

# **HOPEWELL AREA SCHOOL DISTRICT**

## **Policy for the Collection of Information, Maintenance of Records and Dissemination of Pupil Information**

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**Section: Pupils**

**Title: Student Records Procedures**

**Implemented:**

## **HOPEWELL AREA SCHOOL DISTRICT**

### **STUDENT RECORDS PROCEDURES**

- I. **PURPOSE** (School Code 1402(B) 1532, 1533): The educational interests of the pupil and of society require the collection, retention, and use of information about individual pupils and groups of pupils. The welfare and progress of pupils is inextricably related to the maintenance of a thorough and efficient system of public schools: the latter cannot be achieved nor assessed in the absence of appropriate information about the former.

(School Code 1409)

It is no less the interest of society to protect the right of each of its members against an unwarranted invasion of privacy. The primary purpose of pupil record keeping shall be the educational welfare and advancement of the pupil.

- II. **AUTHORITY** (22 Pa. Code Sec. 12.31 et. Seq.: 20 USC 1232q 34 C.F.R. 99): The Board of School Directors has primary responsibility in this District for the compilation, maintenance, access to and security of pupil records. Only records mandated by the Commonwealth or federal government or specifically permitted by this Board may be compiled by the staff.

### **III. DEFINITIONS**

The following terms used in this procedure are defined as follows:

- A. **“Directory information”** is:

Information not generally considered harmful or an invasion of privacy if disclosed. This includes but is not limited to:

- 1) name, address, telephone listing
- 2) field of study
- 3) weight & height of athletes
- 4) previous school most recently attended
- 5) photographs
- 6) date and place of birth
- 7) participation in officially recognized activities and sports
- 8) dates of attendance, degree and awards
- 9) primary language

- B. “**Disclosure**” means permitting access or the release, transfer or other communication of education records of the student or the personally identifiable information contained therein, orally or in writing, or by electronic means, or by any other means to any party.
- C. “**Educational Institution**” or “**Educational Agency or Institution**” means any public or private agency or institution which is the recipient of funds under any Federal program.
- D. “**Educational Records**”:
1. means those records which:
    - a. are directly related to a student, and
    - b. are maintained by the Hopewell Area School District or party acting for the District.
  2. the term does not include:
    - a. Records of instructional, supervisory, and administrative personnel and educational personnel ancillary thereto which:
      1. are in sole possession of the maker thereof, and
      2. are not accessible or revealed to any other individual except a substitute. For the purpose of this definition, a “substitute” means an individual who performs on a temporary basis the duties of the individual who made the record, and does not refer to an individual who permanently succeeds the maker of the record in his/her position.
    - b. Records of an educational agency or institution which contain only information relating to a person after that person was no longer a student at the educational agency or institution. Follow-up studies performed by the Guidance Department fall in this area.
- E. “**Student**” includes any individual with respect to whom an educational agency or institution maintains education records. In this case, the agency or institution is the Hopewell Area School District.
- F. “**Adult Student**” means a student who has attained eighteen years of age, is married, or is attending an institution of post-secondary education. The parent retains parental rights until such time as the student is no longer dependent or age 21. (According to LeRoy Rooker, Chief of the Division of Student Rights, U. S. Department of Education).

- G. “**Panel**” means the body which will adjudicate cases under procedures set forth in Section VII D.
- H. “**Parent**” includes both natural parents, a guardian, or an individual acting as a parent of the student in the absence of a parent or guardian. The school presumes that either parent of the student has authority to inspect and review the educational records of the student unless the school has been provided with evidence that there is a legally binding instrument or state law or court order governing the divorce, separation, or custody, providing to the contrary.
- I. “**Personally Identifiable**” means that the data or information includes but is not limited to (a) the name of a student, the student’s parent/guardian or other family member, (b) the address of the student or the student’s family, (c) a personal identifier, such as the student’s social security number or student number, (d) a list of personal characteristics which would make the student’s identity easily traceable, or (e) other information which would make the student’s identity easily traceable.
- J. “**Record**” means any information maintained in any way, including, but not limited to:
- 1) handwriting
  - 2) print
  - 3) film
  - 4) computer media
  - 5) video or audio tape
  - 6) microfilm and microfiche
  - 7) video and audio tape
- K. “**Representational Consent**” as the legally elected or appointed representatives of the parents/guardians of a school district, the Board of School Directors may collectively as a body grant approval (representational consent) to such programs, processes, and procedures as are considered to be the valid, legal, and expected function of any responsible educational agency. These consent decisions of the representational agency are (subject to higher authority or judicial review) binding on all students and parents/guardians whether or not they might individually have consented.
- L. “**Informed Consent**” the approval by signature of an individual (parent, guardian, student) who has been apprised of the nature, content, and procedure of a records collection, maintenance, or release activity of an agency.
- M. “**Confidentiality of Student Communications**” Act 287 approved by Governor Shapp on December 6, 1972 – Section 1319: Confidentiality of Student Communications. No guidance counselor, school nurse, or school psychologist in the public schools or in private or parochial schools or other educational institutions providing elementary or secondary education, including any clerical

worker of such schools and institutions, who, while in the course of her/his professional duties for a guidance counselor, school nurse, or school psychologist, has acquired information from a student in confidence shall be compelled or allowed without the consent of the student, if the student is eighteen (18) years of age or over, or, if the student is under the age of eighteen (18) years, without the consent of his/her parent or legal guardian, to disclose that information in any legal proceeding, civil or criminal, trial, investigation before any grand, traverse or petite jury, or any officer thereof, or before any commission, department or bureau of this Commonwealth, or municipal body officer or committee thereof. The privileged communication granted under this law applies only to official legal proceedings and in no way prevents an administrator or supervisor from requiring a staff member to reveal what was said during a private counseling session. Notwithstanding the confidentiality provision of this section, no such person shall be excused or prevented from complying with the act of August 14, 1967 (P.L. 239), entitled, “An Act relating to gross physical neglect of, or injury to, children under eighteen (18) years of age, requiring reports in such cases by examining physicians or heads of institutions to county public child welfare agencies, imposing powers and duties on county public child welfare agencies based on such reports; and providing penalties.”

1. Information acquired from a student in confidence by Administration or Professional Employee, Teacher, Student Assistance Program (SAP) Team member, and/or Crisis Management Program Facilitator (CMP) while in the course of his/her professional duties, shall be considered privileged information to the extent that it cannot be divulged in any legal proceeding without the consent of the student if the student is eighteen (18) years of age or over, or without the consent of the student’s parents/guardians if the student is under the age of eighteen (18) years.
  2. However, such information may be revealed without the student’s consent to the student’s parents/guardians, teachers or principals when it is considered by the counselor, nurse, SAP/CMP facilitator, special education facilitator or psychologist to be in the best interest of the student’s health, safety and welfare.
  3. An exception to the above is information revealed by the student concerning child abuse, neglect, or injury, which the recipient is under legal duty to report to the authorities.
- N. **“Legitimate Educational Interest”** describes a purposeful education involvement with a student in which there is a direct responsibility for providing instruction or supportive services.
- O. **“Destruction”** means the physical destruction or permanent removal of personally identifying data from the education records of a student so that the information in those records is no longer personally identifiable.

P. “**Secretary**” means the Secretary of the U.S. Department of Health, Education and Welfare.

Q. “**LEA**” means Local Education Agency.

#### IV. **COLLECTION OF STUDENT INFORMATION**

Student information collected by the School District for record purposes will be classified according to the type of information collected in the following categories: (22 Pa. Code Sec. 12.31 et. seq.: 20 USC 1232q 34 C.F.R. 99; 22 Pa Code Sec. 7.13; School Code 1532)

A. Category A Data: Includes official administrative records that constitute the minimum personal data necessary for operation of the educational system. Category A information will include the following:

1. Student number, name, address, telephone number, birth date, gender, ethnic origin, dates of entry and withdrawal, academic grades, class rank, picture and attendance data.
2. First, middle and last name and emergency phone number of the parents/guardians.
3. Group administered, standardized achievement test scores and kindergarten screenings.
4. Record of awards, letters of commendation received and student participation in school activities.

B. Category B Data: Includes verified information of clear importance that exceeds the minimum personal data necessary for operation of the educational system. Category B data will include the following:

1. Individual administered standardized intelligence and aptitude test scores.
2. Interest inventory results.
3. Health records.
4. Family background information.
5. Systematically gathered teacher or counselor ratings and classroom observations.
6. Act 26 information, Certified Discipline Record, Parent Statement.
7. Verified reports of recurrent behavior problems.

8. Teacher reports on achievement.
  9. Chapter 15 Service Agreement for Protected Handicap Students.
  10. Instructional Support Team information.
  11. Certain legal documents such as judicial orders or directives related to custody, restraining orders, and protection from abuse orders.
  12. Special education records – Permission to Evaluate, Permission to Reevaluate, Invitation to Attend an IEP Team Meeting, or Other Meeting, IEPs, ERs, psychological reports, in-house psychiatric reports, NOREP's, criterion and standardized test booklets, record cards and summaries, and Penn Data tracking information. Refer to Record Policy for Exceptional Students – Appendix A.
  13. Gifted Records – Permission to Evaluate, Permission to Reevaluate, Invitations to Attend a GIEP Team Meeting or Other Meeting, GWR, GIEP, psychological reports, NORA, criterion and standardized test booklets, report cards, summaries and Penn Data tracking information.
- C. Category C includes potentially useful information but not yet verified or clearly needed beyond the immediate present. It will be kept separate from Category A and B data and will include:
1. Unevaluated reports of teachers, counselors, and others, which may be needed in ongoing investigations and disciplinary or counseling actions.
  2. Mental health, outside agency psychiatric records.
  3. Student Assistance Program Information: includes all information gained through the SAP process.
  4. Other legal or clinical findings including personality test results, psychiatric reports, psychoeducational reports (other than those for special education students and gifted students).
- D. Professional Notes
- The professionals who are directly involved with the student's health, education and welfare may maintain personal and confidential files containing notes, transcripts of interviews, clinical diagnoses, and other memory aides for their own use. Such data are to be considered confidential and treated as such. All such data must be destroyed when their usefulness is no longer apparent or when the student leaves the school system. Professional notes are not considered educational records.

## V. MAINTENANCE OF STUDENT RECORDS

The School District will provide for the reviewing and updating of student information contained in each category and will destroy such information that is no longer educationally relevant.

### A. Maintenance Procedure

1. Data in Category A will be maintained in individual building office files. Records are to be passed on to the next building in progression, including those records of students who have withdrawn.
2. Data in Category B will be maintained and reviewed by the school principal, teachers, the guidance counselors and/or SAP/CMP facilitator upon completion of the student's elementary school experience and upon completion of the student's Junior High School experience. Discipline records should not be passed level to level. Material that is no longer educationally useful will, as determined by the principal/counselor/teacher/SAP/CMP facilitator/nurses be destroyed, with the exception of Special Education records, Act 26 and Chapter 15 service agreements which will be maintained and not destroyed.
  - a. Parents/guardians will be notified of this procedure in the parent/guardian handbook and/or district calendar or newsletter.
  - b. No notification is required for the destruction of duplicate records maintained by Hopewell Area School District.
3. Data in Category C will be reviewed at the end of each year and will be destroyed if not verified and/or not needed beyond the immediate present. Data which still has educational value may be maintained in Category B.

Parents/guardians or adult students must be notified of the transfer and nature of the information and must be offered an opportunity for a hearing as stated in Section VII.

4. If, for any reason, temporary unevaluated data is held for more than a year, the existence of this data must be discussed with the parents/guardians or adult student and the reason for its maintenance explained fully. Parents/guardians or adult students then have the opportunity to challenge the decision to maintain such data through procedures as outlined.

### B. Procedure for Students Transferring into the District

1. Parents/guardians complete enrollment form, request for records and Act 26.

2. Secretary forwards request for records to former school.
3. Secretary forwards copy of enrollment form to counselor.
4. Counselor contacts former school district to inquire about educational placement needs.

C. Record Storage

1. Category A, B and C will be stored in a variety of locations. (See chart)

**Elementary, Middle and Senior High School**

<b>Record/Report</b>	<b>Location of Records</b>	<b>Responsibility</b>	<b>Category</b>
Act 26	School Office	Principal	A
Attendance	School Office	Attendance Secretary/Principal	A
Custody Orders/PFA's	School Office	Principal	B*#
Discipline Records	School Office	Principal	B*#
District Waiver	Central Office/SAP/CMP Facilitator Office	Central Administration/SAP/CMP Facilitator	B*
Health Records (Including HIPAA Forms)**	Nurse's Office/District's Secured Network	Nurse	B*
IST Records	IST Office	IST Teacher	B*
Mental Health/Psychiatric	Central Office	Central Administration	C*#
Other Student Information (Requests, notes from parents/guardians)	Principal's Office	Principals	C*#
Permanent Educational Records (Cumulative File)	School Office	Principal	A
Internet Policy	School Office Permanent File	Principal	A
Home Language Survey	School Office Permanent File	Principal	A
Evaluation results: Permission to Evaluate, ER's, CER's and GWR's <b>Duplicate</b>	School Office	Principal, Counselor	B*#
Evaluation results: Permission to Evaluate, ER's, CER's and GWR's <b>Original</b>	Central Office	Central Administration	B*#
Risk Forms	Central Office Principal Office SAP/CMP Facilitator	Central Administration SAP/CMP Facilitator Principal	C*#
All information gained through SAP process	Guidance/SAP Office	Central Administration/Counselors /SAP/CMP Facilitator	C*
Chapter 15 Service Agreement <b>Original</b>	Central Office	Central Administration	B*#
Chapter 15 Service Agreement <b>Duplicate</b>	School Office	Principal, Counselor	B*#
Special Educational Student Folder	Classroom	Special Education Teacher	B*
Special Education Folder <b>Duplicate</b> (refer to Appendix A for Special Education Records Policy)	Central Office	Central Administration	B*

**Elementary, Middle and Senior High School  
(Continued)**

Withdrawals	School Office to be passed level to level	Attendance Secretary/Principal	B#
Withdrawals Exit Interview	Student folder (regular and/or special ed. To be passed level to level)	Central Administration or Principal	B#

In addition, many of the records will be filed on the District's secure file server.

\* - Locked File

# - Separate File

All category A records will be destroyed 100 years past students' 24<sup>th</sup> birthday.

All category B data will be destroyed 5 years past student's graduation.

All category C data will be reviewed annually and a determination will be made as to whether record will be maintained, moved to category B or destroyed.

Parents will be notified prior to the destruction of records by newspaper or district newsletter.

\*\*HIPAA forms to be kept for 7 years.

## **4<sup>th</sup> to 5<sup>th</sup> GRADE PERMANENT RECORD FOLDER**

MUST CONTAIN ONLY:

- Access Sheet
- Kindergarten Screening Sheet
- Standardized Achievement Test Scores
- All Recommended Retention Letters (if applicable)
- Recommendation for Developmental Kindergarten (if applicable)
- Current Level Transition Checklist
- Enrollment Card
- Permanent Record Card
- Report Card
- Home Language Survey
- Act 26 Notarized Letter (if applicable)
- Parent Signature Pages for Proof of Review of Various Policies
- Internet Policy

## **8<sup>TH</sup> TO 9<sup>TH</sup> GRADE PERMANENT RECORD FOLDER**

MUST CONTAIN ONLY:

- Access Sheet
- Standardized Achievement Test Scores
- All Recommended Retention Letters (if applicable)
- Enrolment Card
- Permanent Record Card
- Report Card
- Home Language Survey
- Act 26 Notarized Letter (if applicable)
- Parent Signature Pages for Proof of Review of Various Policies
- Internet Policy

**ALL PERMANENT RECORDS SHOULD NOT INCLUDE THE FOLLOWING**  
**If applicable, please send any of the below-mentioned materials separately**

- Discipline and Bus Reports
- Health Records
- Student Assistance Information
- Instructional Support Information
- IEP'S
- Service Agreements
- Progress Reports
- All Special Education Records – ER's, NORA's, NOREP's
- Psychological Reports
- Psychiatric Reports
- Classroom Reading Tests
- Occupational Therapy Reports
- Physical Therapy Reports
- Agency Reports
- Custody Papers
- IST Records

## **VI. PROCEDURES FOR AMENDMENT OF STUDENT'S EDUCATION RECORDS**

- A. If a parent/guardian or adult student believes the education records relating to the student contain information that is inaccurate, misleading, or in violation of the student's rights of privacy or other rights, he or she may ask the educational agency or institution in writing to amend the record.
- B. The educational agency or institution shall decide whether to amend the record as requested within 45 school days after the agency or institution receives the request.
- C. If the educational agency or institution decides not to amend the record as requested, it shall inform the parent/guardian or adult student in writing of its decision and of his or her right to a hearing.

## **VII. RIGHTS OF PARENTS/GUARDIANS OR ADULT STUDENTS TO A HEARING**

A parent/guardian of a student or an adult student has the right to request a hearing to challenge any items contained in a student's education record or the verification of a transfer from Category C to Category B. The procedure for the hearing shall be as follows:

- A. A parent/guardian or adult student desiring a hearing shall send a written request to the appropriate building principal setting forth in said request the items being challenged. The request shall also state the parent's/guardian's reason for said challenge.
- B. A hearing shall be scheduled not sooner than ten school days or later than thirty school days after receipt of the written request.
- C. A written notification of the date, time, and place of the hearing shall be sent by certified mail to the parent/guardian or adult student at least ten school days prior to the date of the scheduled hearing. Said notification shall state that the parent/guardian or adult student has the right to counsel, to present evidence, and to examine and cross examine witnesses.
- D. The hearing shall be conducted before a records panel. The records panel shall consist of the principal of the building, the Superintendent or designee and school solicitor if deemed necessary, and a staff member from another building chosen by the Superintendent. Chairperson will be the Superintendent or designee. In case of a hearing dealing with psychological reports or health reports, the psychologist or school nurse shall also be members of the records panel.
- E. Following the hearing, the records panel shall notify the parents/guardians or adult student within five school days following the hearing of the decision and action taken by the panel. If the decision is in favor of the parents/guardians or adult student, the item questioned will be expunged from the records. The

parent/guardian or adult student has a right to place a statement in the record when the hearing decision does not favor the parent/guardian or adult student.

- F. The decision of the records panel shall be based solely upon the evidence presented at the hearing and shall include a written summary of the evidence and the reasons for the decision.

## **VIII. RECORD PRESERVATION**

The School District will review all files two years following graduation.

- A. Category A information will be declared inactive. This information will be stored on file server and/or CD ROM and maintained for at least 100 years beyond the date the student attains the age of 24.
- B. Category B information will be declared inactive and stored five (5) years after graduation then it will be destroyed. Immunization cards will be given to students upon graduation with the exception of Special Education Records which will be maintained 100 years beyond the date the student attains the age of 24.
- C. Category C will be reviewed annually and if deemed unnecessary will be shredded. Upon completion of one year post graduation, information will be burned or shredded.
- D. The procedures followed for Category A, B and C information also applies to withdrawals.

## **IX. DISCLOSURE OF AND ACCESS TO STUDENT INFORMATION**

The School District adheres to a policy protecting the student and parents/guardians from the release or access to student information to or by improper sources.

- A. All requests for access to student records by parents/guardians or adult students, under Board policy shall be in writing and directed to the appropriate building principal. All such requests must be acted upon and access given within 45 school days after said written request. If the child is a special education student, however, the school district must comply within 30 days of the request.
  - 1. Category A records shall be available for the inspection and review by parents/guardians, adult students, or students at a mutually agreeable time. Said review shall be with the assistance of a principal, designee, counselor, central administrators, teachers, LEA or SAP/CMP facilitator.

2. Category B records shall be available for inspection by parents/guardians or adult students but a student may have access only upon obtaining written parental consent to do so. Review of said data will be with the assistance of a principal, designee, a counselor, nurse, central administrator, teachers, LEA or SAP/CMP facilitator.
  3. Category C information will be made available only to the parent/guardian or adult student. The individual responsible for information included in this category must be present to interpret this information for the parent/guardian.
- B. The school may, without consent from parents/guardians or adult students, give Category A and B data to the following people:
1. School officials having legitimate need for the information.
    - a. “School Officials” refers to administrators, teachers, resource officer and support personnel who have legitimate educational interest and are directly responsible for the instruction or the health and safety of students while in attendance at school.
    - b. “Legitimate Educational Interests” describes a purposeful educational involvement with a student in which there is a direct responsibility for providing instruction or supportive services.
    - c. The building principal will be responsible for annually developing, posting, and maintaining a list of school officials who have access to the student record.
    - d. Other school officials, including teachers, within the district who have a legitimate educational interest. Other school personnel desiring access to pupil records, however, should be required to sign a written form (see Appendix B) which would be kept permanently on file, indicating specifically the “legitimate educational interest” that they have in seeking this information. Such a file would be available to parents/guardians and to the school official responsible for record maintenance as a means of auditing the operation of the system.
  2. State Secretary of Education, Comptroller General of the United States, Secretary of the Department of Education and staff.
  3. Officials of other school systems to which a student has transferred or intends to transfer. (See Appendix C)

4. Judicial order or orders of administrative agencies that have the power of subpoena. Parents/guardians and/or students shall be notified of all such orders and the school's compliance.
  5. State and local officials or authorities to whom information is specifically required to be reported or disclosed pursuant to state statutes adopted prior to November 19, 1974.
  6. Appropriate authorities in an emergency situation in which the health, safety, or welfare of the student is in jeopardy.
- C. Category C data shall not be released to any individuals or agencies other than school officials without consent from the parents/guardians or adult student or by judicial order or subpoena.
- D. The School District will not divulge, in any manner, any information to any persons other than the parents/guardians, students and those listed in Section IX, Paragraph B without receiving the written consent from the student's parents/guardians or the adult student. Said consent shall be dated, signed by the parent/guardian or adult student, specify the records to be released (See Appendix D).

It is the responsibility of the requesting agency to secure the written consent and present it to the school. A copy of the records to be released shall be given to the parents/guardians and/or student if requested.

- E. The school district may disclose directory information after it has given public notice of its intention to do so.
1. Notice must be given of the types of personally identifiable information that the agency or institution has designated as directory information; and a parent's/guardian's or adult student's right to refuse to let the agency or institution designate any or all of those types of information about the student as directory information; and the period of time within which a parent/guardian or adult student has to notify the agency or institution in writing that he or she does not want any or all of those types of information about the student designated as directory information.
  2. Directory information may be disclosed for purposes beneficial to the student or the school district only with the approval of the district Superintendent or his/her designee.
  3. The parent/guardian or adult student has the right to refuse the disclosure of directory information by giving written notice within twenty (20) days of public notice. Parents/guardians shall be given information relative to this right at the beginning of the school year.

F. An educational agency may disclose directory information about former students as outlined above.

G. The district reserves the right to charge for copies.

**X. DEFINITION OF CONSENT**

For purposes of procedures dealing with student records whenever a student is emancipated or is married or attending an institution of post-secondary education, the permission or consent required of and the rights accorded to the parents/guardians of the student shall thereafter only be required of and accorded to that student's written request.

**XI. DELEGATION OF RESPONSIBILITY**

It shall be the Superintendent's or his/her designee's responsibility to administer the Student Record Policy. She/he shall direct the building principals to carry out each provision of the procedures and to hold one meeting annually to review the procedures with personnel who have access to records. In these meetings, emphasis will be given to security and privacy rights of students and parents/guardians.

**XII. ANNUAL NOTIFICATION OF RIGHTS**

The School District shall give parents/guardians of students in attendance or adult students in attendance annual notice by means of Hopewell Area School District Student Policy Handbook/Calendar and District newsletter to inform them of the following:

- A. Their rights under the Family Educational Rights & Privacy Act of 1974 and rights contained in the Records Policy available at the District Office, 2354 Brodhead Road, Aliquippa, Pennsylvania 15001. (See Appendix F)
- B. The right to file complaints concerning alleged failures of the District to comply with the requirements of the Family Educational Rights and Privacy Act of 1974. Such complaints should be directed to Health, Education and Welfare Office, Washington, D.C.
- C. The School District shall provide for the need to effectively notify parents/guardians of students identified as having a primary or home language other than English, hearing or visually impaired.

**APPENDIX A**

**HOPEWELL AREA SCHOOL DISTRICT**

**RECORD POLICY FOR EXCEPTIONAL STUDENTS**

# HOPEWELL AREA SCHOOL DISTRICT

## RECORD POLICY FOR EXCEPTIONAL CHILDREN

### STATEMENT OF POLICY

The Hopewell Area School District recognized the need to protect the confidentiality of personally identifiable information in the education records of exceptional children. This policy has been prepared so as to insure the privacy rights of both the parents/guardians and the exceptional child in the collection, maintenance, release and destruction of these records. Toward that end, this policy incorporates provisions from the Regulations of the State Board of Education of Pupil Records (Pa. Code 22, Ch. 12), the Family Educational Rights and Privacy Act of 1974, the Confidentiality Section of P.L. 94-142 and the requirements of 34 CFR 300.560 thru 300.576.

### DEFINITIONS:

“Directory Information” includes the student’s name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height if member of athletic team, dates of attendance, degrees and awards received, most recent previous educational agency or institution attended by the student, and other similar information.

“Disclosure” means permitting access or the release, transfer, or other communication of educational records of the student or the personally identifiable information contained therein, orally or in writing, or by electronic means, or by any other means to any party.

“Destruction” means the physical destruction or permanent removal of personally identifiable data from the education records of a student so that the information in these records is no longer personally identifiable.

### “Educational Records”

1. Means those records which:
  - A. Are directly related to a student and
  - B. Are maintained by an educational agency or institution or by a party acting for the agency or institution.
2. Does not include:
  - A. Records of instructional, supervisory and administrative personnel and education personnel ancillary thereto which

- (i) Are the sole possession of maker thereof, and;
  - (ii) Are not accessible or revealed to any other individual except a substitute. For the purpose of this definition, a “substitute” means a person who performs on a temporary basis the duties of the person who made the record.
- B. Records of an educational agency or institute which contain only information relating to a person after that person was no longer a student at the educational agency or institution. An example would be information collected which pertains to the accomplishments of its alumni.
- C. Records relating to an eligible student which are:
- (i) Created or maintained by a physician, psychiatrist, psychologist or other recognized professional or paraprofessional acting in his or her professional capacity or assisting in that capacity;
  - (ii) Created, maintained or used only in connection with the provision of treatment of the student; and
  - (iii) Not disclosed to any one other than individuals providing the treatment, provided that the records can be personally reviewed by a physician or other appropriate professional of the student’s choice. For the purpose of this definition, “treatment” does not include remedial educational activities or activities which are a part of the program of instruction at the educational agency or institution.

“Educational Agency” means a school district or an Intermediate Unit, an approved private school, the Department of Education or the Scranton State School for the Deaf and any component parts thereof which collect, maintain, or use the exceptional student’s education records containing personally identifiable information or from which such records or information is obtained.

“Legitimate Education Interest” describes a purposeful educational involvement with a student in which there is direct responsibility for providing instruction or support services.

“Parent” includes a parent, a guardian or an individual acting as a parent of a student in the absence of a parent or guardian. An educational agency or institution may presume the parent has the authority to exercise the rights inherent in the Family Education Rights and Privacy Act unless the agency or institution has been provided with evidence that there is a state law or court order governing such matters as divorce, separation or custody, or a legally binding instrument which provides to the contrary.

“Personally Identifiable Information” means that data or information includes:

1. Name of Student
2. Name of student’s parent/guardian or other family member
3. A personal identifier, such as social security number of student
4. A list of personal characteristics which would make the student’s identity traceable; or
5. Other information that would make the student’s identity easily traceable.

“Record” means any information or data recorded in any medium, including, but not limited to, handwriting, print, tapes, film, microfilm and microfiche.

“School Officials” refer to administrators, teachers, and other professional personnel who have legitimate educational interest and are directly responsible for the instruction or the health and safety of students while in attendance at school.

“Student” means pre-school or school aged child with a disability as defined in Pennsylvania Chapter 14 Special Education Services and Programs State Regulations with respect to whom an educational agency maintains education records.

## I. Responsibility and Authority

The records of students enrolled in Hopewell Area School District administered classes shall be filed at the Central Administration Office with a duplicate copy at the student’s school and shall be available only to authorized personnel with the approval of the Coordinator of Special Education, Special Education Facilitator, building principal or their designates. Overall responsibility for implementation of this policy will rest with the Superintendent and the Coordinator of Special Education.

## II. Collection of Data

- A. No data shall be collected from students without the prior informed consent of the student and the parent/guardian. Such consent may be given either individually or through the legally elected or appointed representative (the Board of Education), depending on the nature of the information to be collected.
- B. Representative Consent will be sufficient in the collection of aptitude and achievement scores, whether standardized or informal, and reporting of skill and knowledge outcomes in subject-matter areas within the curricula of the school.
- C. Individual Consent
  1. Individual consent is necessary for collection of psychoeducational testing, personality testing and assessment data.

2. Under conditions where it is not always possible to obtain the separate consent of every parent/guardian or eligible student for every data-gathering process, the approval by appropriately elected representatives, whether a legislative, school board, or other body, will in some situations satisfy the principle of consent.
  3. In all situations where individual consent is to be obtained, it will be obtained in writing.
  4. Where individual consent is required, the student's consent shall also be obtained when he or she is reasonably competent to understand the nature and consequences of his or her decision.
- D. No statement of consent, whether individual or representational, shall be binding unless it is freely given after the parent/guardian or eligible student has been fully informed as the methods by which the information will be collected and the uses to which it will be put.
- E. In situations in which representational consent is sufficient, eligible students and parents/guardians shall be informed by school officials of the purposes and character of the data collection.
- F. Information pertaining to consent and the consent form will be presented in the native language of the parent/guardian or student.

### III. Classification of Records

#### Initiation of education records

An official student record shall be initiated by the Hopewell Area School District or school first attended and shall be maintained by the Coordinator of Special Education, Special Education Facilitator, and special education teacher, under the security and responsibility of the building principal, program supervisor, or their designates. Information collected shall include personal and family data.

#### A. The official student record

##### 1. Types of data included

##### a. Administrative data

Minimum data will be kept concerning achievement, evaluation, and attendance and shall be maintained in the official student record. This shall include such items as name of the student, sex, place and date of birth, name of parent/guardian, address,

telephone number, academic credits earned, attendance date, and enrollment dates.

b. Supplementary data (certified data of clear importance)

- (i) The medical record is considered part of the official student record and shall be placed in the student's file when he or she leaves the school system. Prior to the student's leaving, medical records may be maintained by the school nurse or other medical personnel in the student's school building.
- (ii) Standardized intelligence and aptitude test scores, interest inventory results, health data, family background information and teacher or counselor ratings and observations may be included in the official student record. Service awards, achievements, volunteer services in schools or community, part-time work, and other items considered enhancing to the student may be recorded in the official student record. Verified reports of serious and recurrent behavior problems and verified reports of constructive acts also may be included in the official student record.
- (iii) A parent/guardian or eligible student may request that specific data be placed in the official student record. If such information is verified and of recognized relevance it may be added to the record. If the teacher or counselor refuses to accept the material, the parent/guardian or eligible student may appeal to the principal for a decision.
- (iv) A parent/guardian or eligible student may submit a statement concerning any material in the official student record. Such a statement shall be dated and signed and shall be kept in the record as long as the date it concerns remains in the official record.

B. Professional Notes

The professionals who are directly involved with the student's health, education and welfare may maintain personal and confidential files containing notes, transcripts of interviews, clinical diagnoses, and other memory aides for their own use. Such data are to be considered confidential and treated as such. All such data must be destroyed when their usefulness is no longer apparent or when the student leaves the school system. Professional notes are not considered educational records.

#### IV. Inspection and Disclosure of Records

##### A. Right to inspect or examine official student records

###### 1. Parent/guardian or student

- a. A parent/guardian or eligible student shall be permitted to examine the contents of the official student record in the presence of a teacher, counselor, or administrator. Such requests must be honored within thirty days.
- b. In the event that parents/guardians of a student are separated or divorced, either or both parents/guardians may have access unless a legal restraining order prohibits such access to a particular parent/guardian.
- c. All requests to inspect or examine records must be properly addressed to the professional responsible. A mutually agreeable time, not to exceed thirty days, shall be set for honoring such requests.
- d. Parents/guardians and students will be informed periodically of the contents of student records and their right of access to them. Parents/guardians and eligible students should be given an explanation and interpretation of the records upon reasonable requests.
- e. Where records relate to more than one student, all names and information relating to other students shall be obliterated during the inspection and review thereof.

###### 2. Disclosure of records without written consent

- a. Data from the official student record may be released without student/parent/guardian consent to:
  - (i) The professional staff of the Hopewell Area School District who have been determined to have a legitimate educational interest, including certified teachers, administrative personnel, counselors, speech therapists, psychologists, case and social workers, nurses, school physician, and dental hygienist. Specifically excluded are student teachers and aides. Written consent must be obtained by student teachers for the preparation of class histories to fulfill college requirements.

- (ii) The officials of another school system in which the student intends to enroll, upon condition that reasonable effort be made to notify the parent/guardian or eligible student of the material to be disclosed and of their right to obtain copies of the material to be disclosed and to request amendment of the records.
- (iii) Federal and state officials for the purpose of an audit and evaluation of federally supported education programs or for enforcing or complying with federally legal requirements that relate to these programs. Information provided shall contain the minimum necessary information that is personally identifiable, and such information shall be destroyed upon completion of such audit, evaluation, enforcement or compliance.
- (iv) Persons or agencies in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. Personally identifiable information may be disclosed only if the following conditions are present:
  - (a) The seriousness of the threat to the health or safety of the student or other individuals;
  - (b) The need for the information to meet the emergency;
  - (c) The parties to whom the information is disclosed are in a position to deal with the emergency; and
  - (d) The extent to which time is of the essence in dealing with the emergency.
- (v) Persons or agencies in compliance with a judicial order pursuant to any lawfully issued subpoena. The parent/guardian or eligible student shall be notified of all such orders and the Hopewell Area School District's compliance. The parent/guardian or eligible student may receive a copy of the information to be released if desired. Copies will be provided at the actual cost of reproduction.
- (vi) An educational agency reporting a crime committed by a child with a disability shall ensure that copies of the special education and disciplinary records of the child are transmitted for consideration by the appropriate authorities to whom it reports the crime.

(vii) An agency reporting a crime under this section may transmit copies of the child's special education and disciplinary records only to the extent that the transmission is permitted by the Family Educational Rights and Privacy Act. (Authority: 20 U.S.C. 1415(k)(9))

- b. Whenever the school district of residence, Intermediate Unit, or the Department of Education requests the release of information, an approved private school must comply with the request within seven days of receiving the request.
- c. When a district in which the student is enrolled or intends to enroll requests the release of information, the Hopewell Area School District will comply with the request within seven days of receiving the request for the release of information.
- d. The school may provide anonymous data from its records, including the official student record, for research purposes without consent under conditions where there is no likelihood of identifying any individual.
- e. Directory information will be released without consent except when the parent/guardian or eligible student has requested that such information not be disclosed. The parent/guardian or eligible student will be notified prior to disclosure and will have ten days to respond.
- f. Lists identifying names and addresses of students shall not be released to any outside agency.

B. Right to inspect or examine records

- 1. Parent/guardian or eligible student:  
The access is the same as for official student records (page 6).
- 2. Without written consent of parent/guardian or eligible student:  
No records may be released without written consent of the parent/guardian or eligible student, except as specified below:
  - a. Information from psychological evaluations may be released without written consent to authorized school personnel on a need to know basis within the Hopewell Area School District.

C. Requests for inspection and disclosure

- 1. Any outside agencies or individuals gaining access to official student records shall sign a written form which shall be kept with the official student record but only for inspection by the parent/guardian or eligible student. This form shall indicate the specific legitimate educational or other interest such person or agency has in seeking the information, the identity of the signer, and the date upon which access was given.
- 2. The Hopewell Area School District shall maintain a current listing of the names and positions of those school officials who are authorized to

have access to personally identifiable information in the educational records of exceptional children.

D. Consent to inspection and disclosure

1. Whenever records herein are inspected or disclosed upon written consent, it shall be only under the following circumstances.
  - a. The parent/guardian or eligible student must give the consent.
  - b. The written consent must be dated and signed by the parent/guardian or eligible student and must specify the information to be disclosed, the reasons for such disclosure, and to whom it is to be disclosed. Blanket or continuing permission for inspection or disclosure of information will not be accepted.
2. Whenever records are released under compulsion of law or when directed by any lawfully issued subpoena, the school solicitor shall first inspect the order or subpoena, and in such event there will be no prior inspection of the record by the requesting party. The parent/guardian or eligible student shall be notified of all such orders and subpoenas in advance of compliance.

V. Maintenance and Destruction of Records

A. Periodic review and deletion of data

1. Parents/guardians and students will be notified annually of the policies and procedures of the school regarding student educational records, the data collected through representational consent, the conditions for disclosure of information, access rights of parent/guardian or student to educational records, the notice of where the pupil records policy may be obtained.
2. The Hopewell Area School District shall provide effective notification to the parent/guardian or student identified as having a primary or home language other than English.

B. Periodic deletion of data

1. Parent/guardian shall be informed when personally identifiable information in the records is no longer relevant to and necessary for provision of educational services to the student.
2. Upon request of the parent/guardian, information no longer relevant to or necessary for the provision of educational services to the student will be

destroyed. However, a written record of a student's name, address, phone number, grades, attendance record, classes attended and grade level completed must be maintained for at least one hundred years beyond the date the student attains the age of twenty-four.

3. Prior to the destruction of information referred to in Paragraph 2, the Hopewell Area School District shall send written notification to the parent/guardian which shall inform them of their right to receive a copy of the material originated by the Hopewell Area School District to be destroyed.
4. No educational records will be destroyed that contain information necessary for the education of the student who is enrolled or has been enrolled in an educational program operated by the Hopewell Area School District.

C. Longevity of data

1. Administrative data shall be maintained by the Hopewell Area School District for a period of at least one hundred years beyond the date that the student attains the age of 21.
2. Professionals shall eliminate unnecessary supplementary data at periodic intervals. In any case, the student's medical record shall not be destroyed for a period of at least five years after the student ceases to be enrolled in Hopewell Area School District program. Exceptions may be made where, under rigorous standards and impartial judgment, good cause for their retention can be shown.

D. Location of Records

1. Permanent records are stored alphabetically by grade level in locked files in the school building office.
2. Cumulative records are stored:
  - (i) alphabetically in locked files at the Central Administration Office, and;
  - (ii) alphabetically in locked files in the special education teacher's room in the student's school building, and;
  - (iii) health/medical records are in locked files in the health room in the student's school building, and;
  - (iv) disciplinary records are stored in locked files in the student's school building principal's office.

VI. Amendment of Records

- A. A parent/guardian of student who believes that information contained in the educational records of the student is inaccurate or misleading or violates the privacy or other rights of the student may request that the records be amended.
- B. The Coordinator of Special Education will arrange to meet with the parents/guardians to discuss the issue within ten (10) working days.
- C. The Coordinator of Special Education shall decide whether to amend the disputed information within forty-five (45) days after the receipt of the request to amend.
- D. If the Coordinator of Special Education agrees to amend the disputed information, the parent/guardian or student shall be notified in writing.
- E. If the Coordinator of Special Education decides not to amend the education records in accordance with the request of the parent/guardian, the Coordinator of Special Education will inform the parent/guardian or student in writing of the refusal, the reason(s) for that refusal, and shall provide further notification of their right to request and receive a records review hearing.

VII. Records Review Hearing

- A. The parent/guardian or eligible student shall have an opportunity for a hearing to challenge the contents of student records, official and provisional, to ensure that the records are not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student, and to provide an opportunity for the correction or deletion of any inaccurate, misleading or otherwise inappropriate data contained therein.
- B. The Superintendent shall appoint a quasidicial review panel composed of professional personnel and nonschool personnel to provide for hearing challenges to data in student records.
- C. The Records Review Hearing shall be held within thirty days after the request has been received, and notice of the date, place and time will be given to the parent/guardian or eligible student reasonable in advance of the hearing.
- D. The parent/guardian shall be afforded a full and fair opportunity to present evidence relevant to the issues raised, and may be assisted or represented by individuals of his or her choice, including an attorney, at his or her own expense.
- E. The decision of the hearing panel shall be based solely upon the evidence presented at the hearing and shall include a summary of the evidence and the reasons for the decision. This decision will be rendered in writing within thirty

days after conclusion of the hearing. A copy of the decision will be retained in the official student record.

- F. The parent/guardian shall have the right to place an explanation pertaining to a hearing in the official student record, if the decision rendered is not to amend the education records.

#### VIII. Implementation

- A. The Coordinator of Special Education, Special Education Facilitator, building principals or designated professional personnel will screen all student records to eliminate any materials in contradiction to this policy statement.
- B. Items removed from the file during the screening process must be destroyed.
- C. Upon adoption of this policy by the Hopewell Area School District:
  - 1. Parent/guardians and students who wish to file complaints with regard to compliance with this policy may do so by contacting the Superintendent. If further appeal is necessary, the parent/guardian or student may contact the Family Education Rights and Privacy Act Office, Department of Health, Education and Welfare, 330 Independence Avenue SW, Washington D.C. 20201.
  - 2. This Student's Records Policy is on file with the Superintendent of the Hopewell Area School District and all building principals. Copies are available upon request to the Coordinator of Special Education.
- D. Professional Staff will be informed of this policy through in-service education.

**APPENDIX B**  
**STUDENT RECORD ACCESS**



**APPENDIX C**  
**REQUEST FOR RECORDS**  
**ENROLLMENT FORMS**

**HOPEWELL AREA SCHOOL DISTRICT  
ENROLLMENT CHECK OFF LIST**

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

Initial                      Date  
\_\_\_\_\_  
\_\_\_\_\_

Fill Out Enrollment Packet:

- Enrollment Forms
- Act 26 Form
- HIPAA Notice of Privacy Practices
- Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA)
- Explanation of Good Faith Effort Form (HIPAA)
- Internet Policy
- Free and Reduced Lunch Form
- Home Language Survey
- Request for Release of Records

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Proof Of Residency
- Send Signed HIPAA Forms To Nurse
- Received Copy Of Birth Certificate (Elementary Only)
- Documentation By Doctor Of Immunization
- Send Immunization To Nurse (Notification Of New Student)
- Health Room Emergency Card Completed By Parent

\_\_\_\_\_

**Check Enrollment For Special Ed./Notify Counselor If YES**

\_\_\_\_\_

**Check Student Residency form, Caregiver form, and Missing Enrollment Documentation form**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Provide Student Schedule (Grades 7-12)
- Assign Student Homeroom
- Enter Information In Computer
- Create White File For Student
- Complete Yellow Card For Student
- Mail Or Fax Request For Records – Previous School

\_\_\_\_\_

**NOTIFY COUNSELOR(S) WHEN RECORDS ARRIVE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Upon Receipt Of Records File Into Proper Grade Files
- Send Information To Bus Garage
- Provide Student Planner And District Calendar

## **HOPEWELL HIGH SCHOOL ENROLLMENT PROCEDURES**

- A. Obtain new student enrollment folder from the high school office
  
- B. The following forms are for your information:
  - 1. School Calendar
  - 2. Bell Schedule
  - 3. Floor Plan
  - 4. Subject plan for High School
  - 5. Curriculum Track
  - 6. Subject Selection Sequence
  
- C. Return the folder with the following forms completed to the best of your ability:
  - 1. Student Information Sheet
  - 2. Enrollment Form
  - 3. Subject Selection Form
  
- D. The following are also required, unless the student enrollment forms indicate that the student is homeless:
  - 1. A letter from the tax office verifying residence
  - 2. Immunization record
  - 3. Records or report card from previous school

Please call the high school office to make an appointment with a school counselor to officially enroll and obtain a homeroom and schedule of classes.



Has your child ever participated in a Special Education Program?  YES  NO  
 If Yes, please specify: \_\_\_\_\_

Contact Person \_\_\_\_\_

Has your child ever been enrolled in any remediation programs such as Title I?  Yes  No

If Yes, please specify: \_\_\_\_\_

Contact Person \_\_\_\_\_

**SECOND HOUSEHOLD INFORMATION**

Name of Parent(s)/Guardians OTHER than those listed under Primary Household Information:

Last Name	First Name	Relationship to student	Phone
Last Name	First Name	Relationship to student	Phone
Mailing Address	City	State	Zip

**EMERGENCY INFORMATION**

List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We will attempt to contact parents first.

Name	Relationship to student	Address	Phone
Name	Relationship to student	Address	Phone

**DAY CARE INFORMATION**

Check Appropriate Box:  Before/After School  Before School Only  After School Only

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

**RESIDENCY INFORMATION**

Please provide two or more of the following documents:

\_\_\_\_\_ Lease or Purchase Agreement regarding property  
 \_\_\_\_\_ Current motor vehicle registration  
 \_\_\_\_\_ Current Utility Bill  
 \_\_\_\_\_ Current Automobile, health or life insurance policy  
 \_\_\_\_\_ Tax Payments  
 \_\_\_\_\_ Voter Registration

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE YOU SIGN**

I understand that I must be a resident, living within the boundaries of the Hopewell Area School district, to register my child/children for school and I have provided the Hopewell Area School District with accurate information pertaining to my residency. Furthermore, I am aware that the Board reserves the right to verify claims of residency, dependency and guardianship and to remove from school attendance as a non-resident student whose claim is invalid.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## HOME LANGUAGE SURVEY

*The Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.*

**SCHOOL:**

**DATE:**

Dear Parent/Guardian:

Please complete the following questions and return this form to your child's school. All questions must be completed. This is a state mandatory form, which will be placed in your child's permanent record folder.

\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
GRADE

1. What was the student's first language? \_\_\_\_\_

2. Does the student speak a language other than English? \_\_\_\_\_

If yes, specify language \_\_\_\_\_

(Do not include languages learned in school)

3. What language(s) are spoken in your home? \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\*The school district/charter school 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 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 may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.

### For Office Use Only

Question #1 is not English, forward copy of form to Superintendent

Question #2 is answered yes, forward copy of form to Superintendent

Question#3 is an answer other than English, forward copy of form to Superintendent

DATE FORWARDED:

PERSON FORWARDING FORM:



## Hopewell Area School District Request for Records

Mail records to:

- |  |   |
|--|---|
| <p>___ Hopewell Senior High School<br/>1215 Longvue Avenue, Aliquippa, PA 15001<br/>(724) 378-8565 Fax: (724) 378-4952</p> <p>___ Hopewell Elementary School<br/>3000 Kane Road, Aliquippa, PA 15001<br/>(724) 375-1111 Fax: (724) 375-4729</p> <p>___ Margaret Ross Elementary School<br/>1955 Maratta Road, Aliquippa, PA 15001<br/>(724) 375-2956 Fax: (724) 378-8555</p> | <p>___ Hopewell Memorial Jr. High School<br/>2354 Brodhead Road, Aliquippa, PA 15001<br/>(724) 375-7765 Fax: (724) 378-2594</p> <p>___ Independence Elementary School District<br/>103 School Street, R.D. #1, Aliquippa, PA 15001<br/>(724) 375-3201 Fax: (724) 375-5141</p> <p>___ Hopewell Area School District<br/>Central Administration<br/>2354 Brodhead Road, Aliquippa, PA 15001<br/>(724) 375-6691 Fax (724) 375-0942</p> |
|--|---|

According to the Final Regulation-Family Rights and Privacy Act (Buckley Amendment) dated June 16, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll may receive a student's records without written consent for such release.

Records are being requested for:

Student: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
 Student: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
 Student: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Please send **ALL** of the following school records:

- |   |   |
|---|---|
| <p><b>PA Student ID</b> _____<br/>         Academic Records<br/>         Health Records<br/>         Permanent Record Card<br/>         Act 26 Certified Discipline Records</p> | <p>Transcripts<br/>         Date of Last Attendance<br/>         Title I Reading and Math Records if applicable<br/>         Other: _____</p> |
|---|---|

If the student is in a Special Education, Speech or Gifted Program, send all that are applicable:

- |   |   |
|---|---|
| <p>Permission to Evaluate<br/>         Evaluation Report<br/>         IEP<br/>         Notice of Recommended Educational Program<br/>         Audiological Report and/or Hearing Report<br/>         OT and/or PT Reports<br/>         Invitation to attend IEP meeting<br/>         Other: _____</p> | <p>Permission to Reevaluate<br/>         Psychological Reports<br/>         Speech and Language Reports<br/>         Vision Reports<br/>         GIEP<br/>         Gifted Written Report<br/>         Gifted Notice of Recommended Assignment<br/>         Other: _____</p> |
|---|---|

I hereby authorize release of the above records

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

White – Send  
 Yellow – Keep in Office  
 10/16/09

RECORDS	
___ Complete	_____ date
___ Incomplete	_____ date
___ 2 <sup>nd</sup> Request	_____ date
___ 3 <sup>rd</sup> Request	_____ date

**HOPEWELL AREA SCHOOL DISTRICT  
NOTICE OF PRIVACY PRACTICES**

Hopewell Area School District (“HASD”) is committed to protecting the privacy of our students. We take very seriously our obligation to maintain the privacy of healthcare information that is shared with us confidential and secure. The terms “you” and “your” used throughout this Notice refer to the individual student to whom the healthcare information pertains.

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW  
YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.***

Purpose of this Notice. HASD is required by law to maintain the privacy of certain healthcare information, known as Protected Health Information “PHI”. PHI may include your child’s name, address, and other identifying data or information on your child’s health or the health services that have been or may be furnished to your child. HASD is also required to provide your child with a notice of its legal duties and privacy practices regarding your child’s PHI and to abide by the terms of this notice currently in effect. This notice describes HASD’s privacy practices, lets you know when the district is permitted to use and disclose your child’s PHI and advises you of your rights. HASD requires that all of its employees, staff, and independent contractors comply with these privacy practices.

Use and Disclosure of PHI for Treatment, Payment and Health Care Operations. By law, HASD is permitted to use and disclose PHI for treatment, payment and health care operations in most cases, without your permission for the following reasons.

1. ***Treatment*** generally means the care and services provided by doctors, hospitals and other healthcare providers. HASD at times, performs various functions which make it a healthcare provider, for example: state mandated physicals, dental exams, or hearing tests; distribution of first aid and medication; athletic training or conditioning; occupational or physical therapy; student assistance; or psychological counseling services. When we perform such healthcare services or the related assessment, referral or support activities, either directly or through a third party, we are permitted to obtain, use and disclose verbal and written information about you and regarding your medical condition. This includes PHI received or transferred by phone, fax, written, electronic or other means.
  
2. ***Payment*** means any activities that HASD must take in order to get reimbursed for services we provided to you and includes: organizing your PHI; verifying eligibility for services; coordinating benefits; submitting bills; or accessing available funding for such services, either directly or through a third party. For example, HASD seeks funding for payment from various federal and/or state programs for some health related services provided to our students.

3. ***Health Care Operations*** means activities undertaken by HASD that are required for its operations. Such activities may be performed by HASD or in some instances by a third party. These activities may include: quality assessment and improvement activities; credentialing and licensing; training programs; and other management, legal or financial services. For example, HASD evaluates staff performance to ensure that our policies and procedures are followed for internal reviews.

**Reminders, Information and Fundraising.** HASD may contact you to remind you of scheduled appointments for healthcare related services, to notify you about other services we provide or health-related benefits and services that may be of interest to you. For example, mandated student physicals, dental exams or athletic training events.

**Use and Disclosure of PHI Without Your Authorization.** Under certain circumstances, HASD may use or disclose your child's medical information without your written authorization or other permission, or your opportunity to object. These circumstances are as follows:

1. In treatment situations by receiving and disclosing medical and identifying information about your child via telephone, written, electronic or other oral means; communicating with the appropriate parties and completing and filing the required written documentation regarding treatment.
2. In treatment situations, for our use in order to treat your child, to obtain payment for services provided to your child, or for other health care operations.
3. To another health care provider for the treatment activities of that provider.
4. To another health care provider or entity for the payment activities of that provider or entity.
5. To another health care provider or entity for the health care operations of that provider or entity if the provider receiving the information has or had a relationship with your child and the PHI pertains to that relationship.
6. To a family member, relative, friend or other individual involved in your child's care, or for disaster relief. HASD may provide medical information about your child to such individuals if we obtain your verbal agreement, if we give you an opportunity to object to such disclosure and you do not object, or if we infer from the circumstances that you would not object. When we are not able to obtain your agreement or because you are not immediately present, we will use our professional judgment to determine whether it is in your child's best interest to disclose such information to a family member, relative, friend or other individual involved in your child's care. Only health information relevant to that person's involvement with your child's care will be disclosed. For example, we may inform the person whom you list as an emergency

contact for your child in emergency or health related situations involving your child.

7. As required by law. Numerous state, federal and local laws permit or require certain uses and disclosures of medical information. In such cases, HASD may only use or disclose your child's medical information to the extent authorized by law.
8. To a public health authority. HASD may be asked or required by law to disclose medical information to a public health authority under the following circumstances:
  - a. to report a birth, death, disease or injury;
  - b. as part of a public health investigation;
  - c. to report child or adult abuse or neglect, or domestic violence;
  - d. to report adverse events such as product defects, to tract products or assist in product recalls or repairs or replacements, or to conduct post-marketing surveillance as required by the Food and Drug Administration; and
  - e. to notify a person about exposure to a possible communicable disease.
9. For health oversight activities including: audits, government investigations, inspections, disciplinary proceedings and other administrative and judicial actions undertaken by the government or its contractors by law to oversee the health care system;
10. For health care fraud and abuse detection or compliance related activities.
11. For judicial and administrative proceedings. HASD may disclose medical information as required by a court or administrative order or in some cases pursuant to a subpoena, discovery request or other legal process.
12. To law enforcement. Police and other law enforcement may seek medical information from HASD. We may release this information to law enforcement under limited circumstances, such as when the request is accompanied by a warrant, or when law enforcement needs specific information to locate a suspect or to stop a crime.
13. To coroners, medical examiners and funeral directors. HASD may release information regarding a decedent to such persons as authorized by law or in order to identify the deceased, determine cause of death, or carry out other duties.
14. For organ, eye and tissue donation. HASD may release medical information to organ, eye and tissue procurement organizations and similar entities in order to facilitate such types of donation, if applicable.
15. For research purposes. HASD may be approached by researchers to provide medical information for research purposes, such as tracking a particular condition. We may provide medical information to a researcher if the researcher has obtained a special waiver from a committee established under federal law to oversee medical research to allow the researcher to not have to obtain the individual's permission prior to collecting the information. Also, the researcher must demonstrate that the information is necessary to the research and poses a minimal risk of an

inappropriate use or disclosure. If the researcher does not obtain the waiver, then HASD may not disclose the information without your Authorization.

16. To avert a serious threat to health and safety. HASD may use or disclose your child's medical information to avert a serious and imminent threat to an individual or the public's health and safety.
17. For military and other specialized governmental functions. Medical information may be disclosed for military, defense, national security, intelligence or correctional activities.
18. For workers' compensation. HASD may share medical information regarding work-related illness and injuries in order to comply with workers' compensation laws.
19. In a manner that does not personally identify your child.

Any other use or disclosure of PHI, except those listed above will only be made by HASD after receiving a written authorization for your child. An Authorization is a written document that must specifically identify the information that we seek to use or disclose and when and how we seek to use or disclose it. **You may revoke an Authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on your Authorization.**

Individual Rights. You have a number of rights with respect to your child's PHI. Such rights are as follows:

1. **Restrictions.** You have the right to restrict how we use and disclose your child's medical information that we have for treatment, payment or health care operations purposes, or to restrict the information provided to family, friends and other individuals involved in your child's health care. However, we do not have to agree to any restrictions, but if we do, we will abide by our agreement unless the information is needed in order to provide your child with emergency treatment. For example, if you request a restriction on information that is needed to provide your child with emergency treatment, then we may use such information and disclose it to a health care provider so that they may provide your child with emergency treatment. Any restrictions must be agreed to in writing by HASD. Please contact the Privacy Officer listed at the end of this notice if you wish to request a restriction.
2. **Confidential Communications.** You have the right to request that HASD reasonably accommodate you regarding the way in which we communicate to you involving your child's health, health care services or payment. For example, you may ask that we communicate with you only at your home. If we receive such a request in writing, we will do our best to reasonably accommodate such request.
3. **Access.** You have the right to review your child's educational record as defined under the Family Educational Rights and Privacy Act (FERPA).

FERPA controls the privacy of information entered into a student's record, including health related information. However, there may be instances where health information is not entered into the student's educational record by school personnel or is not considered a part of the educational record and in such cases, FERPA does not apply and HIPAA does. Under HIPAA, you have the right to inspect and copy most of your child's medical information maintained by HASD under HIPAA. We have forms available for you to use to request access to your child's PHI. Normally, we will provide you with access within 30 days of your request. We may charge you a reasonable copying fee. In limited cases, we may deny you access to your child's medical information. You may appeal certain types of denials. If we deny access, we will provide you with a written response and inform you about your appeal rights. Please contact the Privacy Officer listed at the end of this notice if you wish to inspect and copy your child's medical information maintained under HIPAA.

4. **Amendment.** You have the right to ask HASD to amend written medical information that we may have about your child under HIPAA. For example, you can request that we correct incorrect information in your records. We will generally amend your information within 60 days of your request and will notify you when we have amended your child's information. We are permitted by law to deny your request to amend only in certain circumstances, such as when we believe that the information that you have asked us to amend is accurate and complete. You can appeal our denial of your request to amend the written medical information. Please contact the Privacy Officer listed at the end of this notice if you wish to request an amendment to your child's medical information.
5. **Accounting.** You have the right to request an accounting from HASD of certain disclosures of your child's PHI made by us during the last six (6) years prior to the date of your request after April 14, 2004. We will generally provide you with an accounting of information that we have used or disclosed for treatment, payment or health care operations, or when we share your child's PHI with our business associates. We are also not required to give you an accounting of our uses or disclosures of PHI for which you have already provided us with a written authorization. Please contact the Privacy Officer listed at the end of this notice if you wish to request an accounting of your child's medical information that we have used or disclosed, which is not exempt from the accounting requirement.
6. **Electronic and Paper Notices.** We currently maintain a web site that provides information about our school district. HASD is required to prominently post its Notice of Privacy Practices on such web site and to make the notice available electronically through the web site. If you have obtained this Notice electronically, you may obtain a paper copy by requesting such notice from the Privacy Officer listed below. HASD's web site is found at [www.hopewell.k12.pa.us](http://www.hopewell.k12.pa.us).
7. **Complaints.** You may complain to HASD, or to the Secretary of the United States Department of Health and Human Services if you believe that your

privacy rights have been violated. Under no circumstances will HASD take any retaliation against your child for filing a complaint. If you have any questions, comments or complaints, please contact the Privacy Officer listed below.

Revisions to Privacy Notice. HASD reserves the right to change the terms of this Notice at any time. Any revised Notice will be promptly posted at the Administration Offices and also posted on our web site, if we maintain a web site, at the time of such revision and available at the Administration Offices for you to request a copy. We also reserve the right to make the new Notice provisions effective for all PHI that we maintain.

Privacy Notice/Compliance Contact Officer. If you have any questions or comments or if you wish to file a complaint or exercise any of your individual rights listed in this Notice, please contact:

Dr. Charles M. Reina  
Superintendent  
2354 Brodhead Road  
Aliquippa, PA 15001  
(724) 375-6691

Effective Date. The effective date of this Notice of Privacy Practices is April 14, 2004.

**HOPEWELL AREA SCHOOL DISTRICT  
ACKNOWLEDGMENT OF RECEIPT OF NOTICE  
OF PRIVACY PRACTICES**

I hereby acknowledge that I have received a copy of Hopewell Area School District's  
Notice of Privacy Practices.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian or  
Other Representative

\_\_\_\_\_

Print Name of Student

**Explanation of Good Faith Effort to Obtain Acknowledgment  
And Reasons Why Acknowledgment Was Not Obtained**

Acknowledgment provided to \_\_\_\_\_ on  
(Student Name)

\_\_\_\_\_ and Acknowledgement not returned to teacher or  
(Date)

Privacy Officer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hopewell Area School District Representative

**APPENDIX D**

**RELEASES TO OR FROM AN AGENCY**

**SUICIDAL/HOMICIDAL RISK FORMS**

**REQUEST TO WITHHOLD DIRECTORY INFORMATION**



- That I have the right to revoke this authorization at any time, except to the extent that Hopewell Area School District has already acted in reliance on the Authorization and the such revocation must be made in writing and directed to the Privacy Officer, Superintendent, Dr. Charles M. Reina;
- That the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law;
- That Hopewell Area School District may not condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on whether I sign this Authorization, except as provided by law; and
- That if the Hopewell Area School District seeks this Authorization for the use or disclosure of Protected Health Information, the district must provide me with a copy of the signed Authorization.

---

Signature of Student (age 14 or older)	Date
--	------

---

Signature of Parent/Guardian (student under age 18) Specify Relationship/Authority	Date
--	------

---

Signature of School Official	Position	Date
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---

Signature of School Official	Position	Date
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**HOPEWELL AREA SCHOOL DISTRICT  
 CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

**In order to comply with federal and state laws, the Hopewell Area School District requires that this form be completed in its entirety.**

TO: Agency

- FROM: \_\_\_\_\_ Hopewell Senior High School \_\_\_\_\_ Hopewell Memorial Jr. High School  
 1215 Longvue Avenue, Aliquippa, PA 15001 2354 Brodhead Road, Aliquippa, PA 15001  
 (724) 378-8565 Fax: (724) 378-4952 (724) 375-7765 Fax: (724) 378-2594
- \_\_\_\_\_ Hopewell Elementary School \_\_\_\_\_ Independence Elementary School District  
 3000 Kane Road, Aliquippa, PA 15001 103 School Street, R.D. #1, Aliquippa, PA 15001  
 (724) 375-1111 Fax: (724) 375-4729 (724) 375-3201 Fax: (724) 375-5141
- \_\_\_\_\_ Margaret Ross Elementary School \_\_\_\_\_ Raccoon Elementary School  
 1955 Maratta Road, Aliquippa, PA 15001 3949 Patterson Road, Aliquippa, PA 15001  
 (724) 375-2956 Fax: (724) 378-8555 (724) 375-5169 Fax: (724) 378-8595
- \_\_\_\_\_ Hopewell Area School District \_\_\_\_\_ Student Assistance Program  
 Central Administration  
 2354 Brodhead Road, Aliquippa, PA 15001  
 (724) 375-6691 Fax (724) 375-0942

I, \_\_\_\_\_ authorize the Hopewell Area School District  
 (Parent/Guardian Name)  
 to release to (specific person, if any):

---

(Name/Agency)

---

(Address) (Phone)

information regarding \_\_\_\_\_  
 (Student Name, DOB)

for purpose of assessment and collaboration regarding educational planning. The following records will be released to the agency during the duration of treatments.

- Academic Records                       Attendance Records                       Discipline Records  
 Psychological Report                       ER/IEP (if necessary)                       Verbal Communication  
 Other: \_\_\_\_\_

This consent shall remain in effect from \_\_\_\_\_ to \_\_\_\_\_. This consent may be revoked at any time with written request of parent/guardian/student 18 years or older

---

Signature of Student (age 14 or older) \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Parent/guardian (student under age 18) \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of School Official \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of School Official \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_  
 White – School                      Yellow – Agency                      Pink – Parent/guardian  
 Revised 4/29/02; 7/13/04

**HOPEWELL AREA SCHOOL DISTRICT  
INCIDENT REPORT FOR SUICIDAL RISK  
HASD K-12 STUDENT ASSISTANCE PROGRAM  
(CONFIDENTIAL)**

**BUILDING OF INCIDENT**

\_\_\_ Hopewell Senior High School  
1215 Longvue Avenue, Aliquippa, PA 15001  
(724) 378-8565 Fax: (724) 378-4952

\_\_\_ Hopewell Memorial Jr. High School  
2354 Brodhead Road, Aliquippa, PA 15001  
(724) 375-7765 Fax: (724) 378-2594

\_\_\_ Hopewell Elementary School  
3000 Kane Road, Aliquippa, PA 15001  
(724) 375-1111 Fax: (724) 375-4729

\_\_\_ Independence Elementary School District  
103 School Street, R.D. #1, Aliquippa, PA 15001  
(724) 375-3201 Fax: (724) 375-5141

\_\_\_ Margaret Ross Elementary School  
1955 Maratta Road, Aliquippa, PA 15001  
(724) 375-2956 Fax: (724) 378-8555

\_\_\_ Raccoon Elementary School  
3949 Patterson Road, Aliquippa, PA 15001  
(724) 375-5169 Fax: (724) 378-8595

Student \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Birth Date of Student \_\_\_\_\_

Grade \_\_\_\_\_

Level of Risk Low \_\_\_\_\_

Medium \_\_\_\_\_

High \_\_\_\_\_

**Action Summary**

	Date
(1) Notification of Administrators; School Psychologist; SAP/CMP facilitator and designated SAP member(s).	_____
(2) Notification of parent/guardian(s) of the incident	_____
(3) Referral to local Mental Health/Emergency Room	_____
(4) Student Agreement	_____
(5) Follow-up	_____

Presenting Issue: \_\_\_\_\_  
\_\_\_\_\_

Results of parent/guardian Contact: \_\_\_\_\_  
\_\_\_\_\_

Result of student contact: \_\_\_\_\_  
\_\_\_\_\_

Referral to: \_\_\_\_\_

Staff members involved (please sign) \_\_\_\_\_  
Building Administrator

\_\_\_\_\_  
\_\_\_\_\_

Please forward a copy of report to the Superintendent, School Psychologist and the SAP/CMP Facilitator and secure the original in the student assistance file cabinet.

Revised 4/29/02 – Revised 8/4/04

**HOPEWELL AREA SCHOOL DISTRICT  
INCIDENT REPORT FOR HOMICIDAL THREATS  
HASD K-12 STUDENT ASSISTANCE PROGRAM  
(CONFIDENTIAL)**

**BUILDING OF INCIDENT**

\_\_\_ Hopewell Senior High School  
1215 Longvue Avenue, Aliquippa, PA 15001  
(724) 378-8565 Fax: (724) 378-4952

\_\_\_ Hopewell Memorial Jr. High School  
2354 Brodhead Road, Aliquippa, PA 15001  
(724) 375-7765 Fax: (724) 378-2594

\_\_\_ Hopewell Elementary School  
3000 Kane Road, Aliquippa, PA 15001  
(724) 375-1111 Fax: (724) 375-4729

\_\_\_ Independence Elementary School District  
103 School Street, R.D. #1, Aliquippa, PA 15001  
(724) 375-3201 Fax: (724) 375-5141

\_\_\_ Margaret Ross Elementary School  
1955 Maratta Road, Aliquippa, PA 15001  
(724) 375-2956 Fax: (724) 378-8555

\_\_\_ Raccoon Elementary School  
3949 Patterson Road, Aliquippa, PA 15001  
(724) 375-5169 Fax: (724) 378-8595

Student \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Birth Date of Student \_\_\_\_\_

Grade \_\_\_\_\_

Level of Risk Low \_\_\_\_\_

Medium \_\_\_\_\_

High \_\_\_\_\_

**Action Summary**

	Date
(1) Notification of Administrators; School Psychologist; SAP/CMP facilitator and designated SAP member(s).	_____
(2) Notification of parent/guardian(s) and inform of incident being filed and Investigated by building administrator	_____
(3) Notification of intended victim and victim's parent/guardian(s) and inform of Incident being filed and investigated by building administrator	_____
(4) Notification of staff/personnel	_____
(5) Disciplinary action taken	_____
(6) Immediate referral to local Mental Health/Emergency Room	_____
(7) Township Police notified	_____

Presenting Issue: \_\_\_\_\_

Results of parent/guardian contact: \_\_\_\_\_

Disciplinary Action: \_\_\_\_\_

Referral to: \_\_\_\_\_

Staff members involved (please sign) \_\_\_\_\_

Building Administrator

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward a copy of report to the Superintendent, School Psychologist and the SAP/CMP Facilitator and secure the original in the student assistance file cabinet.

Revised 4/29/02 – Revised 8/4/04

Agent Release

\_\_\_\_\_

Date

I give \_\_\_\_\_ the right to act as my agent in reference to any  
information regarding my son/daughter, \_\_\_\_\_.

Student's Name(s)

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

\_\_\_\_\_  
Date

Agent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

Witness: \_\_\_\_\_

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

### **Request to Withhold Directory Information**

The Family Educational Rights and Privacy Act (FERPA) requires Hopewell Area School District to obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Hopewell Area School District may disclose "directory information" without written consent unless you have notified the District to the contrary. The primary purpose of directory information is to allow the District to include this type of information from your child's education record in certain school publications. In addition, two federal laws require the District to provide military recruiters, upon request, with student names, addresses and telephone numbers.

If you do not want Hopewell Area School District to disclose "directory information" from your child's education record, please complete the information below and return to the building principal.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX E**  
**ANNUAL NOTIFICATION OF RIGHTS STATEMENT**

## **Notification of Rights under FERPA of Educational Records**

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 education records. They are:

1. The right to inspect and review the student’s education records within 45 days of the day the District receives a request for access. Parents or eligible students should submit to the school principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The principal 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 are inaccurate or misleading. Parents or eligible students may ask Hopewell Area School District to amend a record that they believe is inaccurate or misleading. They should write the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the District decides not to amend the record as requested by the parent or eligible student, 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 consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. 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. Upon request, the District discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. [NOTE: FERPA requires a school district to make a reasonable attempt to notify the student of the records request unless it states in its annual notification that it intends to forward records on request.] The annual notification of rights for special education is sent to all families via the District newsletter and available on the District’s web page.

**APPENDIX F**  
**FERPA QUESTIONS AND ANSWERS**

## **Family Educational Rights and Privacy Act (FERPA)**

XIII. LeRoy Rooker, U.S. Department of Education  
Edited by Marilyn D. Wright, Ph.D.

The Family Educational Rights and privacy Act (FERPA), also known as the Buckley Amendment, is designed to protect the rights of all parent/guardians and students, including students in regular education and special education. The primary rights of parent/guardians under FERPA are:

- The right to inspect and review education records
- The right to seek to amend education records
- The right to have some control over the disclosure of information from education records

The same rights transfer to the student when the student turns eighteen years old or attends a post-secondary institution as an “eligible student”.

The mandates of this federal act are specific and far-reaching. Administrators in public education may unwittingly violate a family’s right to privacy/confidentiality because they are unknowledgeable regarding the letter and spirit of this law. Some of the most often asked questions regarding FERPA are answered in this publication in an effort to strengthen knowledge and understanding of Student Services Administrators regarding this important federal law.

### **1. To which educational agencies or institutions do these regulations apply?**

FERPA applies to each education agency or institution that receives funds under any program administered by the U.S. Secretary of Education. Most private and parochial schools at the elementary and secondary level do not receive these federal funds and are, therefore, not subject to FERPA.

### **2. What definitions apply to these regulations?**

“**Education Records**” are **all** records that:

- 1) contain information directly related to a student; and
- 2) are maintained by an education agency or institution or by a party acting for the agency or institution

#### **A. Exceptions** to “education records” include

- 1) records, such as personal notes that are kept in the sole possession of the maker of the record and not revealed to anyone but a temporary substitute; and

2) records of a school's or school district's law enforcement  
FERPA **does not** distinguish between "permanent" records and other types of records.

**"Parent/guardian"** means a parent/guardian of a student and includes:

- 1) a natural parent/guardian
- 2) a guardian
- 3) or an individual acting as a parent/guardian in the absence of a parent/guardian or guardian

**"Personally identifiable information"** includes but is not limited to:

- 1) the student's name
- 2) the parent/guardians' names
- 3) the address of the student or student's family
- 4) a personal identifier, such as a social security number or student number
- 5) a list of personal characteristics or other information that would make the student's identity easily traceable

**"Directory information"** is:

Information not generally considered harmful or an invasion of privacy if disclosed. This includes but is not limited to:

- 10) name, address, telephone listing
- 11) field of study
- 12) weight & height of athletes
- 13) previous school most recently attended
- 14) photographs
- 15) date and place of birth
- 16) participation in officially recognized activities and sports
- 17) dates of attendance, degree and awards

**"Record"** means any information maintained in any way, including, but not limited to:

- 8) handwriting
- 9) print
- 10) film
- 11) computer media
- 12) video or audio tape
- 13) microfilm and microfiche

3. **What are the rights of parent/guardians, custodial or noncustodial?**

FERPA affords full rights to either parent/guardian unless the school has been provided with evidence that there is a court order, State statute or legally binding document that specifically revokes these rights.

4. **What information must an educational agency's or institution's policy contain?**

The regulatory requirement to adopt a written policy regarding educational records has been removed. Schools **are no longer** required to publish:

- 1) schedule of fees for copies of records
- 2) list of types and locations of education records
- 3) reasons copies of records may be denied
- 4) circumstances under which records may be disclosed without consent
- 5) types of information designated as directory information
- 6) statement that a record of disclosures will be maintained

5. **What must an educational agency or institution include in its annual notification?**

1. **Institutions must annually notify parent/guardians of students in attendance of their rights under FERPA, including:**

- 1) the right to inspect and review
- 2) the right to request amendment of records
- 3) the right to consent to disclosure, with certain exceptions
- 4) the right to file a complaint with the U.S. Department of Education

The annual notification must now also include the following:

- 1) the procedure to inspect and review records
- 2) the procedure for requesting amendment of records
- 3) a statement that education records may be disclosed to school officials without prior written consent, including:
  - a) specification of criteria for identifying "school officials" and
  - b) what constitutes a "legitimate educational interest"

FERPA does not specify the means of notification other than "by any means reasonably likely to inform the parent/guardians." Examples may be student handbooks, school newspapers or catalogues, local newspapers and inclusion of information in student registration packets.

6. **What rights exist for a parent/guardian of an eligible student to inspect and review education records?**

- 1) The school must comply with a request within 45 days
- 2) The school is generally required to give copies only if failure to do so would effectively deny access

- 3) The school may not destroy records if a request for access is pending

State Education Agencies are also now required to afford parent/guardians and eligible students access to education records they maintain on students (i.e., state achievement tests). This applies to all records even if a copy of the requested record is available in the local school district. In order to afford the parent/guardian(s) easier access to the records and to simplify the process at the State Education Agency, the State Education Agency may forward records to the LEA to afford parent/guardians easier access to records they are seeking.

7. **May an educational agency or institution charge a fee for copies of education records?**

Yes, unless imposing a fee effectively prevents a parent/guardian from exercising his or her right to inspect and review records.

8. **What limitations exist on the right to inspect and review records?**

If the records contain information on more than one student, the parent/guardian may inspect, review or be informed of only the specific information about his or her child.

9. **What are the procedures for amending education records?**

The following steps should be taken to amend education records:

- 1) The parent/guardians should identify the portion of the record believed to be inaccurate or misleading
- 2) The school must decide within a reasonable period of time whether to amend as requested
- 3) If the school decides not to amend, it must inform the parent/guardian of their rights to a hearing
- 4) After the hearing is held, if the decision continues to be not to amend the records, the parent/guardian has a right to insert a statement of disagreement in the record

10. **Under what conditions is prior consent required to disclose information?**

A parent/guardian shall provide a signed and dated writing consent before a school may disclose records. The consent must:

- 1) specify the records that may be disclosed
- 2) State the purpose of disclosure
- 3) Identify the party or class of parties to whom disclosure may be made

11. **Under what conditions is prior consent not required to disclose information?**

The exceptions that relate to Local Education Agencies are:

- 1) To school officials (defined in annual notifications)
- 2) To schools in which a student seeks or intends to enroll
- 3) To Federal, State and local authorities involving an audit or evaluation of compliance with education programs
- 4) In connection with financial aid, such as a college loan
- 5) To organizations conducting studies for or on behalf of educational institutions
- 6) To parent/guardians of a dependent student
- 7) To comply with a judicial order or subpoena
- 8) In a health or safety emergency
- 9) Directory information
- 10) To State or Local officials in connection with serving the student under the juvenile justice system

**12. Please elaborate on disclosure of information to the juvenile justice system.**

Nonconsensual disclosure made in connection with the juvenile justice system that are permitted by State statute are now also permitted under FERPA. The requirements for disclosure are:

- The disclosure must be related to the juvenile justice system’s ability to “effectively serve” the student whose records are released.
- If the State law was enacted after November 1974, the disclosure must concern the juvenile justice system’s ability to serve the student prior to adjudication. Also, the officials to whom the information is disclosed must certify, in writing, that the records will not be redisclosed to any other party except as provided by State law.

**13. What record keeping requirements exist concerning requests and disclosures?**

B. A school must maintain a record of each request to access to, and each disclosure from, an education record. Also, the school’s loge:

- 1) must be maintained as long as the record is maintained
- 2) must include the parties who have requested or received information from the records
- 3) must include the legitimate interest parties had in receiving information

The record keeping requirement does not apply if the request was from, or the disclosure was made to:

- 1) the parent/guardian or eligible student
- 2) a properly designated school official
- 3) a party with written consent from the parent/guardian or eligible student
- 4) a party seeking directory information

- 5) a party with a law enforcement subpoena or court order which specifies that the existence or contents of the subpoena or court order not be disclosed

14. **What limitations apply to the redisclosure of information?**

When disclosing information from education records to one of the parties listed as having a “legitimate educational interest”, an institution should inform the receiving party that the information may not be further disclosed. Exceptions to this include:

- Disclosure to the parent/guardian or eligible student
- Receiving party discloses information on behalf of the educational agency or institution
- Directory information
- Court order or subpoena

Disclosures to parties that improperly redisclose education records are not permitted for a period of not less than five years. This does not apply to school officials within the educational agency or institution.

15. **What conditions apply to disclosure of information for Federal or State program purposes?**

Federal, State and local officials may have access to records only:

- in connection with an audit or evaluation of Federal or State supported education programs, or
- the enforcement of compliance with Federal legal requirements which relate to those programs

16. **What conditions apply to disclosure of information in health or safety emergencies?**

In the event of a health or safety emergency, FERPA allows:

- Disclosure of information to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or others.
- Institutions to disclose information to other institutions about certain disciplinary actions taken against students.

The student does not have to be:

- in attendance at the other institution
- seeking or intending to enroll in the other institution

17. **What conditions apply to disclosing directory information?**

An institution may disclose directory information if it has given public notice to parent/guardians of students in attendance of:

- What the school has designated as directory information
- A parent/guardian's right to refuse to let the school designate any or all of the information about the student as directory information
- The time within which a parent/guardian must notify the school in writing that he or she does not want any or all of the information designated as directory information

For the purpose of disclosing directory information, FERPA does not define "public notice". "Public notice" is left to the individual school to define. The means of notice could include the student handbook or catalog, the school or local newspaper or information included in the student registration packet. The school may choose to include notice regarding directory information with the annual notification of the parent/guardians and student's rights under FERPA.

18. **What are the Enforcement Procedures for FERPA?**

The Family Policy Compliance Office is authorized by the U.S. Secretary of Education to investigate, process and review complaints and violations under FERPA. Parent/guardians and eligible students may file complaints with the U.S. Department of Education. Complaints must be filed in a timely manner, which is considered 180 calendar days.

19. **Where can public school officials obtain advice and technical assistance regarding FERPA?**

Public schools and/or parent/guardians can contact:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-4605  
Phone: (202) 260-3887  
Fax: (202) 260-9001

For informal requests for technical assistance, please email:  
[FERPA@ed.gov](mailto:FERPA@ed.gov)

For the Family Policy Compliance Office Homepage, please contact:  
<http://www.ed.gov/offices/OM/fpc.html>

## **Access to High School Students and Information on Student By Military Recruiters**

**1. What are the recent changes made by Congress concerning military recruitment of high school students?**

Congress has passed two major pieces of legislation that generally require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA)<sup>1</sup> to give military recruiters the same access to secondary school students as they provide to post-secondary institutions or to prospective employers. LEAs are also generally required to provide students' names, addresses, and telephone listings to military recruiters, when requested.

**2. Where are these statutory requirements found?**

These requirements are contained in § 9528 of the ESEA (20 U.S.C. § 7908), as amended by the *No Child Left Behind Act of 2001* (P.L. No. 107-110), the education bill Congress recently passed.

These requirements are also contained in 10 U.S.C. § 503, as amended by § 544 of the *National Defense Authorization Act of Fiscal Year 2002* (P.L. No. 107-107), the legislation that provides funding for the nation's armed forces in fiscal year 2002.

**3. What is the effective date for these military recruiter access requirements?**

While there are differences in the effective date provisions for 10 U.S.C. § 503 and § 9528 of the ESEA, both provisions apply to all LEAs receiving ESEA funds by not later than July 1, 2002.

**4. What are the requirements of § 9528 of the ESEA?**

Each LEA that receives funds under the ESEA must comply with a request by a military recruiter or an institution of higher education for secondary students' names, addresses, and telephone numbers, unless a parent has "opted out" of providing such information. (See below for additional information.)

Section 9528 also requires LEAs that receive funds under the ESEA to provide military recruiters the same access to secondary school students as they generally provide to post-secondary institutions or prospective employers. For example, if the school has a policy of allowing post-secondary institutions or prospective employers to come on school property to provide information to students about educational or professional opportunities, it must afford the same access to military recruiters.

---

<sup>1</sup> If the LEA receives funds under the ESEA, all the secondary schools in that LEA are subject to the requirements in these laws.

5. **Under § 9528 of the ESEA, what notification must LEAs provide to parents before disclosing names, addresses and telephone numbers of secondary students to military recruiters and officials of institutions of higher education?**

Under FERPA, an LEA must provide notice to parents of the types of student information that it releases publicly. This type of student information, commonly referred to as “directory information,” includes such items as names, addresses, and telephone numbers and is information generally not considered harmful or an invasion of privacy if disclosed. The notice must include an explanation of a parent’s right to request that the information not be disclosed without prior written consent. Additionally, § 9528 requires that parents be notified that the school routinely discloses names, addresses, and telephone numbers to military recruiters upon request, subject to a parent’s request not to disclose such information without written consent. A single notice provided through a mailing, student handbook, or other method that is reasonably calculated to inform parents of the above information is sufficient to satisfy the parental notification requirements of both FERPA and § 9528. The notification must advise the parent of how to opt out of the public, nonconsensual disclosure of directory information and the method and timeline within which to do so.

6. **If an LEA has not provided notice relating to “directory information,” may it release a student’s name, address and telephone number when requested by a military recruiter?**

As noted above, an LEA may provide a single notice regarding both directory information and information disclosed to military recruiters. If an LEA does not disclose “directory information” under FERPA, then it must still provide military recruiters access to secondary students’ names, addresses, and telephone listings. In addition, the LEA must notify parents that they may opt out of this disclosure. In other words, an LEA that does not disclose “directory information” must nonetheless provide a notice that it discloses information to military recruiters. The notice must be reasonably calculated to inform parents.

7. **If a parent opts out of the public, nonconsensual disclosure of directory information (or any subset of such information), must the three data elements be released to military recruiters upon their request?**

If a parent opts out of providing directory information to third parties, the opt-out relating to name, address, or telephone number applies to requests from military recruiters as well. For example, if the opt-out states that telephone numbers will not be disclosed to the public, schools may not disclose telephone numbers to military recruiters.

8. **If the school does not list one or more of the three data elements (e.g., telephone number) among its directory information, may it release that information to military recruiters?**

If a school does not designate one or more of the three items as “directory information” under FERPA, it still must provide all three items to military recruiters upon request.

Also, in that case, the school would have to send a separate notice to parents about the missing “directory information” item(s), noting an opportunity to opt out of disclosure of the information to military recruiters. An easier method, of course, would be for the school to designate all three items – name, address and telephone listing – as “directory information.”

9. **How are the requirements under § 9528 of the ESEA enforced?**

Schools that do not comply with § 9528 of the ESEA could jeopardize their receipt of ESEA funds.

10. **How does § 544 of the *National Defense Authorization Act for Fiscal Year 2002* amend the former requirements under 10 U.S.C. § 503?**

Section 544 of the *National Defense Authorization Act for Fiscal Year 2002* revises Title 10, Section 503(c) in several important ways. First, the recruiting provisions now apply only to LEAs (including private secondary schools) that receive funds under the ESEA. Second, these provisions now require access by military recruiters to students, under certain conditions, and to secondary school students’ names, addresses, and telephone listings. Third, as discussed earlier, they require LEAs to notify parents of their right to opt out of the disclosure of their children’s names, addresses, and telephone numbers and to comply with any such requests from the parents or the students.

11. **How are these requirements under 10 U.S.C. § 503 enforced?**

In addition to the potential for loss of funds under ESEA noted above for failure to comply with § 9528 of the ESEA, an LEA that denies a military recruiter access to the requested information on students after July 1, 2002, will be subject to specific interventions under 10 U.S.C. § 503.

In this regard, the law requires that a senior military officer (e.g., Colonel or Navy Captain) visit the LEA within 120 days. If the access problem is not resolved with the LEA, the Department of Defense must notify the State Governor within 60 days. Problems still unresolved after one year are reported to Congress if the Secretary of Defense determines that the LEA denies recruiting access to at least two of the armed forces (Army, Navy, Marine Corps, etc). The expectation is that public officials will work with the LEA to resolve the problem.

Additionally, the Department of Defense has developed a national high school database to document recruiter access. Presently, 95 percent of the nation’s 22,000 secondary schools provide a degree of access to military recruiters that is consistent with current law.

12. **Are private schools subject to the military recruiter requirements?**

Private secondary schools that receive funds under the ESEA are subject to 10 U.S.C. § 503. However, private schools that maintain a religious objection to service in the Armed Forces that is verifiable through the corporate or other organizational documents of materials of that school are not required to comply with this law.

13. **Where can I get more information on the requirements of 10 U.S.C. § 503?**

The Office of the Secretary of Defense may be contacted for copies of the statute, or questions relating to it. Please contact the Accession Policy Directorate as follows:

Director of Accession Policy  
4000 Defense Pentagon  
Washington, DC 20301-4000  
Telephone: (703) 695-5529

14. **Where can I get more information on the requirements of § 9528 of the ESEA?**

The Family Policy Compliance Office (FPCO) in the Department of Education administers FERPA as well as § 9528 of the ESEA, as amended by the *No Child Left Behind Act of 2001*. School officials with questions on this guidance, or FERPA, may contact the FPCO at [FERPA@ED.Gov](mailto:FERPA@ED.Gov) or write to the FPCO as follows:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-4605  
Telephone: (202) 260-3887  
Fax: (202) 260-9001  
[www.ed.gov/offices/OM/fpc](http://www.ed.gov/offices/OM/fpc)

**APPENDIX G**  
**PROTECTION OF PUPIL RIGHTS AMENDMENT**

## Model Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

PPRA affords parents and students who are 18 or emancipated minors (“eligible students”) certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED)
  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.
- *Receive notice and an opportunity to opt a student out of –*
  1. Any other protected information survey, regardless of funding;
  2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
  3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
- *Inspect, upon request and before administration or use –*
  1. Protected information surveys of students;
  2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
  3. Instructional material used as part of the educational curriculum.

[School District will/has develop[ed] and adopt[ed]] policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. [School District will directly notify parents and eligible students of these policies at least annually at the start of each school year] and after any substantive changes. [School District] will also directly notify parents and eligible students, such as through U.S. Mail or email, at least annually at the start of each school year of the specific or approximate dates of the following activities and provide an opportunity to opt a student out of participation in:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

Parents/eligible students who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-4605

Dear Parent(s)/Guardian(s):

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. §1232h, requires the 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.

Date:  
Grades:  
Activity:  
Summary:

**Consent** (for ED funded, protected information surveys only) A parent must sign and return consent form so that your child may participate in this survey.

**Opt-out** (for non ED funded protected information survey) Contact the building principal at \_\_\_\_\_ no later than \_\_\_\_\_ if you do not want your child to participate in this activity.

If you wish to review and survey instrument used in connection with any protected information or marketing survey, please submit a request to Dr. Charles M. Reina, Superintendent, 2354 Brodhead Road, Aliquippa, PA 15001 and you will be notified when you may review the materials at the Central Office.

I \_\_\_\_\_ give my consent for \_\_\_\_\_ to take the ABC survey of At-Risk Behavior on or about \_\_\_\_\_.

\_\_\_\_\_  
Parent Signature

Please return this form no later than \_\_\_\_\_ to the Principal at \_\_\_\_\_.  
Date Address

**APPENDIX H**  
**DISTRICT WAIVER**

**HASD K-12 STUDENT ASSISTANCE PROGRAM  
DISTRICT WAIVER**

I have been made aware that the Hopewell Area School District (HASD) has a K-12 district student assistance program to help students and their parent/guardians address various issues that face students today which impedes barriers towards my child's learning attainment and/or the safety and welfare of him/her self and/or others. I understand the District's program is to help assist with appropriate referral options to benefit my child and help him/her to reach his/her educational attainment.

In accordance with the District's policies and procedures, parent/guardians are notified when their son/daughter experiences barriers such as poor or no attendance, decreasing school achievement, inappropriate behaviors, high risk behaviors, harassing, bullying and or signs of chemical substance use/abuse. The HASD SAP team makes recommendations in attempts to help parent/guardians and their child to receive the proper referral(s) and to prevent any future difficulties that could eventually lead to disciplinary and/or board action.

HASD realizes that you may not want to accept the school's recommendations or assistance. Because of this, we are asking that you sign a District Waiver form which indicates your refusal to the recommendation(s) made in the best interest of your child.

By signing this Waiver, I, as a parent/guardian: understand that the HASD and its SAP program has offered me and my child supportive services, recommendations and/or alternatives which may help my child. However, I am refusing these options at this time. Therefore, I am releasing HASD and its SAP program of all and/or any liability which may be incurred by my child and myself effective:

\_\_\_\_\_  
Month                      Day                      Year

Parent/guardian Signature: \_\_\_\_\_

Print Name(s): \_\_\_\_\_

Child's Name: \_\_\_\_\_

Administrator/Principal \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

The original District Waiver will be retained at Central Administration  
A copy is given to the Student and Parent/guardian  
A copy is retained in the District SAP/CMP Facilitator's file  
A copy is retained in the designated building's Student Assistance File  
A copy is given to the District's solicitor

**REFUSAL TO SIGN THIS DOCUMENT RELEASES THE SCHOOL DISTRICT  
OF ALL LIABILITY**

Revised 4/29/02

**APPENDIX I**  
**WITHDRAWL FORM**  
**AND**  
**EXIT INTERVIEW**

**WITHDRAWAL FROM EDUCATION  
FOR STUDENTS UNDER AGE 18**

As the parent/legal guardian of \_\_\_\_\_, I elect to withdraw my son/daughter from school and to decline any further educational services for my son/daughter effective on \_\_\_\_\_. The school district has provided information for the General Education Diploma (GED) program at the Community college of Beaver County and the Job Corp program.

---

Parent(s)/guardian(s) name (Printed)

---

Parent(s)/guardian(s) Signature

---

Student Name (Printed)

---

Student Signature

---

Date

---

Witness

---

Witness

**WITHDRAWAL FROM EDUCATION  
FOR STUDENTS 18 YEARS OF AGE AND OLDER**

I understand that I am able to continue to receive educational services through the Hopewell Area School District. However, I choose to withdraw from school and decline educational services. The school district has provided information for the General Education Diploma (GED) program at the Community College of Beaver County and the Job Corp program.

---

Student Name (Printed)

---

Student Signature

---

Date

---

Witness

---

Witness

## **Procedure for Completing Exit Interview**

Student and parents/guardians (if student is under age 18) are to meet with counselor, building administration or designee to complete withdrawal form and exit interview.

**APPENDIX J**  
**HIPAA FORMS**

**Hopewell Area School District Medical Information Authorization Form**

In order to comply with federal and state laws, the Hopewell Area School District requires that this form be completed in its entirety.

I authorize Hopewell Area School District, 2354 Brodhead Road, Aliquippa, PA 15001,  
Name of Facility/Person Facility Address

Phone No.: (724) 375-6691 Fax No.: (724) 375-0942,

to use/disclose the following Protected Health Information from the records of :

\_\_\_\_\_  
Individual/Student Name Birth Date Social Security Number

as described below to: \_\_\_\_\_,  
Name of Facility/Person Facility Address

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_, to the

Attention of \_\_\_\_\_

The information is requested for the purpose of (provide a detailed description): \_\_\_\_\_

The information to be used/disclosed is identified as follows (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Medical History & Physical Exams | <input type="checkbox"/> Psychiatric/Psychological Evaluations |
| <input type="checkbox"/> Occupational Therapy             | <input type="checkbox"/> Physical Therapy                      |
| <input type="checkbox"/> IEP                              | <input type="checkbox"/> ER's                                  |
| <input type="checkbox"/> Discharge Summary/Instructions   | <input type="checkbox"/> Shot Records                          |
| <input type="checkbox"/> Physician Orders                 | <input type="checkbox"/> Verbal Information                    |
| <input type="checkbox"/> Other (please specify): _____    |  |

This Authorization expires on (please specify date or event): \_\_\_\_\_.

I understand the following:

- That the information used or disclosed may include records relating to my identify, diagnosis, prognosis and treatment;
- That the information used or disclosed may relate to psychiatric disorders, drug and/or alcohol use, AIDS and HIV, as the same are permitted by the Mental Health Procedures Act, the Confidentiality of Alcohol and Drug Abuse Individual Records Act, the confidentiality of HIV-Related Information Act and the Privacy Rule of the Health Insurance Portability and Accountability Act.
- That I have the right to revoke this authorization at any time, except to the extent that Hopewell Area School District has already acted in reliance on the Authorization and that

such revocation must be made in writing and directed to the Privacy Officer, Superintendent, Dr. Charles M. Reina;

- That the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law.
- That Hopewell Area School District may not condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on whether I sign this Authorization, except as provided by law; and
- That if the Hopewell Area School District seeks this Authorization for the use or disclosure of Protected Health Information, the district must provide me with a copy of the signed Authorization.

---

Date

---

Signature of Individual/Student

---

Date

---

Signature of Parent/Legal Guardian/Personal Representative

---

Print Name

---

Specify Relationship/Authority

**Hopewell Area School District Medical Information Authorization Form  
For Field Trips**

In order to comply with federal and state laws, the Hopewell Area School District requires that this form be completed in its entirety.

I authorize \_\_\_\_\_  
(Insert name of HASD staff member in charge of field trip)

of the Hopewell Area School District Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

to use/disclose the following Protected Health Information from the records of :

\_\_\_\_\_  
Individual/Student Name                      Birth Date (optional)                      Social Security Number (optional)

as described below to: Any other HASD teacher/staff member or chaperone who may be

responsible for my child at any time during the: \_\_\_\_\_,  
(Insert name of field trip)

The information is requested for the purpose of (Provide a detailed description): To inform any individual specified above of any health information regarding my child's medical needs/ conditions, allergies, medications, emergency contacts or health insurance as may be necessary to care for my child during such field trip.

The information to be used/disclosed is identified as follows (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Medical History & Physical Exams | <input type="checkbox"/> Psychiatric/Psychological Evaluations |
| <input type="checkbox"/> Occupational Therapy             | <input type="checkbox"/> Physical Therapy                      |
| <input type="checkbox"/> IEP                              | <input type="checkbox"/> ER's                                  |
| <input type="checkbox"/> Discharge Summary/Instructions   | <input type="checkbox"/> Shot Records                          |
| <input type="checkbox"/> Physician Orders                 | <input type="checkbox"/> Verbal Information                    |

Other (please specify): Any health information appearing on any Student Medical Information/Authorization Form submitted in connection with such field trip regarding my child's medical needs/conditions, allergies, medications, emergency contacts or health insurance.

This Authorization expires on (please specify date or event): \_\_\_\_\_  
(insert last date of field trip)

I understand the following:

- That the information used or disclosed may include records relating to my identify, diagnosis, prognosis and treatment;
- That the information used or disclosed may relate to psychiatric disorders, drug and/or alcohol use, AIDS and HIV, as the same are permitted by the Mental Health Procedures

Act, the Confidentiality of Alcohol and Drug Abuse Individual Records Act, the confidentiality of HIV-Related Information Act and the Privacy Rule of the Health Insurance Portability and Accountability Act.

- That I have the right to revoke this authorization at any time, except to the extent that Hopewell Area School District has already acted in reliance on the Authorization and that such revocation must be made in writing and directed to the Privacy Officer, Superintendent, Dr. Charles M. Reina;
- That the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law.
- That Hopewell Area School District may not condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on whether I sign this Authorization, except as provided by law; and
- That if the Hopewell Area School District seeks this Authorization for the use or disclosure of Protected Health Information, the district must provide me with a copy of the signed Authorization.
- Hopewell Area School District will maintain all documentation related to or required under this policy for seven (7) years from the date of its creation or the date when it last was in effect, whichever is later.

\_\_\_\_\_  
Date Signature of Individual/Student

\_\_\_\_\_  
Date Signature of Parent/Legal Guardian/Personal Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Specify Relationship/Authority

## Hopewell Area School District Student Residency Form

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. *In the event the child is not staying with his/her parent(s) or guardian(s), use the Caregiver's Authorization form to address guardianship issues.*

1. Presently, where is the student living? *Check one box:*

Section A	Section B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian)	<input type="checkbox"/> <b>Choices in Section A do not apply</b>
<p><i>CONTINUE: If you checked a box in Section A, complete #2 and the remainder of this form.</i></p>	<p><i>STOP: If you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel.</i></p>

2. The student lives with:

- |  |   |
|--|---|
| <input type="checkbox"/> 1 parent<br><input type="checkbox"/> 2 parents<br><input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> a relative, friend(s) or other adult(s)<br><input type="checkbox"/> alone with no adults<br><input type="checkbox"/> an adult that is not the parent or the legal guardian |
|--|---|

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

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I, (name) \_\_\_\_\_ declare, under penalty of perjury, as follows:

1. I am the parent/legal guardian of (name of student) \_\_\_\_\_ who is of school age and is seeking admission to \_\_\_\_\_ School District.
2. Since (date) \_\_\_\_\_ our family has not had a permanent home.

I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

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

Signature: \_\_\_\_\_

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

I receive my mail at: \_\_\_\_\_

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

Phone number(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I can be reached for emergencies at : \_\_\_\_\_

**Hopewell Area School District**

**Affidavit for Missing Enrollment Documentation**

*(To be filled out when enrollment documentation is missing)*

I, \_\_\_\_\_, based upon my personal knowledge, answer the following questions as noted in my handwriting concerning a student's missing enrollment documentation. The following information is missing:

- |  |  |
|--|--|
| <input type="checkbox"/> Proof of residency    | <input type="checkbox"/> Immunization record           |
| <input type="checkbox"/> Proof of guardianship | <input type="checkbox"/> School physical/health record |
| <input type="checkbox"/> Proof of identity     | <input type="checkbox"/> School record                 |
| <input type="checkbox"/> Birth certificate     |  |

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

In accordance with the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, (P.L. 107-110), states and localities are required to address barriers to the enrollment of students meeting the definition of homelessness.

1. Who are the parents, parents by legal adoption, legal guardians, or persons having legal custody of the student being enrolled?

\_\_\_\_\_  
\_\_\_\_\_

2. Where is the student currently staying?

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have legal custody imposed by a court order or have you been designated as a court-appointed guardian for the pupil being enrolled?

\_\_\_\_\_  
\_\_\_\_\_

4. What court entered such order and what type of case was it (i.e., custody hearing, etc)?

\_\_\_\_\_  
\_\_\_\_\_

5. Why are you unable to present a copy of documentation for the items checked on page 1 for the student that you are enrolling?

\_\_\_\_\_  
\_\_\_\_\_

6. To the best of your knowledge has the student ever been reported to any law enforcement agency as a missing child?

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If the response to question #6 is yes, identify by name and address the law enforcement agency and date of report.

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7. Is this affidavit being used to enroll a student who is missing immunization records, health records, school records or proof of identify?

**Yes**                       **No**

If the response to #7 is **Yes**, what was the name and location of the last school the student attended?

School Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Hopewell Area School District**  
**Caregiver's Authorization Form**

*(Fill this out if child lives with someone other than parent/legal guardian)*

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvement Act of 2001 (P.L. 107-110) requirement that homeless children are to have access to education and other services. The McKinney-Vento Act specifically states that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian.

**Instructions:**

- To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize enrollment and school-related medical care, complete all items and sign the form.

The minor named below lives in my home, and I am 18 years of age or older:

1. Name of minor: \_\_\_\_\_
2. Minor's birth date: \_\_\_\_\_
3. Place of birth: \_\_\_\_\_
4. My home address: \_\_\_\_\_
5. Check one or both (for example, if one parent was advised and the other could not be located):
  - I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.
  - I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.
6. My date of birth: \_\_\_\_\_
7. My state driver's license or identification card number: \_\_\_\_\_

I declare under penalty of perjury that the foregoing information is true and correct.

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

Printed Name: \_\_\_\_\_