

Hanover Area School District
Student Registration Office
1600 Sans Souci Parkway
Hanover Township, Pa 18706
Office: 570-829-4707 Fax: 570-408-1152

ELEMENTARY (GRADES 1-6)
STUDENT REGISTRATION CHECK LIST

IMPORTANT - PLEASE READ

To the Parent/Guardians Enrolling New Students: Please be aware that enrollment **is not** complete and student **may not** start without the following items:

REQUIRED to have to complete the registration: (Not having the following will hold up the entry process)

- Student's birth certificate
- Proof of Residence - the following will be accepted: **We do not accept drivers license or cell phone bills as proof of residence**
 - a. **Homeowner - Current** Utility Bill (gas, electric) , Mortgage, Agreement of sale or Real estate tax receipt
 - b. **Rent or Lease** - Rental Agreement, **Current Lease**, and **Current** Utility Bill (gas, electric, water)
 - c. **Family lives with a Hanover Area resident**- **NOTARIZED Letter** from the resident **along with** the resident's **Current Lease and Current Utility Bill** (gas, electric, water)
 - d. **Child lives with a Hanover Area resident other than the parent**- **NOTARIZED Resident Affidavit** along with a **Current Lease and Current Utility Bill** (gas, electric, water)

- Current Immunization Records**- must be reviewed and approved by the school nurse. **Student will not start without current immunization.**

Approved by: _____ Date: _____

- Act 26** - A **NOTARIZED** Notification of Offense Involving Weapons, Alcohol or Drugs, Infliction of Injury to Another Person, or Any Act of Violence Committed on School Property Form (enclosed in the packet) **This page must be removed from the packet for notarization and returned to the school.**

REQUESTED at the time of registration:

- Current grades** or official transcripts from previous school
- A copy of **student's IEP**
- Court Order / Custody Agreement (attach a copy for student's file)

Falsification of any information or documents required for this verification may result in revocation of registration for the student.

FORMS INCLUDED IN THE REGISTRATION PACKET

- STUDENT REGISTRATION FORM
- HOME LANGUAGE SURVEY
- APPLICATION FOR HASD INTERNET USE
- AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS FAXED: _____ TO: _____ ATTN: _____
- NURSE'S EMERGENCY INFORMATION SHEET
- DRESS CODE IS ATTACHED (**KEEP**)

**HANOVER AREA SCHOOL DISTRICT
STUDENT REGISTRATIONS**

| | | | |
|--------------------------|---|---|------------------------|
| Registration Date | Has the child ever been enrolled at Hanover Area? Yes <input type="checkbox"/> No <input type="checkbox"/> **Date Last Attended: _____ | Is the child a Foster Child? Yes <input type="checkbox"/> No <input type="checkbox"/> | Grade Enrolling |
|--------------------------|---|---|------------------------|

STUDENT INFORMATION

Do you - **OWN** (need current utility bill) **RENT** (need copy of Rental Agreement & current utility bill) **LEASE** (need copy of Lease & current utility bill)
 LIVE WITH A HANOVER RESIDENT (need notarized resident affidavit & resident's current utility bill) **FOSTER CARE** **HOMELESS** **OTHER**

Student's Name exactly as it is on the Birth Certificate

Student First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
Primary Phone Number: _____ **Is this a cell phone** Yes No **Who's Cell?** _____
 (The Primary Phone Number will be called for early dismissals/cancellations/emergencies)

| | | | | |
|--|--|---|-----------------------|--------------------------|
| *Date of Birth | Is the Student Hispanic, Latino or of Spanish origin? Yes <input type="checkbox"/> No <input type="checkbox"/> | Race: <input type="checkbox"/> Multiracial **If checked choose race below <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White | | |
| Gender Female <input type="checkbox"/> Male <input type="checkbox"/> | Circle One Single Twin Multiple | | | |
| Dominant Language: _____ | | | | |
| Household Language: _____ | | | | |
| Student Needs English Language: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| *Birth City | *Birth State | *Date Entered PA | *Birth Country | *Date Entered USA |

PREVIOUS SCHOOL

SCHOOL NAME: _____ **ADDRESS:** _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
SCHOOL PHONE: _____ **FAX:** _____ **Last Grade Attended at previous School?** _____
DOES THE CHILD HAVE AN IEP? YES NO **WAS THE CHILD EVER RETAINED?** YES NO **DATE ENTERED 9TH GRADE?** _____

PARENT INFORMATION

IS THERE A COURT ORDER INVOLVING CUSTODY OF THIS CHILD? YES NO (Attach a copy for the file)

CHILD RESIDES WITH: BOTH FATHER (PRIMARY) FATHER (SECONDARY) FATHER (NO CONTACT) STEP MOTHER
 MOTHER (PRIMARY) MOTHER (SECONDARY) MOTHER (NO CONTACT) STEP FATHER
 GUARDIAN (Attach proof of Guardianship) FOSTER PARENT (Attached Proof)
 RELATIVE / OTHER: Relationship: _____ (Attach Notarized Affidavit)

Custodial Rights: Both Father Mother Guardian **Receive Correspondence:** Both Father Mother Guardian

Circle one: Natural Father / Guardian: _____ / **Foster**
Full Time Active Military? YES NO | **Deceased?** YES NO
Full Name: _____ **Suffix:** _____
Address: _____
City/ State/ Zip Code: _____
Home Phone: _____ **Cell:** _____
E-Mail: _____
Employer: _____
Address: _____
City/ State/ Zip Code: _____
Work Phone: _____ **Work Cell:** _____

Circle one: Natural Mother / Guardian: _____ / **Foster**
Full Time Active Military? YES NO | **Deceased?** YES NO
Full Name: _____
Address: _____
City/ State/ Zip Code: _____
Home Phone: _____ **Cell:** _____
E-Mail: _____
Employer: _____
Address: _____
City/ State/ Zip Code: _____
Work Phone: _____ **Work Cell:** _____

**HANOVER AREA SCHOOL DISTRICT
STUDENT REGISTRATIONS**

EMERGENCY INFORMATION

Please provide three contacts other than yourself

CONTACT #1

| | | |
|--|-------------------------------------|--------------------|
| Full Name: | Relationship to the student: | |
| Full Address/City/State/Zip Code: | Home Phone: | Cell Phone: |

CONTACT #2

| | | |
|--|-------------------------------------|--------------------|
| Full Name: | Relationship to the student: | |
| Full Address/City/State/Zip Code: | Home Phone: | Cell Phone: |

CONTACT #3

| | | |
|--|-------------------------------------|--------------------|
| Full Name: | Relationship to the student: | |
| Full Address/City/State/Zip Code: | Home Phone: | Cell Phone: |

Please list the order in which to be called in case of an illness/emergency, example: 0-(no contact) 1st 2nd 3rd 4- 5th

Father/Guardian/Foster _____ **Mother/Guardian/Foster** _____ **Contact #1** _____ **Contact #2** _____ **Contact #3** _____

List all other children living with this student at his/her address

| | |
|-----------------------|-----------------------|
| Full Name: | Full Name: |
| Date of Birth: | Date of Birth: |
| Grade: | Grade: |
| School: | School: |
| Relationship: | Relationship: |

| | |
|-----------------------|-----------------------|
| Full Name: | Full Name: |
| Date of Birth: | Date of Birth: |
| Grade: | Grade: |
| School: | School: |
| Relationship: | Relationship: |

Form Completed by: X _____ **Relationship:** _____

HANOVER AREA SCHOOL DISTRICT
STUDENT REGISTRATIONS

| EDUCATION PLACEMENT INFORMATION | |
|--|--|
| Regular Education: Yes <input type="checkbox"/> No <input type="checkbox"/> | Special Education: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has this student ever received any of the following services: (please check all that apply) | |
| ESL (English as a Second Language) <input type="checkbox"/> | Remedial Math <input type="checkbox"/> |
| Remedial Reading <input type="checkbox"/> | Title I <input type="checkbox"/> |
| Instructional Support <input type="checkbox"/> | Special Education <input type="checkbox"/> |

| Is this student: | |
|--|---|
| Autistic <input type="checkbox"/> | Deaf or Hearing Impaired <input type="checkbox"/> |
| Blind or Visually Impaired <input type="checkbox"/> | Intellectual Disabled <input type="checkbox"/> |
| Neurologically Impaired <input type="checkbox"/> | Physically Disabled <input type="checkbox"/> |
| Seriously Emotionally Disturbed <input type="checkbox"/> | Learning Disabled <input type="checkbox"/> |
| Speech and Language Impaired <input type="checkbox"/> | Gifted <input type="checkbox"/> |
| ***** If yes to any of the above, please provide a copy of the student's IEP. ***** | |

| MEDICAL INFORMATION |
|---|
| Does this student have any health problems? Please explain. |
| |

| ***** OFFICE USE ONLY ***** | |
|---|--|
| Date entered/re-entered: | Homeroom: |
| Code: | Building: |
| Grade: | Immunization Verified: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Foster Child? Yes <input type="checkbox"/> No <input type="checkbox"/> | Residency Verified: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Notes: | |

HANOVER AREA SCHOOL DISTRICT
STUDENT REGISTRATIONS

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: Hanover Area School District

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: **X** _____

*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 screening 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

HANOVER AREA SCHOOL DISTRICT
STUDENT REGISTRATIONS

STUDENT CONTRACT AGREEMENT and APPLICATION FOR HASD INTERNET USE

Directions: After reading the **Acceptable Use and Internet Policy** for the *Hanover Area School District Computer Network*. Please read and fill out the appropriate portions of the following contract completely and legibly. The signature of a parent or guardian is also required if the child is under the age of 18. This agreement is in effect as long as the student is in the same building or until parents note in writing that is no longer valid.

CONTRACT PORTION OF THE DOCUMENT

I have read, understand and will abide by the stated **Acceptable Use and Internet Safety Policy** for the *Hanover Area School District Network*. Additionally, in consideration for the privilege of using and having access to computers, the internet, and network systems, I hereby agree to indemnify and hold harmless the *Hanover Area School District*, its employees, and any institution with which it is affiliated, from any and all claims and damages of any nature arising out of my use, of computer systems, the internet, and network systems including without limitations, liability for copyright violations. I further understand that any violation of the rules and policies may result in a loss of privileges related to the use of computers, the Internet, and network systems, that disciplinary action may be taken, and that for serious offenses appropriate legal action may also result.

Student (User) Name (please print): _____

Student Grade: _____ **Student Home Room** _____ **School Building:** _____

Student (User) Date of Birth _____ / _____ / _____

Student (User) Signature: _____ **Date:** _____ / _____ / _____

PARENT OR GUARDIAN (If the applicant is under the age of 18, a parent or guardian must also read and sign this agreement) As the parent or guardian of this student, I have read the **Acceptable Use and Internet Safety Policy** for *Use of Hanover Area School District Computer Network*, a copy of which I have received. I understand that this access is designed for educational purposes and that HASD has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for HASD to restrict access to all controversial material and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision, if and when my child's use is not in a school setting. I authorize the issuance of an account for my child to use the Internet and certify that the information contained on this form is correct. I too, agree to the above statement as signed by my child.

Parent or Guardian (Please Print): _____

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

Daytime Phone Number: _____

Evening Phone Number: _____

Please return the contract to your teacher.

Mrs. Megan McCabe
Elementary School Nurse
(570) 408-1193
fax (570) 408-1150

Dear Parents/Guardian:

In past years, the school nurse across the state has collected information relating to student health matter. This information would be shared with the student's teacher by means of a "confidential list". The list was kept in the nurse's office and shared with the teacher in a respectful way to ensure the teacher was aware of special needs or attention that the student requires in the physical, mental or social area. For example, if a student had diabetes, asthma, attention deficit disorder (ADD/ADHD) or other diagnosis, their teacher was alerted to watch for changes or to be especially diligent and / or understanding, while observing that student.

Due to changes in confidentiality, via the Federal Health Privacy Law, I cannot release any medical information concerning your child to their teacher without your **written permission**. Please fill out the bottom of this letter and return it to your child's teacher (ideally in a sealed envelope addressed to the school nurse). The confidential list will be available to the teachers. Please understand a **verbal permission is not enough**. I appreciate your help and attention regarding this important concern. Thank you and have a healthy year.

Educationally yours,

Mrs. Megan McCabe,
Elementary Certified School Nurse

| | | |
|----------------------------|----------------|-----------|
| Student's Name | (Please Print) | Birthdate |
| Medical Concerns/Allergies | | |
| Parent's Printed Name | Date | |
| Parent's Signature | | |

**Hanover Area School District
STUDENT HEALTH QUESTIONNAIRE**

SCHOOL: _____ **GRADE:** _____

To Parents/Guardians: The information requested on this form will be of help to the school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunity.

Name of Child: _____ Date of Birth: _____

Address: _____

Phone: _____ Cell: _____ Other: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Person with whom child lives: _____

Physicians Name: _____ Phone: _____

Has your child had any of the following diseases?

Allergy(ies): _____ Requires EpiPen? YES NO

Asthma: _____ Requires inhaler? YES NO Requires neb? YES NO

Epilepsy: _____ Type of Seizure? _____ Date of last Seizure? _____

Recurring Illness: _____

Operations (Note type and date): _____

Emotional Problems: _____

Serious Accidents: _____

Handicapping Conditions (Congenital or Acquired): _____

Rheumatic Fever: _____ Pneumonia: _____ Chicken Pox: _____

Scarlet Fever: _____ Tuberculosis (self): _____ Family member _____

Does your child have frequent colds: _____ Sore Throats: _____

Is your child on any medications (please list)? _____

Is your child under medical treatment at present? _____

If so, name provider: _____

Are there any special conditions you wish to call to the healthcare providers attention? _____

Is Mom employed outside the home? YES NO Where: _____

Is Dad employed outside the home? YES NO Where: _____

Name & Phone Number of person to be contacted in an emergency if parents are unavailable: _____

Parent/Guardian Signature: X _____ Date _____

Hanover Area School District

1600 San Souci Parkway
Hanover Township, PA 18706
(570) 831-2332

Mr. William Jones
Acting Superintendent
(570) 831-2313

Dr. Steven Greenfield
Director of Pupil Services
(570) 831-2300 ext.143

Mrs. Shannon Bennett
Director of Special Education
(570) 831-2301

**Notification of Offense Involving
Weapons, Alcohol or Drugs,
Infliction of Injury to Another Person, or Any
Act of Violence Committed on School Property.**

The Hanover Area School District is committed to comply with the Safe Schools Act for the safety and well being of our students.

According to the **Pennsylvania Act 26**, of 1995, "Prior to admission to any school entity, the parent, guardian, or other persons having control of a student shall, upon registration, provide a sworn statement of affirmation stating whether the pupil was previously 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 or any act of violence committed on school property, the registration shall be maintained as part of the students disciplinary record". In addition under the **Act 26**, of 1995, "Any willful false statement made under this section shall be misdemeanor of the third degree".

Please be advised that **Pennsylvania Act 26**, of 1995, also required all public and private schools to transfer a students' discipline record and to maintain cumulative disciplinary records.

Thank you for your cooperation.

I, _____, hereby swear or affirm that _____ has **NOT**
(Parent Name) (Student Name)
Previously been suspended or expelled for any act of offense listed in Pennsylvania Act 26, of 1995.

I, _____, hereby swear or affirm that _____ has
(Parent Name) (Student Name)
Previously been suspended or expelled for any act of offense listed in Pennsylvania Act 26, of 1995.

Please identify the act or offense in the space provided:

| ACT/OFFENSE | WHERE COMMITTED | DATE(S) |
|-------------|-----------------|---------|
| | | |
| | | |
| | | |
| | | |

(Signature of Parent / Guardian)

SUBSCRIBED AND SWORN TO BEFORE ME THIS
DAY OF _____ 20_____

SIGNATURE OF NOTARY PUBLIC

HANOVER AREA SCHOOL DISTRICT

(Keep)

SCHOOLS OPEN



BUILDING START TIMES

HANOVER GREEN ELEMENTARY – (KDG and 1st) 8:45 AM - 3:15 PM

561 Main Road
Hanover Township, PA 18706
570-824-3941 / 570-408-1150 (Fax)
570-829-4523 – School Nurse

LEE PARK ELEMENTARY – (2nd and 3rd) 8:45 AM - 3:15 PM

99 Oxford Street
Hanover Township, PA 18706
570-824-4741 / 570-824-5714 (Fax)
570-822-6554 – School Nurse

MEMORIAL ELEMENTARY – (4th, 5th, and 6th) 8:05 AM - 2:35 PM

80 W. St. Mary's Road
Hanover Township, PA 18706
570-822-5103 / 570-823-3096 (Fax)
570-822-8683 – School Nurse

HANOVER JR/SR HIGH SCHOOL – (7TH - 12TH) 7:35 AM - 2:00 PM

1600 Sans Souci Parkway
Hanover Township, PA 18706
570-831-2300 / 570-831-2316 (Fax)
570-831-2306 – School Nurse

Hanover Area School District

(Keep)

Dress Code

All Hanover Area students who attend any District school or the Wilkes-Barre Area Career Technical Center (CTC) will be required to adhere to the Board approved *Dress Code*. Students who attend the CTC are required to adhere to the District *Dress Code* when being transported to and from that technical training facility. Upon arrival at the CTC, students will be allowed to change into their proper vocational-technical training attire. They are required to change back to their approved attire of dress before returning to their home school.

Pants

Pants must be casual, dress, or corduroy in a **solid color** limited to the following—Khaki (Beige/Tan), Navy Blue, or Black.

- a.) Pants must be sized to fit the student—plus/minus 1 size to the student's measurement.
- b.) They must be secured at the waist and have only 2 pockets in the front and 2 pockets in the back.
- c.) Cargo pants, military fatigues, sweat pants, jeans, denim pants, baggy pants, or excessively tight pants are among those clothing items that are not permitted (see *Articles of Non-Compliance*, page 20).

Dresses/Skirts

Dresses and skirts must be appropriate in length and of a **solid color** limited to the following—Khaki (Beige/Tan), Navy Blue, or Black.

- a.) Dresses/Skirts must be no shorter than 2 inches above the knee.
- b.) Cargo pockets are not permitted on dresses or skirts.
- c.) Dresses/Skirts must be accompanied by either knee socks or stockings when worn from November 1st to March 30th.

Shirts

Shirts (short or long sleeves) must have a collar and be of a **solid color**.

- a.) Only polo, golf, or button-down, dress shirts may be worn.
- b.) All shirts must be buttoned or zipped just below the neck.
- c.) They must be sized to fit the student—plus/minus 1 size to the student's measurement.
- d.) Dress shirts must be tucked inside the pants, and polo/golf shirts may not extend past the middle of the pants pocket(s).
- e.) Hanover Area logos or a manufacturer's logo are permitted on shirts provided they are no larger than 3 inches by 3 inches.
- f.) Patterns may not be worn, and no trim colors are allowed around the neck or sleeves.
- g.) A solid T-shirt may be worn under an approved shirt provided the sleeve length does not exceed that of the polo/golf or dress shirt. Any logos or print on the T-shirt must not be visible through the approved shirt.

Sweatshirts/Sweaters

Crewneck sweatshirts, cardigan, and vest sweaters may be worn with an approved collared shirt underneath. They must be of a **solid color** with no patterns.

- a.) Sweatshirts and sweaters may not be ripped or torn.
- b.) They must be sized to fit the student—plus/minus 1 size to the student's measurement.
- b.) They may not extend past the middle of the pants pocket(s).
- d.) Hooded sweatshirts are not permitted during the school day. They may be worn to/from school but must be stored in lockers during the school day.
- e.) A solid turtleneck may be worn under a sweater/sweatshirt or approved shirt provided the sleeve length does not exceed that of the sweater/sweatshirt or shirt.
- f.) V-neck sweaters are permitted so long as they are of a solid color worn beneath an approved shirt.
- g.) A lightweight outer garment of a solid color may be worn over an approved shirt. Logos may not be over 3 in x 3 in and garment may not be ripped/torn or excessively baggy or tight.

Shorts

Students will be permitted to wear dress shorts that are appropriate in length and of a **solid color** limited to the following—Khaki (Beige/Tan), Navy Blue, or Black.

- a.) Shorts must be secured at the waist and worn no shorter than 2 inches above the knee.
- b.) They must be sized to fit the student—plus/minus 1 size to the student's measurement.
- c.) They may only be worn from April 1st to October 31st inclusively.
- d.) Shorts must be pleated or plain with 2 pockets in the front and 2 pockets in the back. Cargo shorts/pockets may not be worn.

Belts

Belts may be worn, but they must be of a **solid color** (no color preference).

- a.) Emblems or logos are not permitted on belts.
- b.) Belt buckles may not exceed 2 inches by 2 inches.
- c.) Chain link or rope-like belts may not be worn.

Shoes

Some type of shoe or sneaker must be worn throughout the school day.

- a.) Backless shoes—including flip-flops, clogs, and cros—are not permitted.
- b.) Open-toes shoes may not be worn. Shoes must be closed around the foot and secured.
- c.) Moccasins and similar shoes without a solid sole may not be worn.
- d.) Footwear that poses a safety hazard is prohibited.

Piercings

Ear piercings are permitted but limited to 2 piercings per ear.

- a.) Hoop and drop earrings may not be larger than 1 inch in diameter.
- b.) Plug piercings (*tunnel* or *gauge*) are not permitted.
- c.) No visible piercings other than the ear(s) are permitted. Piercings of the eyebrows, lips, nose, or tongue are prohibited.

Articles of Non-Compliance

Specific items of clothing are not permitted under the *Dress Code*. They include but are not limited to the following:

- spandex pants
- skateboard pants
- sweat pants/wind pants
- exercise pants/yoga pants
- jeans/denim pants
- excessively tight pants
- baggy/extra-full pants
- tank tops/T-shirts
- Henley* shirts (short/long sleeves)
- excessively tight shirts
- basketball shorts
- cargo pants/shorts
- silky shorts
- fishnet stockings
- exposed undergarment
- backless/open-toe shoes
- shoes without a solid sole
- hats/caps/bandanas
- chains/dog collars
- spike bracelets/necklaces
- offensive/sexually suggestive attire
- clothing condoning violence/suicide
- drug/alcohol/tobacco related clothing
- clothing displaying vulgar language
- torn/ripped/camouflage clothing
- coats/hoods worn inside
- black outfits
- offensive/inappropriate jewelry
- tunnel/gauge/body piercings

Exceptions

- a.) ***Gym Class***—Elementary students (grades K-6) participating in gym class may wear sweat pants and/or gym shorts (no shorter than 2 inches above the knee) with an approved shirt on their assigned gym day.
- b.) ***Sports Activities/Clubs***—Students participating in a school-sanctioned sporting event or club may wear the respective team/club shirt or jersey over an approved shirt on the day of the event.
- c.) ***Approved Dress Down Days***—On days or instances designated as *dress down* by the District, students will be notified in advance of the approved attire for the given day. Student attire should reflect the character and ideals of the District and not disrupt the educational process nor compromise the safety and security of the school.
- d.) ***Extracurricular Activities***—The *Dress Code* applies to the regular school day. However, students attending school sponsored extracurricular activities outside of the regular school day must dress appropriately. Students attending extracurricular activities are representing the District, and their appearance should reflect the character and ideals invoked by the District. Students found in non-compliance with the *Dress Code* may be removed from the activity or event and subject to further disciplinary action.

Disciplinary Actions

The District seeks to ensure a safe and disciplined learning environment. Students are expected to dress in a manner that promotes this goal. Violation of the *Dress Code* will result in parental notification and appropriate school action. At the discretion of the Principal, students found in non-compliance will be subject to the disciplinary actions outlined below.

| Offense | Disciplinary Action |
|-------------------------|---|
| 1 st Offense | At the discretion of the Administration, the student will be excluded from class/school (In-School or Out-of-School Suspension) for one day. <i>(For elementary students—depending upon the degree of cooperation from the student and parent—a request for a change of clothing may also be made.)</i> Parents will be notified of the class/school exclusion. The student is expected to return in full compliance with the <i>Dress Code</i> . |
| 2 nd Offense | At the discretion of the Administration, the student will be excluded from class/school (In-School or Out-of-School Suspension) for one day. A parent meeting must be held before the child may return to class/school. The student is expected to return in full compliance with the <i>Dress Code</i> . |
| Successive Offenses | At the discretion of the Administration, the student will be subject to a minimum 3 and possible 10-day Out-of-School Suspension, as well as a 10-day Co-curricular Suspension. A parent meeting must be held before the student may return to school. The student is expected to return in full compliance with the <i>Dress Code</i> . |

Exemptions

Parents who object to the *Dress Code* based on religious or medical grounds must complete and present to the Principal a signed letter detailing the reason for the objection. The parent and building principal will then meet to discuss the exemption request, which must subsequently be reviewed and approved by the Superintendent.