

ACADEMY AT PALUMBO



NEW STUDENT ORIENTATION

Thursday, May 11, 2017

6:00—8:00 PM

1100 Catharine Street

Philadelphia, PA 19147

215-400-8130

No RSVP necessary

**Meet the Principal, Teachers and
Tour the Building**

(Admission Packet can be accessed at www.palumbohs.org)



THE SCHOOL DISTRICT OF PHILADELPHIA
ACADEMY AT PALUMBO
1100 CATHARINE STREET
PHILADELPHIA, PA 19111
T-215-400-8130 · F-215-400-8131

MS. KIANA L. THOMPSON, PRINCIPAL
Griffin Pride: Nothing Less Than Success!

April 7, 2017

Dear Parent/Guardian:

We are excited to welcome your child to The Academy at Palumbo for the school year 2017 – 2018.

NEW STUDENT ORIENTATION

You are cordially invited to attend our Orientation for New Students and Parents on **Thursday, May 11, 2017** from **6:00 - 8:00 PM** at the **Academy at Palumbo**. Everyone will assemble in the auditorium. Please be prompt.

PLEASE COMPLETE AND RETURN THE FOLLOWING DOCUMENT:

- **SUBJECT SELECTION FORM** included with this letter. It is very important that this form be completed and returned the night of the Orientation or sooner so that your elective choices can be accommodated.

The Academy at Palumbo Admission Packet can be accessed at the following link www.palumbohs.org. If possible, please print out the documents and return on the night of the Orientation. Admission Packets will also be available at Orientation and can be returned to the Academy at Palumbo anytime during the school day by June 1, 2017.

Final Report Card for 2017: When your child receives his/her final report card, please send us a copy of the report card so that it can be placed in our school records. You can drop off or mail to us. If your child's final grade shows a significant downturn, admission may be withdrawn.

Looking forward to meeting you on Thursday, **May 11, 2017 at 6:00 PM.**

Sincerely,

Kiana L. Thompson
Principal

ACADEMY AT PALUMBO HIGH SCHOOL
9TH GRADE SUBJECT SELECTION SHEET
2017 – 2018

Student (last) _____ (first) _____ (M.I.) _____

Address _____ (zip) _____ Phone# _____

Present School Attending _____

REQUIRED COURSES

1. ENGLISH 1
2. WORLD HISTORY
3. BIOLOGY

(CIRCLE ONE MATH COURSE)

4. ALGEBRA 1 GEOMETRY
(Geometry may only be selected if a full year of Algebra 1 was completed in 8th grade and then providing proof of successfully passing Keystone Algebra 1 Exam.)

(LIST IN ORDER OF PREFERENCE)

5. LANGUAGE CHINESE OR SPANISH
- (1) _____
- (2) _____

PLEASE RANK YOUR ELECTIVE IN ORDER OF PREFERENCE (1, 2, 3, 4)

- | | | | |
|---|----------|----------------------|-------|
| 6. MIXED CHOIR | 1. _____ | 10. DRAMA | _____ |
| 7. INTRO TO MUSIC | 2. _____ | 11. COMPUTER SCIENCE | _____ |
| 8. INTRO TO VISUAL ART | 3. _____ | | |
| 9. ORCHESTRA
(Must have experience playing instrument) | 4. _____ | | |

NOTE: All students will also be rostered to Physical Ed. and Health Ed. for 1 year or another elective.

- There are **NO Advanced Placement** classes in 9th grade at the Academy.
- Instrumental Music will be scheduled in the fall. Itinerant music lessons for those wishing to play an instrument will be scheduled in the fall.
- **ALL SELECTIONS ARE TENTATIVE PENDING FINAL ADMISSION TO THE ACADEMY AND STAFFING AVAILABILITY.** Classes fill quickly so the sooner this form is returned, the better the chance of getting your first choice. Please return no later than June 1, 2017

Parents' Signature _____ Date _____



**SCHOOL DISTRICT OF PHILADELPHIA
APPLICATION FOR ADMISSION OF CHILD TO SCHOOL (EH-40)**

PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

Please Print All Information

STUDENT INFORMATION - Section 1

Last Name		First Name		M.I.	Date of Birth			STUDENT ID NUMBER	
					MONTH	DAY	YEAR		
House No.	Direction	Street Name			St., Ave., Etc.	Apt. No.	Zip Code		

Race Designation: _____ Gender: Male/ Female Country of Birth: _____
 White Black/African American Hispanic/Latino American Indian/Alaska Native Student Primary Language _____
 Asian Multiracial/Other Native Hawaiian/Other Pacific Islander Date child first enrolled into a U.S. School _____

HOUSEHOLD INFORMATION - Section 2

Student Resides With:
 Both Parents (same address) Mother Father Stepparent Guardian / Other

Parent / Guardian Name: _____ <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian / Other: _____ Address: _____ _____ Phone: _____ (Home) _____ (Cell) _____ (Work) _____ E-Mail: _____ Guardian's Primary Language: _____	Parent / Guardian Name: _____ <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian / Other: _____ <input type="checkbox"/> Please check this box if the address is the same Address: _____ _____ Phone: _____ (Home) _____ (Cell) _____ (Work) _____ E-Mail: _____ Guardian's Primary Language: _____
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SIBLING INFORMATION - Section 3

Please list all school aged children (ages 5 and above)

Name	D.O.B.	Current School	Grade	Student ID# if available

CONTACT INFORMATION - Section 4

*** Please list two LOCAL emergency contacts and their relationship to the child in the event a parent or guardian cannot be reached:**

Primary

Name _____	Relationship _____
Phone (1) _____	Phone (2) _____

Secondary

Name _____	Relationship _____
Phone (1) _____	Phone (2) _____



THE SCHOOL DISTRICT OF PHILADELPHIA
ACADEMY AT PALUMBO HIGH SCHOOL
1100 CATHARINE STREET
PHILADELPHIA, PA 19147
T-215-351-7618 · F-215-351-7685
MS. KIANA L. THOMPSON, PRINCIPAL
Griffin Pride: Nothing Less Than Success!

RELEASE OF INFORMATION

To Whom It May Concern:

This letter serves as a formal request to release records for:

_____, DOB: _____

Records can be sent or faxed to:

Academy at Palumbo
Loc. # 2620
1100 Catharine St.
Philadelphia, PA
Fax #: 215-351-7685

Thank you for your attention.

Sincerely,

Kiana L. Thompson
Principal

Permission Form for Use of Student Picture, Voice, Video, Work and/or Full Name
on a School District of Philadelphia Website

This letter is to both inform you and request permission for your child's picture, voice, video, work and/or full name to be published on the School District and/or an individual school's website.

Student images are used on the Internet to promote student activities and celebrate student work. However, there are potential dangers associated with posting personally identifiable information on a website because global access to the Internet means that the School District cannot control who may view the website.

Accordingly, the School District will not release any information without prior written consent from you as the parent or legal guardian. Please return this form to your child's teacher or the representative of the sponsoring School District department to indicate if your child's image, voice, video, work and/or full name maybe used on the Internet. This permission will be applicable to any use of full name, picture, voice, work or video taken in the school year in which permission is given and will remain in effect until the full name, picture, video, work or voice is removed from the website or until consent is withdrawn. As parent or legal guardian, you may withdrawal your consent at any time by sending a written letter, along with a new form, to the principal of your child's school. Thank you for your cooperation.

Check one of the following options:

- I/We GRANT permission for any photo/image, voice, video, work and/or full name of this student to be published on the school and/or School District's public Internet site.
- I/We DO NOT GRANT permission for any photo/image, voice, video, work and/or full name of this student to be published on the school and/or School District's public Internet site.

In addition, I agree to release and hold harmless the School District, its School Reform Commission members and Board of Education, agents, officers, contractors, volunteers, and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's picture, voice, video and/or full name on the Internet.

Student's Name: _____ School/Office Name: _____

Print name of Parent/Legal Guardian: (print) _____

Signature of Parent/Legal Guardian: (sign) _____ Date Signed: _____

To be completed by school/ office for file purposes:

Attach image or identify from photo and video files

Web address of image(s): http:// _____

THE SCHOOL DISTRICT OF PHILADELPHIA
Academy at Palumbo
1100 Catharine Street
Philadelphia, PA 19111
T- 215-351-7618 • F-215-351-7685

Kiana L. Thompson, Principal
Griffin Pride: Nothing Less Than Success!

Student Questionnaire for the Academy at Palumbo Music Program. If you are interested, please complete and return this form with your other material on the evening of Orientation.

Student Name _____

MUSICAL BACKGROUND

1. Do you play a musical instrument? (circle)

Yes No If yes, please specify _____

2. Do you take music lessons? (circle)

Yes No If yes, please write down the materials you are currently using.

3. Have you ever participated in chorus? (circle)

Yes No If yes, what voice part _____

4. Do you participate in any musical activity outside of school? (circle)

Yes No If yes, please specify _____

5. Do you have any interest to study an instrument? (circle)

Yes No If yes, please specify _____

6. What style of music do you prefer? (circle, you can choose more than one)

Classical Rock R&B Country Jazz World Folk Rap

Other _____

7. Who were your favorite artists, bands or songs

Parental Registration Statement*
SCHOOL DISTRICT OF PHILADELPHIA

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code §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 this 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."

Please complete the following:

I hereby swear or affirm that my child was / was not (circle one) previously suspended or expelled, or is /is not (circle one) 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 or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §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:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion: _____

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

(Signature of Parent or Guardian)

(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.

* Translated versions of this document are available at: www.philasd.org/offices/translation.

THE SCHOOL DISTRICT OF PHILADELPHIA
STUDENT MEDICAL INFORMATION

This form is to be used for new students and capturing annual updates.

Last Name:	First Name	Date of Birth	Date:
Name of School:		Room/Section:	Grade:

Dear Parent/Guardian:

Pennsylvania law requires that all children must have a complete checkup when entering school for the first time and again in middle and high school.

The school nurse can help you with information regarding health insurance. There are free and low-cost insurance plans for which your family may qualify. Please take the attached form to your doctor or clinic when you take your child for this checkup and return the completed form to the school nurse by _____

I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent/Guardian Signature _____ Date _____

STUDENT'S MEDICAL HISTORY - TO BE COMPLETED BY PARENT/GUARDIAN

1. Does your child have health insurance? Yes No Company? _____
2. Where do you take your child for checkups? _____
Address: _____
Phone: _____ Fax: _____
3. Date of child's last physical examination? _____
4. Where do you take your child for dental care? _____
Address: _____
Phone: _____ Fax: _____
5. Date of child's last dental examination? _____

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
REPORT OF PHYSICAL EXAMINATION

Date Issued: [Date]		Student ID#:
Name of Student:	Date of Birth:	Grade:
Name of School:	Room/Section/Book	
<p>TO THE PARENT/GUARDIAN: I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.</p> <p>Parent/Guardian Signature _____ Date _____</p>		
<p>TO THE CARE PROVIDER (Please complete all items) Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.</p>		
RECORD OF VACCINE ADMINISTRATION		
(Please attach complete immunization record including serology results if available)		
<p>▪ Allergies _____ ▪ Date of last PPD _____ Result _____ mm</p>		
<p>Does this student have health insurance? ____ Yes ____ No Name of Insurance Provider: _____</p>		
RECORD THE FOLLOWING		
1.	Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____	
2.	Audiometric Screening: R _____ L _____	3. BP _____
4.	Height _____ inches/cm Weight _____ lb./kg BMI percentile _____	
5.	Scoliosis Screening: _____ Normal _____ Abnormal _____ Referred _____ No Referral	
6.	Activity Recommendation: _____ Full Physical Activity _____ Restricted Physical Activity (Must Complete Phys. E. Medical Exemption/Program Modification Form MEH-23)	
Specify Restrictions: _____		
7.	List all medications currently being taken: Medications: _____ Reason: _____	
8.	List ALL problems by history or examination: 1. _____ Under Care Care Complete Referred 2. _____ Under Care Care Complete Referred 3. _____ Under Care Care Complete Referred _____ No Problems Identified	Circle status of problem
Comments/follow-up treatment plan / Special instructions to school:		
Signature of Care Provider (REQUIRED)	Telephone Fax	Care Provider office stamp (REQUIRED)
Address	Date of Exam	

The School District of Philadelphia
Office of Student Rights & Responsibilities
440 N. Broad Street, Second Floor
Philadelphia, PA 19130

Rachel Holzman, Esquire
Deputy Chief

Release of Directory Information Opt-Out Form

The School District of Philadelphia may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures.

Directory information includes the following: name, address, phone number, date and place of birth; field of study; participation in recognized activities and sports; height/weight, if member of athletic team; dates of attendance; degrees, awards, photographs, rosters; previous school(s) attended; and primary language.

The primary purpose of directory information is to allow The School District of Philadelphia to include this type of information from your child's education records in certain school publications, including: a playbill, showing your student's role in a drama production; school newsletters, the annual yearbook; honor roll or other recognition lists; graduation programs; and sports activity sheets, such as for basketball, showing weight and height of team members.

This information may also be made available to qualified outside organizations upon request. Qualified outside organizations include, but are not limited to, scholarship providers, trade/technical schools, and potential employers. In recognition of a family's right to privacy, it is the policy of The School District of Philadelphia that directory information will not be provided to commercial enterprises.

Parents or eligible students (18 years old or above) have the right to have directory information withheld upon written request. If you prefer to deny release of directory information without prior written consent, please complete and return the entire form to your child's school by **within ten (10) days of your enrollment**. Once this form is completed and returned to the school, your choice will not change until you complete and submit a new form. Use a separate form for each child. **Only return this form if you do NOT want directory information released.**

I DO NOT want directory information to be released and request ONE of the following:

Do not release my student's directory information at any time. No information for school publications, school activities, trade schools, scholarship providers or employers.

Do not release my student's directory information at any time, except for school publications, school activities and to qualified outside organizations.

Do not release my student's directory information at any time, except for school publications and school activities.

Do not release my student's directory information to military recruiters (11th and 12th grade only)

I do not permit my child to take any surveys that concern one or more of the areas listed on the PPRA notice

Student Name (Please Print)

Name of School (Please Print)

Student ID#

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Student Signature (if 18 years or older)

Parent Copy

PPRA Notice and Consent/Opt-Out for Specific Activities

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires **The School District** to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas (“protected information surveys”):

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes (“marketing surveys”), and certain physical exams and screenings.

The School District will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities and be provided an opportunity to opt their child out, as well as an opportunity to review the surveys. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 years old or an emancipated minor under State law.)

Parent Copy
Family Educational Rights and Privacy Act (FERPA)
Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that the **School District of Philadelphia** with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- 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 organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.¹

If you do not want the School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within ten (10) days after enrollment. The school District has designated the following information as directory information:

- | | |
|---|--|
| <ul style="list-style-type: none">-Student's name-Address-Telephone listing- Primary language-Photograph-Date and place of birth-Major field of study-Dates of attendance-Grade level | <ul style="list-style-type: none">-Participation in officially recognized activities and sports-Weight and height if members of athletic team-Degrees, honors, and awards received-The most recent educational agency or institution attended-Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc. (A student's SSN, in whole or in part, cannot be used for this purpose.) |
|---|--|

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).