Reynolds Elementary School

PTO Packet

2022-2023

**PTO BOARD**

President Decwin Waite 814-573-3987

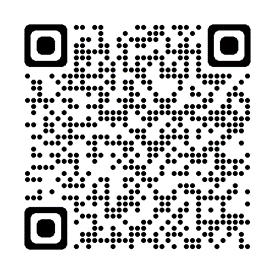
Co- Vice President Amie Heider 412-522-6943

Co- Vice President Tierra Bunch 814-547-3533

Secretary Alicia Wolcott 724-977-9598

Treasurer Jennifer Rogers 814-282-4311

*\*Your courtesy is requested – please no phone calls/texts after 8:00 p.m.\**

**PTO meetings are held the first Wednesday of each month at 5:30 p.m. in the Elementary School Library**

**SCAN THIS QR CODE TO FIND OUR FACEBOOK PAGE AND FOLLOW US!**

Welcome to the 2022-2023 school year! We created this PTO packet in order to keep you informed of the many activities that the PTO sponsors throughout the year. We’d love for YOU to be the “P” in PTO! The PTO has joined forces with the PAC (Parent Advisory Council) in offering events and activities that involve parents and children together. This not only helps with home/school connection, but it also offers you, the parent, a chance to get to know other parents and families in the district. **The PTO needs you!**

Whether you are a mom or dad, aunt or uncle, grandparent or older sibling…we could really use your help and support. If you are new to Reynolds School District or a veteran, please review a few bits of information regarding the PTO.

**The district requires that all clearances and TB results be submitted prior to your volunteering at the school or chaperoning a field trip.** This protects your son or daughter as well as the other students. It is truly a small price to pay for that peace of mind! **It is a rule that a PTO member must volunteer at least 2 hours of their time to PTO sponsored activities/events in order to be considered to chaperone field trips. This can be done by helping at PTO sponsored school activities, book fair, pencil sales, track and field day, etc. Volunteering in any way possible has its privileges and we want to help you benefit from them!**

**BEING A ROOM PARENT OR HELPING IN A CLASSROOM DOES NOT COUNT TOWARD PTO VOLUNTEER HOURS!**

If you have any questions, concerns, or want to volunteer regarding the PTO, please feel free to contact any of our Board Members.

Thank you! Have a great school year!

Reynolds Elementary PTO Executive Board

Decwin Waite Amie Heider

Tierra Bunch Alicia Wolcott

Jennifer Rogers

**PTO MEMBERSHIP REGISTRATION**

**Dear Parents, Guardians, Grandparents and RES Supporters,**

The Reynolds PTO is now accepting membership registrations for the 2022-2023 school year. If you wish to become a member, please complete the form below. Previous members must renew their membership every school year. Please place this completed registration form in an envelope marked “PTO Membership.” You can send this to school with your child to give to their teacher.

**In the interest of safety, everyone who would like to be a volunteer at the school will need to obtain the district required clearances and TB. THIS IS REYNOLDS SCHOOL DISTRICT POLICY. Remember, even if you fill out the registration, you must still complete the clearances and TB test and submit them to the Central Administrative Office before you are permitted to volunteer (this includes field trips!).**

Parent/Guardian/Grandparent/Etc.:

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

District Employee? (Y/N)\_\_\_\_\_ Clearances and TB on file @ Central Admin? (Y/N)\_\_\_\_\_

Preferred Method of Communication (circle): *Call Text Email Facebook Messenger*

**Check which volunteer opportunities you may be interested in -**

***The following events take place during school hours:***

🬀Picture Day 🬀 Pencil Sales 🬀Book Fair 🬀Carnival

🬀Track & Field Day (5th/6th grades) 🬀Chaperone Field Trips 🬀Birthday Gram

🬀Teacher Appreciation Week 🬀Assemblies🬀Raiders are Readers

***The following events take place in the evening:***

🬀Book Fair 🬀Fundraiser Order Sorting/Distribution/Chairperson 🬀Holiday Event

🬀Movie Night/Family Night 🬀Father/Daughter Event 🬀Mother/Son Event

🬀Read Across America 🬀Raiders are Readers

***Weekend events:***

🬀Fall Event 🬀Winter Event 🬀Spring Event

**Please indicate your availability (for any event you are willing to help with or chair) –**

🬀Monday \_\_\_ to \_\_\_ 🬀Tuesday \_\_\_ to \_\_\_ 🬀Wednesday \_\_\_ to \_\_\_ 🬀Thursday \_\_\_ to \_\_\_

🬀Friday \_\_\_ to \_\_\_ 🬀Saturday \_\_\_ to \_\_\_ 🬀Sunday \_\_\_ to \_\_\_

Your Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Your Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
***\*Registration forms are accepted anytime throughout the school year, but are requested by October 1st for planning purposes. Please tell us more about your talents on the back of this form or any events/fundraisers you’d like to create.***

**Getting your clearances has become easy…you can do it online!**

|  |
| --- |
| ✓ PA State Police **CRIMINAL BACKGROUND CLEARANCE** (Act 34) Website: **http://epatch.state.pa.us** Click on the yellow button that says, "New Record Check" (Volunteers Only – Cost is FREE) Follow instructions for filling out application. There is no cost for volunteers. After completing the application information and payment, a box will show that contains: Control #, Name............. Click on Control # Click on Certification Form Print Form - this is your background clearance |
| ✓ PA CHILD ABUSE CLEARANCE (Act 151) The application for the Child Abuse Clearance must be completed online at the following link: **https://www.compass.state.pa.us/CWIS/Public/Home**  You will need to create a log-in before applying. There is no cost for volunteers/chaperones. After you apply for the child abuse clearance, you will receive an email confirming your application. You will be able to obtain your child abuse clearance by logging back in and printing it, you do not need to wait for it to come in the mail. |
| ✓ **FBI Fingerprint CLEARANCE (Act 114)**  1. Register online or by phone. 2. **Online: https://uenroll.identogo.com**  3. Enter Service Code 1KG6XN 4. Click: Schedule or Manage an appointment  5. Fill in the information on the page and click next until you complete all pages.  6. On the last page you will schedule your fingerprint appointment.  7. Payment of $22.60 will be made at the fingerprint site by credit card, money order or check.  8. Be sure to bring your ID with you to the fingerprint site.  **OR**  If you have lived in the state of Pennsylvania for the past 10 years consistently you can fill out a PA Resident Waiver Form. This form can be found on the next two pages of this packet. |
| ✓ TB TEST REPORT You must provide the district with a negative TB Test report that is dated within one year. This is a one time requirement. There are various locations other than your doctor’s office, such as Sharon Regional Corporate Health Services, MedExpress and UPMC Urgent Care. |

**VOLUNTEER REQUEST FOR WAIVER OF**

**FBI – FEDERAL CRIMINAL HISTORY FINGERPRINT RECORD CHECK**

*(If you qualify for this waiver, this form must be completed and turned into the Administration Building when submitting the other two PA clearances.)*

I declare under penalty of perjury that the following is true and correct:

1. I have been a resident of the Commonwealth of Pennsylvania during **the entirety of the previous ten-year period** from the date of this document;
2. I have NEVER been named the perpetrator of a founded report of child abuse;
3. I have **NEVER** been convicted of one or more of the following types of offenses, including the attempt, solicitation or conspiracy to commit any of the following offenses:
   1. Criminal homicide l. Indecent exposure
   2. Aggravated assault m. Incest
   3. Stalking n. Concealing the death of a child
   4. Kidnapping o. Endangering the welfare of a child
   5. Unlawful Restraint p. Dealing in infant children
   6. Rape q. Prostitution and related offenses
   7. Statutory sexual assault r. Crimes related to obscene and other
   8. Sexual assault sexual materials and performances
   9. Involuntary deviate sexual intercourse s. Corruption of minors

k. Indecent assault t. Sexual abuse of children

1. Within a 5-year period immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act; AND
2. I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2, 3, or 4 above under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former Pennsylvania law.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Signature Date

Print Name

**PENNSYLVANIA RESIDENT VERIFICATION FOR WAIVER OF FBI REPORT**

Name: Date of Birth: City/State of Birth: Driver’s License Number:

Current Address:

If you have lived at your current address for less than 10 years, please list all prior addresses for the past ten (10) years:

|  |  |  |
| --- | --- | --- |
| **Street** | **State** | **Dates lived here:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Signature Date

Print Name