (5) days when I change my residence.

_____ Home visitation and/or other residency verification is part of a periodic process to confirm current residency status.

_____ The District will actively investigate all cases when it has reason to believe that residency status has changed and/or believed that false information has been provided. Verification may include home visits.

_____ The District may refer cases in which false information has been intentionally provided to our solicitor for further investigation.

_____ Investigations that reveal students have enrolled on the basis of providing false information will lead to immediate withdrawal and billing
for a non-resident fee.

_____ I understand that a person who knowingly provides false information for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars ($300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both.

_____ I understand that the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with 24 P.S. 25-2561 during the period of enrollment.

_____ _____
Parent/Guardian Signature Date

_____
Printed Name of Parent/Guardian

Corry Area School District
540 East Pleasant Street
Corry PA 16407
Phone: (814) 664-4677
Fax: (814) 664-9645
http://www.corrysd.net

Residency Affidavit

ALL Prospective Students
Completed by Parent or Guardian

Parent or Guardian is to complete only ONE of the following sections.

Parent/Guardian Owns a Home in the Corry Area School District **Section A**

To be completed by registrants who own or are purchasing a home in the Corry Area School District

I/We understand that all of the information provided here is correct and current. I/We also understand that if residency should change for any reason, it is the responsibility of the resident to notify the Corry Area School District and amend the Residency Affidavit. Any false information provided can be punishable by law and will hold all parties responsible for tuition.

I/We, _____ currently reside at _____

Legal Name of Registrant Parent/ Guardian *Address*

_____ _____

Parent/Guardian Signature *Date*

Parent/Guardian Rents/ Leases in the Corry Area School District **Section B**

To be completed by registrants who are renting/leasing in the Corry Area School District

I/We understand that all of the information provided here is correct and current. I/We also understand that if residency should change for any reason, it is the responsibility of the resident to notify the Corry Area School District and amend the Residency Affidavit. Any false information provided can be punishable by law and will hold all parties responsible for tuition.

I/We, _____ currently reside at _____

Legal Name of Registrant Parent/ Guardian *Address*

_____ _____

Parent/Guardian Signature *Date*

Parent/Guardian Lives with a Corry Area School District Resident **Section C**

To be completed by the parent/guardian of the student ***and*** the Corry resident with whom a family will reside.

I/We understand that all of the information provided here is correct and current. I/We also understand that if residency should change for any reason, it is the responsibility of the resident to notify the Corry Area School District and amend the Residency Affidavit. Any false information provided can be punishable by law and will hold all parties responsible for tuition.

I/We, _____

Legal Name of Registrant Parent/ Guardian

currently reside at _____

Corry Area School District Resident Street Address *City* *State* *Zip*

which is owned leased by _____ _____

Corry Area School District Resident's Name *Relationship*

Through our notarized signature, we understand that the school district, pursuant to guidelines issued by the Department of Education and their own written policy, may require other reasonable information to be submitted to confirm this sworn statement.

_____ _____

Parent or Guardian's Notarized Signature *Date*

_____ _____

Corry Area School District Resident's Notarized Signature *Date*

_____ _____

Notary's Signature *Date*

Per 24 P.S. Section 13-1302, a person who knowingly provides false information in the above statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars ($300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with Section 2561 during the period of enrollment.

(Registration to attach all relevant Residency Documentation)

252 Waterford Street, Edinboro, Pennsylvania 16412-2315
NORTHWEST TRI-COUNTY INTERMEDIATE UNIT
PHONE 814-734-5610
1-800-677-5610
TTD 814-734-1098
http://www.iu5.org

Upon completion, send to deke_showman@iu5.org.

Pennsylvania Migrant Education Program
School Referral Form

This form is to determine if your children (ages 0 to 21) can qualify for the Pennsylvania Migrant Education Program and the FREE additional educational services provided by the program. We will contact you based on your responses.
ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Parent or Guardian Name_____ Date _____

Address_____

Telephone Number_____

Names of your Children:_____

_____

Please answer "yes" or "no" if it applies to you.

(1) Has anyone in your household moved from another country, town or school district within the past 3 years? _____**Yes** _____**No**

(2) Has anyone in your household worked or looked for work at the following occupations within the last three (3) years? _____**Yes** _____**No**

☐ Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)?

☐ Work related to logging, timber growing or harvesting? Work at a food processing plant, such as vegetable or poultry processing plants, packing apples, vegetables, pork or beef?

If your children qualify for the Migrant Education Program, they will be offered FREE supportive educational services that may include after school tutoring, summer school programs, pre-college activities and referrals to other agencies that help you and your children. Your children will also receive free lunch in school.

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http://www.iu5.org

Upon completion, send to deke_showman@iu5.org

Programa de Educación Migrante de Pennsylvania
School Referral Form

Esta solicitud es para determinar si sus hijos (de 0 a 21) pueden calificar para el programa de educación migrante de Pennsylvania y los servicios educativos adicionales gratuitos proporcionados por el programa. Nos pondremos en contacto con usted, basado en sus respuestas. **TODA LA INFORMACIÓN SE MANTENDRÁ CONFIDENCIAL.**

Nombre de padres o tutores_____ Fecha _____

Dirección_____

Número de teléfono_____

Nombres de sus hijos:_____

_____

Por favor, conteste " sí" o " no" si se aplica a usted.

(1) ¿Hay alguien en su hogar que se trasladó desde otro país , ciudad o distrito escolar dentro de los últimos 3 años ?

_____**Sí** _____**No**

(2) ¿Alguien en su hogar trabajó o buscó trabajo en las siguientes ocupaciones dentro los últimos 3 años?_____ **Sí** _____**No**

☐ Cualquier trabajo agrícola o granja (tales como heno, productos lácteos, cultivos de frutas o vegetales, aves de corral, la cría de peces, vivero / invernadero, otros)

☐ El trabajo relacionado con la explotación forestal, el cultivo o la cosecha de la madera. Trabajar en una planta de procesamiento de alimentos, tales como plantas de verduras o carne de ave de procesamiento, envasado manzanas, verduras, carne de cerdo o de ternera.

Si sus hijos son elegibles para el Programa de Educación Migrante, que se ofrecerán servicios gratuitos de apoyo educativos que pueden incluir tutoría después de clases, programas escolares de verano, actividades de pre - universitarios y referencias a otras agencias que ayudan usted y sus hijos. Sus niños también recibirán almuerzo gratis en la escuela.

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CASD Athletic Transfer Waiver Request Form

Transferring Student Information

Student Name _____

Grade: _____ Date of Birth: ____/____/_____ Age on last birthday: _____

Preferred Sport Interest: _____
(Golf, Cross-Country, Soccer, Football, Basketball, Wrestling, Track & Field)

Have you had your sport physical for the current year? ___ Yes ___ No
(If yes, attach supporting physical documentation) (If no, date of scheduled physical) _____

Previous Sports Participation Information

Please provide the following information

Grade	School Year	School Attended	Sports Participation		
			Fall	Winter	Spring
7	20 - 20				
	20 - 20				
	20 - 20				
	20 - 20				
	20 - 20				
	20 - 20				

Please submit this form to the Athletic Director

Equal Rights and Opportunity Agency

Household Income Data Collection – Corry Area School District 2026-2027

Household Last Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household					
Name of Child(ren) attending Corry Area School District				Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following for Household Size and Household Income

Based on your household size, check the appropriate box if your total annual household income is within the range displayed for Category 1 or Category 2. **Do not check an income in both categories**.

For help in determining your household size and total annual household income, please see instructions on the back of this form.

Household Size	Category 1 – Total Annual Household Income is Within This Range:	Category 2 – Total Annual Household Income is Within This Range:
1	☐ $0-$15,782	☐ $15,783-$22,459
2	☐ $0-$21,398	☐ $21,399-$30,451
3	☐ $0-$27,014	☐ $27,015-$38,443
4	☐ $0-$32,630	☐ $32,631-$46,435
5	☐ $0-$38,246	☐ $38,247-$54,427
6	☐ $0-$43,862	☐ $44,863-$62,419
7	☐ $0-$49,478	☐ $49,479-$70,411
8	☐ $0-$55,094	☐ $55,095-$78,403

If household size is greater than 8, list household size and total annual income below:

Household Size:_____ Total Annual Income: $_____

If your total annual household income exceeds the ranges above, check here: ☐

PART III: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

_____ _____ _____

Parent or Guardian Signature Date Print Name of Parent or Guardian

Question you may be asking: Why does Corry Area School District need this information when all students receive free breakfasts and lunches?

Answer: This data is needed to report to the PA Department of Education for the School Performance documentation.

Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in "Annual Household Income"? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.

- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources.

- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.

- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by your household.

- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.

- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - If paid weekly, multiply total pay by 52

- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.

- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make $1,000 each month, but you missed some work last month and made $900, put down that you made $1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at http://www.fns.usda.gov/cnd/guidance/default.htm.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

CORRY AREA SCHOOL DISTRICT
ACCEPTABLE USE AND INTERNET SAFETY AGREEMENT

I. PURPOSE AND OVERVIEW

The Corry Area School District provides students and staff with technology resources, including computers, Chromebooks, networks, Internet access, email, and other digital tools to support teaching and learning. All use of District technology must comply with applicable federal and state laws, District policies and procedures, network provider requirements, and software licenses.

II. ACCEPTABLE USE

District technology resources shall be used for educational, instructional, administrative, and other District-authorized purposes.

Users shall:

1. Use technology resources responsibly and appropriately and in support of the District's educational mission.
2. Comply with all applicable laws and District policies.
3. Respect the privacy, rights, and property of others.
4. Protect account information, passwords, devices, files, and other technology resources.
5. Use Internet resources for legitimate educational or District-authorized purposes.
6. Make reasonable efforts to conserve network and system resources.
7. Immediately report inappropriate, threatening, suspicious, or unauthorized activity to a teacher, administrator, supervisor, or other appropriate District employee.

Users shall not:

1. Access, create, transmit, store, or distribute obscene, pornographic, sexually explicit, harmful to minors, or other material prohibited by law or District policy.
2. Engage in harassment, cyberbullying, hate speech, discriminatory remarks, threats, intimidation, or other abusive, threatening, or inflammatory communications.
3. Use technology to engage in illegal activity.
4. Gain or attempt to gain unauthorized access to District systems, networks, accounts, files, or data, including "hacking" or attempting to circumvent security measures, content filters, monitoring systems, device-management controls, or other District technology restrictions.
5. Use unauthorized virtual private networks (VPNs), proxy servers, websites, applications, extensions, or other methods or technologies to bypass or attempt to bypass District filtering, monitoring, security, or access controls.
6. Damage, modify, disrupt, disable, or interfere with District hardware, software, networks, systems, security measures, or another user's access.
7. Install unauthorized software, applications, browser extensions, or other programs, or introduce malicious code, malware, or other harmful programs.
8. Use District technology for commercial or for-profit purposes, unauthorized advertising, political lobbying, or other unauthorized political activity. This provision does not prohibit legitimate instructional activities involving government, politics, elections, public policy, or civic engagement.
9. Share account passwords, allow another person to use an individual's account, or use another person's account without authorization.
10. Misrepresent or impersonate another person or attempt to obtain information through fraudulent, deceptive, or misleading means.
11. Copy, install, store, transmit, or distribute copyrighted software, media, or other materials in violation of copyright law, licensing requirements, or District policy.
12. Disclose confidential, sensitive, or personally identifiable information without authorization.
13. Use artificial intelligence (AI) tools or services in a manner inconsistent with District policies, procedures, instructional expectations, or staff direction, including:
    - submitting AI-generated content as one's own work when not authorized;
    - using AI to engage in academic dishonesty, fraud, deception, harassment, or impersonation;
    - entering confidential, sensitive, personally identifiable, or District-protected information into an AI system without authorization;

- using AI to create or distribute false, deceptive, harmful, or inappropriate content; or
- using AI tools or services that have not been authorized by the District when authorization is required.

14. Use District technology to photograph, record, livestream, or distribute images, audio, or video of another person without authorization when such activity violates law, District policy, or a reasonable expectation of privacy.
15. Use technology in any manner that substantially disrupts the educational environment, interferes with District operations, compromises the security or integrity of District technology resources, or violates the rights of others.

The examples of prohibited use identified above are not intended to be exhaustive. The District reserves the right to restrict or prohibit any use of its technology resources that is inconsistent with law, District policy, the educational mission of the District, or the safe and effective operation of District technology systems.

III. INTERNET SAFETY AND PROTECTION OF MINORS

The District shall implement and enforce technology protection measures designed to protect against Internet access to visual depictions that are obscene, constitute child pornography, or, with respect to use by minors, are harmful to minors, as defined by applicable law.

The District shall take reasonable measures to address:

1. Access by minors to inappropriate material on the Internet.
2. The safety and security of minors when using email, social networking, messaging platforms, chat rooms, and other forms of direct electronic communication.
3. Unauthorized access, including "hacking," attempts to circumvent security or filtering measures, and other unlawful online activities by minors.
4. Unauthorized disclosure, use, or dissemination of personal information concerning minors.
5. Measures designed to restrict minors' access to materials harmful to minors.
6. Monitoring the online activities of minors consistent with applicable law and District policy.

The District shall educate students about appropriate online behavior and responsible digital citizenship, including network etiquette, appropriate electronic communication, cyberbullying awareness and response, online safety, and the protection of personal and personally identifiable information.

Students are expected to promptly notify a teacher, administrator, or other appropriate District employee when they become aware of online activity that may present a threat to the safety or security of any person or District technology resource. Students are encouraged to seek assistance from a teacher, administrator, or other trusted adult whenever online content, communications, or interactions are inappropriate, threatening, suspicious, or make them feel unsafe or uncomfortable.

An administrator, supervisor, or other person authorized by the District may disable a technology protection measure during use by an adult to enable access for bona fide research or another lawful purpose, in accordance with applicable law and District procedures.

IV. FILTERING AND MONITORING

The District utilizes technology protection measures and filtering systems to filter or block access to certain Internet sites, visual depictions, and other inappropriate material that do not comply with District policy or applicable law.

While the District takes reasonable measures to restrict access to inappropriate material, no filtering system is completely effective, and the District cannot guarantee that all inappropriate or objectionable content will be blocked.

Users should have no expectation of privacy when using District-owned or District-provided technology, networks, accounts, email, Internet access, or other electronic resources. The District reserves the right to monitor, access, review, retain, or disclose information related to the use of its technology resources, with or without the user's knowledge, when permitted or required by law or for legitimate District purposes.

Monitoring may include direct supervision; review of Internet activity or history, account activity, and network activity; and access to stored files, email, and other information through appropriate software, hardware, or administrative processes.

Monitoring and access to District technology resources will be conducted in a manner consistent with applicable law, District policy, and legitimate educational, operational, safety, security, or administrative purposes. The District will take reasonable measures to protect the confidentiality of information obtained through such monitoring and will limit access to authorized personnel with a legitimate need for the information.

V. ACCOUNT AND SYSTEM SECURITY

District technology accounts are provided to authorized users for authorized purposes. Users are responsible for activity conducted through their accounts.

Users shall keep passwords and account credentials confidential, secure devices when unattended, and promptly report suspected unauthorized access, lost or stolen devices, compromised passwords, or other security concerns. Users shall not attempt to access another user's account, files, passwords, or data or circumvent District security measures, content filters, or other technology safeguards.

The District retains ownership of and the right to access files and information stored on District-owned equipment, systems, accounts, or other technology resources, subject to applicable law.

VI. PERSONAL INFORMATION AND PRIVACY

Users shall protect personally identifiable and confidential information concerning themselves and others.

Users shall not access, use, share, or disclose confidential or personally identifiable information unless authorized to do so and shall follow District requirements for maintaining the confidentiality and security of student records and other protected information. Only authorized District personnel may approve the release of student information, consistent with applicable law and District policy.

VII. COPYRIGHT AND INTELLECTUAL PROPERTY

Users shall respect copyright, intellectual property rights, and applicable licensing requirements when using District technology resources. Users shall not install, copy, use, store, publish, or distribute copyrighted software, files, media, or other materials without appropriate authorization or as otherwise permitted by law.

VIII. ENFORCEMENT AND CONSEQUENCES

Violations of this agreement may result in suspension or termination of access to District technology resources; loss of Internet, network, device, or account privileges; disciplinary action in accordance with applicable District policies, employment requirements, and/or the Student Code of Conduct; referral to appropriate District administrators or other authorities; and/or referral to law enforcement when required or appropriate.

The District reserves the right to take immediate action when reasonably necessary to protect students, staff, other users, or District technology resources and systems.

ACKNOWLEDGMENT AND SIGNATURES

By signing below, I acknowledge that I have received and reviewed the Corry Area School District Acceptable Use and Internet Safety Agreement and understand that use of District technology resources is subject to the requirements contained in this agreement, applicable District policies and procedures, and applicable law.

STUDENT

Student Name: _____

Student Signature: _____ **Date:** _____

PARENT/GUARDIAN — FOR STUDENT USERS

I acknowledge that I have received and reviewed the **Corry Area School District Acceptable Use and Internet Safety Agreement** and understand the expectations applicable to my child's use of District technology resources.

Parent/Guardian Name: _____

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

August 26, 2026

Dear Parent/Guardian:

The Corry Area School District uses Google Workspace for Education to provide students with digital tools for learning, completing schoolwork, communication, and collaboration. Students receive a District-managed Google Workspace for Education account for school-related purposes. Google categorizes the services available through these accounts as **Core Services** and **Additional Google Services**.

CORE SERVICES — Provided by the District

Core Services are educational tools the District provides and manages as part of its Google Workspace for Education agreement. Access to certain services may vary by grade level. The Core Services available to students include:

- **Google Classroom**
- **Google Drive**
- **Google Docs**
- **Gmail**
- **Google Meet**
- **Google Calendar**
- **Google Chrome Sync**
- **Google Vault**
- **Google Workspace Learning Tools Interoperability**
- **Workspace Studio**
- **Google Keep**
- **Google Sites**
- **Google Tasks**

Students use these services for educational purposes, including receiving and completing assignments, communicating with teachers, creating and storing schoolwork, collaborating with teachers and classmates, and supporting other District-approved instructional activities.

Google does not require the District to obtain individual parent/guardian consent for students to use Core Services provided through the District's Google Workspace for Education account.

ADDITIONAL GOOGLE SERVICES — Parent/Guardian Consent Required

The District also makes certain Additional Google Services available to students when appropriate for instruction, research, classroom activities, and other educational purposes.

The Additional Google Services currently available to students include:

- **YouTube**
- **Google Maps**

Google requires the District to obtain parent/guardian consent before students under age 18 may access Additional Google Services through their District-managed accounts.

If you choose not to give consent, your child will not have access to the Additional Google Services listed above through their District-managed account. Your child will still have access to the District's Core Services used for schoolwork, as applicable to their grade level.

STUDENT INFORMATION & PRIVACY

To provide and manage student accounts and services, the District may provide Google with information such as a student's name, District-issued email address, and username. Google may also collect information when students use its services.

For more information about how Google collects, uses, and protects student information, please review the following:

Google Workspace for Education Privacy Notice
https://workspace.google.com/terms/education_privacy/

Google Privacy Policy
https://policies.google.com/privacy

PARENT/GUARDIAN CONSENT FOR ADDITIONAL GOOGLE SERVICES

Please select one:

☐ **YES, I GIVE CONSENT** for my child to access the **Additional Google Services listed above** through their District-managed Google Workspace for Education account. I understand that my child's use of these services is subject to Google's applicable privacy notices and policies.

☐ **NO, I DO NOT GIVE CONSENT** for my child to access the **Additional Google Services listed above** through their District-managed Google Workspace for Education account. I understand that my child will continue to have access to the District's Core Google Workspace for Education Services used for schoolwork, as applicable to their grade level.

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

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

Corry Area School District
540 East Pleasant Street
Corry PA 16407
Phone: (814) 664-4677
Fax: (814) 664-9645
http://www.corrysd.net

Photo/Student Work Release Form
ALL Prospective Students
Completed by Parent or Guardian
2026-2027 School Year

PHOTO/STUDENT WORK RELEASE FORM

As the parent/guardian of the student named below, I understand that the Corry Area School District may photograph, videotape, record, or otherwise capture my student's image and/or voice, and may display, reproduce, or publish my student's work created as part of school activities. These photographs, videos, images, recordings, and examples of student work may be used for educational, informational, promotional, or publicity purposes, including in school publications, newsletters, presentations, websites, social media, newspapers, or other print or electronic media.

I understand that my student's name may be included when appropriate in connection with the use of their photograph, video, image, or student work. I understand that granting this permission is voluntary and that I may choose to grant or deny permission by selecting one of the options below. If permission is granted, I understand that no compensation will be provided for the use of my student's photograph, video, image, voice, or student work, and I release the Corry Area School District, its employees, representatives, and agents from claims arising from such authorized use.

Please check one of the following:

_____ I **DO** give permission for my student's photo to be used for the 2026-2027 school year. **THIS INCLUDES PHOTOS IN THE YEARBOOK, SUCH AS THE STUDENT PICTURE, CANDIDS, CLUBS, LOCAL NEWSPAPER, and LOCAL MEDIA, ETC.**

_____ I **DO NOT** give permission for my student's photo to be used for the 2026-2027 school year. **THIS INCLUDES PHOTOS IN THE YEARBOOK, SUCH AS THE STUDENT PICTURE, CANDIDS, CLUBS, LOCAL NEWSPAPER, and LOCAL MEDIA, ETC.**

_____ I **ONLY GIVE** permission for my student's photo to be used in the Yearbook.

Name of Student (Printed): _____ Grade Level: _____

Parent/Guardian Name (Printed): _____

Parent Signature: _____

Date: _____