



Mountain View School District  
11748 State Route 106  
Kingsley, PA 18826

## Registration Procedures

### **Welcome to the Mountain View School District, home of the Eagles!**

Registration packets can be picked up in advance at the guidance office (high school) or the main office (elementary). Or you it can be downloaded from the district webpage at [www.mvsd.net](http://www.mvsd.net).

Hours of registration are 8:30 am to 2:00 pm, Monday thru Friday, excluding emergency closures or holidays. Please use the following guidelines to make sure you have all the necessary documents.

#### **What to bring when you register your child:**

- **Two Proofs of Residency in the Mountain View School District**

Proof of residency acceptable documentation includes: a deed, a lease, current utility bill, current credit card bill, property tax bill, vehicle registration, driver's license, DOT identification card. A district may require that more than one form of residency confirmation be provided. However, school districts and charter schools should be flexible in verifying residency and should consider what information is reasonable in light of the family's situation. See the paragraph on Homeless Students for guidance in that situation.

A parent/adoptive parent, guardian, foster parent or a district resident having care or charge of a child may enroll a student in MVSD and the parent/guardian/resident must come into the office in person to complete the enrollment process. If a resident of the District requests that a student be enrolled whose parent(s) live outside the District, an Affidavit must be completed.

- **Proof of Guardianship**

Legal custody agreement (if applicable) a copy to be placed in the student's file.

- **Proof of Age**

Birth certificate, notarized copy of birth certificate, baptismal certificate or record of baptism (notarized or duly certified) showing date of birth, valid passport, and paper from parent or relative signed in front of a notary (affidavit) showing date of birth or previous school record indicating date of birth.

- **Record of Immunizations Required by Law**

State law requires that a complete record of immunizations be provided. You can get a copy of your child's health records from the school you are withdrawing from. Immunization records are also available from you doctor's office. Your former district or medical office can also provide a written statement regarding required immunizations or required series are in progress, with records to follow.

Mountain View Elementary School  
11748 State Route 106  
Kingsley, PA 18826  
Ph:570-434-2180/Fax:570-434-2755



### Authorization to Release School Records

To Whom It May Concern:

According to the Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976. Vol.41, No. 118, Page 24673, it is not necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of another school in which the student intends to enroll may receive a student's records without consent for such release. We have obtained permissions from the parent/guardian to have all school records as indicated release to the Mountain View School District. Authorization for release appears below.

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

Student Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

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

### Request For Health And School Records

Please send the following information:

PA Secure ID \_\_\_\_\_

Transcript of Grades

Grades At Time Of Withdrawal

Report Cards

Cumulative Records

Discipline Records

Attendance History

Date Last Attended

Copy of Birth Certificate

Standardized Testing

Health Records

Psychological Testing/Special Education Records

Please send Records To:

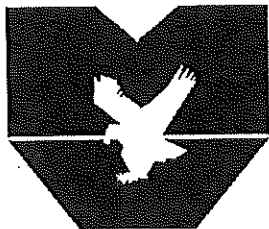
Mountain View Elementary School    Lori Cobb    lcobb@mvsd.net

11748 State Route 106

Kingsley, PA 18826

Ph:570-434-2180

Fax:570-434-2755



## Mountain View School District

11749 State Route 106

Kingsley, PA 18826

570-434-8525

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### Registration Procedures

In order to establish and verify your residence within the Mountain View School District, documentation is required. All paperwork in the new student enrollment packet must be completed and notarized where indicated. All forms must be signed by a parent, guardian, placement agency or responsible party (indicated by a 1302 or 1305 form). If you are a parent relying on a custody agreement or court order for the basis of enrolling your child, please provide verification of the custody agreement/court order. All procedures are in accordance with the Pennsylvania School Code and Regulations 11.11 and 11.19 of the Pennsylvania State Board of Education, Sections 1301 and 1302, which authorize Mountain View School District to request proof of residence or guardianship prior to admission to our school programs.

### Student Registration Requirements

#### Two Proofs of Residency in the Mountain View School District

- May be any of the following: Deed, lease, sales agreement, mortgage information, driver's license, automobile registration, bank accounts, utility bills, property tax bill, etc. indicating a physical address within the Mountain View School District. A post office box will not be accepted.

#### Proof of Child's Age

- Birth certificate, or notarized copy of birth certificate of the student, passport, baptismal certificate, prior school records, etc. can be utilized.

#### Proof of Immunizations Required by Law

- You may provide a copy of your child's health records from the school you are leaving or a statement regarding required immunizations, with records to follow. Immunization records are also available from your doctor's office.

#### Home Language Survey

- This form is included in the enrollment packet and is required by law.

#### Parental Registration Statement

- Discipline Records, upon request as per Act 26.

#### Proof of Guardianship, If Applicable

- Legal custody agreement or order to be placed in the student's file

I have read and I understand the information listed above.

---

Parent/Guardian Signature

---

Date

**McKinney-Vento Act Residency and Educational Rights Information**  
(Questionnaire must be completed for each student.)

The McKinney-Vento Act was created with the goal of ensuring the enrollment, attendance, and success of homeless children and youth in school. The McKinney-Vento Act provides certain rights for homeless students. This includes waiving certain requirements such as proof of residency when students are enrolling and allowing eligibility for certain services.

When families and students find themselves in transition due to their housing situation, it is important that they know their rights regarding education. If students meet the requirements as stated in the McKinney-Vento Act (42 U.S.C 11431 et seq., Title VII, Subtitle B), their rights are as follows:

- Students may attend their school of origin or the school where they are temporarily residing.
- Students must be provided a written statement of their rights when they enroll
- Students may enroll without school, medical or similar records that might not be readily available
- Students have a right to transportation to school
- Students must be provided a statement explaining why they are denied enrollment or any other services.
- Students must receive services, such as transportation, while disputes are being settled.
- Students are eligible for Title I services. *Educational services for which the homeless student meets eligibility criteria including services provided under Title I of the Elementary and Secondary Education Act or similar State or local programs, educational programs for students with limited English proficiency.*

According to the U.S. Department of Education, people living in the following situation are considered homeless:

- \*Doubled-Up with family or friends due to loss of housing or economic hardship
  - Sharing housing of other persons implies that the child or youth is staying in someone else's residence*
  - Due to the loss of housing-implies that the student has no personal housing available*
  - Economic hardship-implies that financial resources have forced the family or youth to leave the personal residence and share housing due to an inability to pay the rent/mortgage and other bills*
- Cooperative living arrangements among families or friends, even where people are living together to save money, are not considered to be a homeless situation.
- \*Living in motels and hotels for lack of other suitable housing
- \*Runaway and displaced children and youth- Unaccompanied Youth
- \*Living in a shelter
- \*Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation

**Please complete the attached form and return it to your school office. Questions may be directed to the Principal or Director of Special Services/McKinney-Vento Liaison at 570-434-8525.**

## McKinney-Vento Residency Form

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

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

Grade Level \_\_\_\_\_

The McKinney-Vento Homeless Assistance Act defines "homeless" as individuals who lack a fixed, regular, and adequate nighttime residence. This includes children who are temporarily sharing the housing of other persons due to the loss housing or economic hardship.

Does not apply; student is not homeless

Please check one of the following statements if your family is experiencing temporary homelessness:

Living in a shelter, including transitional housing shelters

Please provide the name of the shelter- \_\_\_\_\_

Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for

habitation- Please provide information regarding area in which student is living- \_\_\_\_\_

Living in hotels/motel for lack of other suitable housing- Please list the name and address of hotel/motel:

\_\_\_\_\_

Doubled-Up; Temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where the student is living:

\_\_\_\_\_

Please answer the following if you checked one of the four boxes above:

How long to you expect to be at this address? \_\_\_\_\_

Are you seeking permanent housing? \_\_\_\_\_

Date student moved to this address? \_\_\_\_\_

Is a parent living in the home with the student? \_\_\_\_\_

If no, with whom is the student living? \_\_\_\_\_ Relationship \_\_\_\_\_

Place an "X" indicating the appropriate precipitating event resulting in the loss of housing.

Abandonment		Left Home	
Act of Nature		Parent/Guardian Hospitalized	
Death of Parent/Guardian		Parent/Guardian Incarcerated	
Domestic Violence		Parental Job Loss/Loss of Income	
Eviction		Other Poverty-related situation	
Fire		Other	

The School may contact you if clarification or transportation is needed.

Please proceed to the back of this page to complete the form.

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act. I affirm that the information is true and accurate. I have been advised of my rights and my child's rights under the McKinney-Vento Act.

\_\_\_\_\_  
Signature of Parent/Guardian/Unaccompanied Youth

\_\_\_\_\_  
Date

-----  
-----  
Office Use Only:

\_\_\_\_\_ Does qualify under McKinney-Vento Act

\_\_\_\_\_ Does NOT Qualify

\_\_\_\_\_  
McKinney-Vento Liaison/Appointee Signature

\_\_\_\_\_  
Date

District Liaison and Information:

Erica Loftus  
Director of Special Services/McKinney-Vento Liaison  
11748 State Route 106  
Kingsley, PA 18826  
Phone: 570-434-8439  
Fax: 570-434-8357

PA ECYEH Region 7 Coordinator  
Jeff Zimmerman  
Luzerne Intermediate Unit 18  
368 Tioga Avenue  
Kingston, PA 18704  
Phone: 570-718-4613  
Fax: 570-287-5721  
<http://www.liu18.org/index.php/ecyeh>



Mountain View School District  
11748 State Route 106  
Kingsley, PA 18826  
Ph. 570.434.8525 - HS  
Ph. 570.434.8433 - Elementary

### Parental Registration Statement

Student Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_, Grade \_\_\_\_\_  
Parent or Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Please complete the following:

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

If this student has been or is presently suspended or expelled from another school, please complete:  
Name of the school from which student was suspended or expelled:

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

Reason for suspension/expulsion: \_\_\_\_\_

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

Parent/Guardian Signature

Date



Mountain View School District  
11748 State Route 106  
Kingsley, PA 18826  
Ph: 570-434-2180

### Mountain View School District Residency Affidavit

**Instructions to Resident:** This form is to be completed by the student's parent or legal guardian. This form must be signed/witnessed by a school district employee. You must submit a separate Residency Affidavit for each child enrolled in the district.

**Student Information:**

Student Name: \_\_\_\_\_  
*Legal First Name                      Legal Middle Name                      Legal Last Name*

Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you live in the Mountain View School District and does the child live with you?     Yes     No

Student Lives With: *(Print Name(s) and check relationship to student.)*

Parent or Guardian Name: \_\_\_\_\_  
*Legal First Name                      Legal Middle Initial                      Legal Last Name*

Relationship to Student:  Father     Stepfather     Guardian     Foster Parent     Other \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_  
*Legal First Name                      Legal Middle Initial                      Legal Last Name*

Relationship to Student:  Mother     Stepmother     Guardian     Foster Parent     Other \_\_\_\_\_

Address: Please note that post office boxes are not acceptable as a residence address but may be used as a mailing address below.

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

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

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

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





# Mountain View School District

## Student Information Sheet

(Please print legibly)

\*Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident District of Parent/Guardian: \_\_\_\_\_

School Student ID #: \_\_\_\_\_ \* Grade: \_\_\_\_\_ \* Gender: \_\_\_\_\_ \* Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Last Name: \_\_\_\_\_ \* Suffix: \_\_\_\_\_ \*First: \_\_\_\_\_ \* Middle: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*9<sup>th</sup> grade entry date \_\_\_\_/\_\_\_\_/\_\_\_\_ \* City of Birth: \_\_\_\_\_

Does this student have a prior enrollment record at Mountain View?  Yes  No  
 Are you as the parent/guardian an ACTIVE member of the military?  Yes  No

Student's E-mail: \_\_\_\_\_

Other siblings that live in the same household & their grade level:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Student's Physical Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*Twp: \_\_\_\_\_ \*County: \_\_\_\_\_

\*Student's Mailing Address (if different than physical address):  
 \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

**1<sup>st</sup> Contact**

\*Relationship to Student: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ \*First: \_\_\_\_\_

\*Mailing Address (Rural Mailbox or P.O. Box):  
 \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Work Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Student lives with:  Yes  No

**2<sup>nd</sup> Contact**

\*Relationship to Student: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ \*First: \_\_\_\_\_

\*Mailing Address (Rural Mailbox or P.O. Box):  
 \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Work Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Student lives with:  Yes  No

**3<sup>rd</sup> Contact (Emergency Contact)**

\*Relationship to Student: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ \*First: \_\_\_\_\_

\*Mailing Address (Rural Mailbox or P.O. Box):  
 \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Work Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

4th Contact (Emergency Contact)

\*Relationship to Student: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ \*First: \_\_\_\_\_

\*Mailing Address (Rural Mailbox or P.O. Box): \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Work Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Ethnicity: (choose one)  Hispanic/Latino  Not Hispanic/Latino

Race: (choose one or more, regardless of ethnicity):

- White  American Indian/Alaskan Native  Asian  Black/African America
- Native Hawaiian or other Pacific Islander

\*Home Language: \_\_\_\_\_

\*Migrant:  Yes  No

By Signing below, I verify that the information above and on the front of this sheet is complete and accurate.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Name (Signature)

\_\_\_\_\_  
Date

Office Use Only

\*Type of Residency:  District Paid Tuition  Fee Waived Tuition by District  Tuition Paid/Parent  
 Resident  Non Resident  1305 (non-resident)  Yes  No If so, placing agency \_\_\_\_\_  
 1305 (Resident)  Yes  No If so, placing agency \_\_\_\_\_  1302  Yes  No

\*Resident District: \_\_\_\_\_ \* District Funding Code \_\_\_\_\_ (AUN number)

\*PA Secure ID #: \_\_\_\_\_ \*Location Code of Residence:  4049 (HS)  7339 (Elem.)  Other -- Code # \_\_\_\_\_

\*Birth Information:

\*Country: \_\_\_\_\_ \*State/Province: \_\_\_\_\_ \*City: \_\_\_\_\_

\*Birth Verification (Birth Certificate)  Yes  No

\*Additional Info: Date Registered\* \_\_\_\_\_ District Entry Date\*: \_\_\_\_\_ Grade 9 Entry Date\*: \_\_\_\_\_

School Entry Date\*: \_\_\_\_\_ Guardian Relationship\*: \_\_\_\_\_

**Citizenship Information:** (this information is required if student was NOT born in the U.S)  
 First Date Enrolled in State: \_\_\_\_\_ First Date Enrolled in US: \_\_\_\_\_  
 US Entrance Date: \_\_\_\_\_

\*Entry Date: \_\_\_\_\_ \*Entry Code: \_\_\_\_\_ \*Percent Enrolled: \_\_\_\_\_

\* Last School Attended: \_\_\_\_\_ Last Date Attended (Former School): \_\_\_\_\_

\*PIMS Assessment Participation: \_\_\_\_\_ (Testing codes for grade levels)  
 Codes for Keystone Testing: Keystone testing (winter) \_\_\_\_\_ Keystone testing (spring) \_\_\_\_\_  
 Elementary Bldg. & Summer: Z Code \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

MOUNTAIN VIEW SCHOOL DISTRICT

MEDICAL HISTORY FORM

Child's Name: Last First Middle Sex Grade Birth date: Month Day Year

Address: Number Street Town Phone Number Date

Father's Name: Last First Middle Mother's Name: Last First Maiden

Family Physician Address Phone Number

Dentist Address Phone Number

Hospital Preference City

In case of an emergency and no one can be contacted, I give my permission for my child to receive emergency treatment in the nearest hospital. I will be responsible for charges incurred from this treatment. I understand this information may be made available to the appropriate school/emergency personnel if deemed necessary to promote the health and education of my child.

Signature of parent or guardian

Is your child subject to: (Please circle Yes or No)

Frequent Colds	Yes - No	Chronic Cough	Yes - No
Bronchitis	Yes - No	Vision Problems	Yes - No
Frequent Sore Throats	Yes - No	Poor Posture	Yes - No
Speech Difficulties	Yes - No	Emotional Problems	Yes - No
Earaches or Infections	Yes - No	Extreme activity or restlessness	Yes - No
Heart Murmur	Yes - No		

Has your child had:

Eye Disease	Yes - No	Temper Tantrums	Yes - No
Eye Injury	Yes - No	Head Injury	Yes - No
Eye Glasses Prescribed	Yes - No	Severe Fall	Yes - No
Difficulty Sleeping	Yes - No	Frequent Falls	Yes - No
Special Diet	Yes - No	Broken Bones	Yes - No
Type Diet _____		Hearing Problems	Yes - No

Birth of Child:

Long Labor	Yes - No	Illness of mother during pregnancy	Yes - No
Premature	Yes - No	Medications during pregnancy	Yes - No
# of weeks premature	_____	Name _____	
Gestational Diabetes	Yes - No	Toilet Trained - bladder	Yes - No
Breech Birth	Yes - No	- bowel	Yes - No

Complications after pregnancy Yes - No  
 Development: Age Crawled \_\_\_\_\_  
 Age Walked \_\_\_\_\_

Age Talked \_\_\_\_\_

Does Your Child Have a History of: (Please circle or complete year)

Allergy (specify) _____	Latex allergy _____	Whooping Cough _____
ADD/ADHD _____	Dental Problems _____	Chickenpox _____
Asthma _____	Scarlet fever _____	Operations: _____
Epilepsy _____	Seizures _____	Appendix removed _____
High fever _____	T. B. _____	Tonsils/Adenoids removed _____
Enuresis (bed wetting) _____	Tonsillitis _____	Hernia _____
Encopresis (unable to control bowel movements) _____		Cleft palate/lip _____

Hospitalizations \_\_\_\_\_

Family History: (Please circle)

T.B.	Kidney Conditions	Asthma	Blindness	Emotional Issues
Cancer	Heart Disease	Epilepsy	Deafness	Eye Glasses Worn
HIV/Aids	Diabetes	Allergies		

Please list other childhood diseases, accidents, or problems: \_\_\_\_\_

1. Is your child on any medication now or previously: Yes - No  
Name of Medication \_\_\_\_\_

2. Did you provide immunization records today when registering? Yes - No

3. Is your child allergic to bee stings? \_\_\_\_\_ Does child need: Benadryl \_\_\_\_\_ Epi-pen \_\_\_\_\_

4. Does your child have other allergies? \_\_\_\_\_ What? \_\_\_\_\_

5. Has your child ever had a seizure? \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_

6. Any other medical problems that the school should be aware of? \_\_\_\_\_

7. Does your child need any modifications (health related) to perform successfully in the school environment?  
Ex. assistance with locomotion, wheelchair, catheterization, special diet, etc. \_\_\_\_\_

8. Last school your child attended \_\_\_\_\_

Address/Telephone Number \_\_\_\_\_

PLEASE LIST OTHER CHILDREN LIVING IN HOUSEHOLD -- Name and Birth date

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

STUDENT REGISTRATION BUS FORM

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

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Circle One: Male Female

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

Township: \_\_\_\_\_

Driving direction from the ELEMENTARY SCHOOL BUILDING to your home:

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

Does a Mountain View School District Bus go by your house? \_\_\_\_\_  
If yes, do you know the bus number? \_\_\_\_\_

If there are any other students in your household that attend Mountain View School District please list them: \_\_\_\_\_  
\_\_\_\_\_

If there is a neighbor that has students that attend Mountain View School District, please list the students names: \_\_\_\_\_  
\_\_\_\_\_

For Business Office use only: Bus Assigned: _____ Roster Addition: _____ Versa Tran Addition: _____ Bus Assignment Sheet Sent to driver and Offices:
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## Educational Background Form

To assist us in serving the needs of your student, please read over all of the services listed below. Place a check next to any and all that apply or have applied to your student at any point in his/her academic career. If your student does not need any special services, please check the appropriate item. Thank you for providing this information.

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

Student Age: \_\_\_\_\_

Student Grade Level: \_\_\_\_\_

<input type="checkbox"/> My student does not need any special services.
---

<input type="checkbox"/>	Child Study	<input type="checkbox"/>	Gifted Classes
<input type="checkbox"/>	Title I Math	<input type="checkbox"/>	Help in Regular Class
<input type="checkbox"/>	Title I Reading	<input type="checkbox"/>	Help in Special Class
<input type="checkbox"/>	Vision	<input type="checkbox"/>	504
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	IEP
<input type="checkbox"/>	Speech	<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	
<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	
<input type="checkbox"/>	Counseling Services	<input type="checkbox"/>	
<input type="checkbox"/>	Wrap Around Services	<input type="checkbox"/>	

Previous School Attended: \_\_\_\_\_

Contact Person At Previous School: \_\_\_\_\_

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

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



## HOME LANGUAGE SURVEY

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

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

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

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

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

### Questions for Parents or Guardians

Is a language other than English spoken in the child's home?

Yes  No

Does your child communicate in a language other than English?

Yes  No

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

\_\_\_\_\_

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

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

Interpreter Provided Yes  No

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

# Pennsylvania Migrant Education Program Family Survey



Versión en español al otro lado de la hoja

The Migrant Education Program (MEP) is authorized by Title 1, Part C of the Elementary and Secondary Education Act (ESEA). The Pennsylvania MEP (717-783-6466) provides a variety of educational services to families who work in agriculture, **regardless of their nationality**. This program is **free of charge** to all eligible families and **may** include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed. A program employee may contact you for further information if needed. All responses are **confidential** and will be used for educational purposes only.

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

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

1. In the past three years, has your family lived in another Pennsylvania school district, another state, and/or another country?  
 Yes \_\_\_\_\_ (continue to #2)      No \_\_\_\_\_ (stop here)

2. In the past three years, has anyone in your household had a job working with any of these products (not including your own property) on a farm, in a field, in a greenhouse, in a nursery, or in a factory?  
 Please circle all that apply.



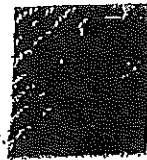
**Livestock**  
(cattle, pigs, sheep, dairy, etc.)



**Eggs**



**Chickens**



**Crops**  
wheat, corn, soybeans, etc.



**Vegetables**



**Dairy**



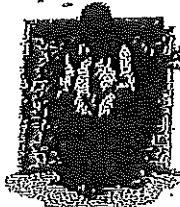
**Nursery, Sod, Greenhouse**



**Fruits**



**Hay**



**Trees, Timbers, Plants, Flowers**



**Soil Preparation**



**Processing**  
(meat, fruit, vegetables, trees, etc.)

3. Parents' Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list all children in the household younger than 22 years of age:

Name	Date of Birth	Grade	School



# El Programa de Educación de Migrante de Pennsylvania

Encuesta de Padres



English version on other side

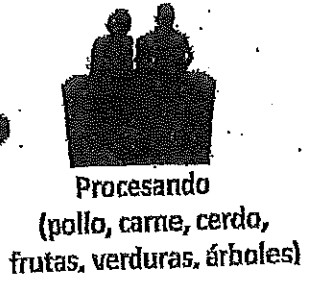
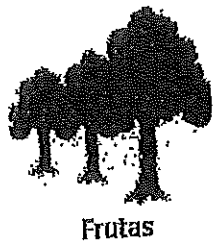
El Programa de Educación de Migrante está autorizado por el Título 1 de la Parte C de la Ley de Educación Primaria y Secundaria (ESEA). La oficina Regional de Pennsylvania (717-783-6466) se proporciona una variedad de servicios educativos a las familias que trabajan en la agricultura, **sin importar su nacionalidad**. Este programa **es gratis** para todas las familias elegibles y **puede incluir** tutoría, elegibilidad de almuerzo gratis, viajes educativos, programas del verano, actividades para padres, referencias para emergencias y otros servicios como sea necesario. Un empleado del programa se contactará con usted si necesita más información. Todas las respuestas son **confidenciales** y solo se usarán para propósitos educativos.

Nombre del niño: \_\_\_\_\_

Fecha de cumpleaños: \_\_\_\_\_ Nivel: \_\_\_\_\_ Escuela: \_\_\_\_\_

1. ¿En los últimos tres años, ha vivido su familia en otro distrito escolar en Pennsylvania, en otro estado, o en otro país?  
 Sí \_\_\_\_\_ (siga al #2) No \_\_\_\_\_ (pare aquí)

2. ¿En los últimos tres años, ha trabajado alguien en su familia en cualquiera de los trabajos abajo (sin incluir su propia propiedad), en una granja, en el campo, en un invernadero, en un vivero, o en una fábrica?  
 Por favor ponga círculos alrededor de todos que se aplican:



3. Nombre de los padres: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Por favor anota a todos los niños menos de 22 años de edad en la casa:

Nombre	Fecha de nacimiento	Nivel	Escuela

# MOUNTAIN VIEW SCHOOL DISTRICT

Elementary School  
11748 State Route 106  
Phone (570) 434-2181  
Fax (570) 434-2755

Superintendent/Business Office  
11748 State Route 106  
Kingsley, Pennsylvania 18826-6941

Jr./Sr. High School  
11749 State Route 106  
Phone (570) 434-2501  
Fax (570) 434-9582

Phone (570) 434-2180

Fax (570) 434-2404

Date \_\_\_\_\_

Berkheimer Tax Administrator  
50 North 7<sup>th</sup> Street  
Bangor, PA 18013

To Whom It May Concern:

Listed below are the name(s) of the parent(s) of a student(s) who have recently entered the Mountain View School District. By sending this information to you, we assume that it will be used for the sole purpose of updating the Earned Income Tax rolls for the Mountain View School District. If you intend to use this information for anything other than Earned Income Tax purposes, we would require this intent in writing.

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation (Specific) \_\_\_\_\_

Township or Borough \_\_\_\_\_

\*\*\*\*\*

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation (Specific) \_\_\_\_\_

Township or Borough \_\_\_\_\_

Sincerely,

Dr. Michael S. Elja, Superintendent

MSE:bm

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

# MOUNTAIN VIEW SCHOOL DISTRICT

Elementary School  
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Fax (570) 434-9582

Phone (570) 434-2180

Fax (570) 434-2404

Date \_\_\_\_\_

Chief Assessor  
Susquehanna County Board of Assessment  
Court House  
Montrose, PA 18801

Listed below are the name(s) of the parent(s) of a student(s) who have recently entered the Mountain View School District. By sending this information to you, we assume that it will be used for the sole purpose of updating the tax rolls for the Mountain View School District. If you intend to use this information for anything other than tax purposes, we would require this intent in writing.

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation (Specific) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation (Specific) \_\_\_\_\_

Township or Borough \_\_\_\_\_

Sincerely,

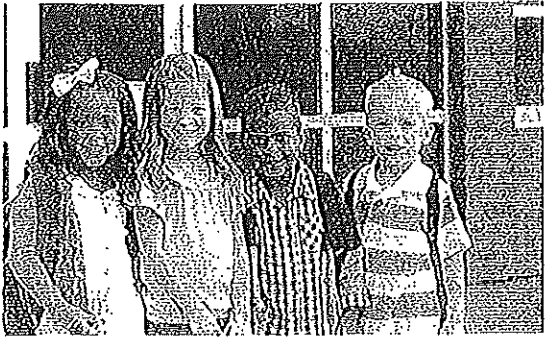
Dr. Michael S. Elia, Superintendent

MSE:bm

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

# SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

## FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis\* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)\*\*
- 2 doses of measles, mumps, rubella\*\*\*
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

\*Usually given as DTP or DTaP or if medically advisable, DT or Td

\*\* A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose

\*\*\*Usually given as MMR

**ON THE FIRST DAY OF SCHOOL**, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

• If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

• If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

• The medical plan must be followed or risk exclusion.



## FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

**ON THE FIRST DAY OF 7TH GRADE**, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

## FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

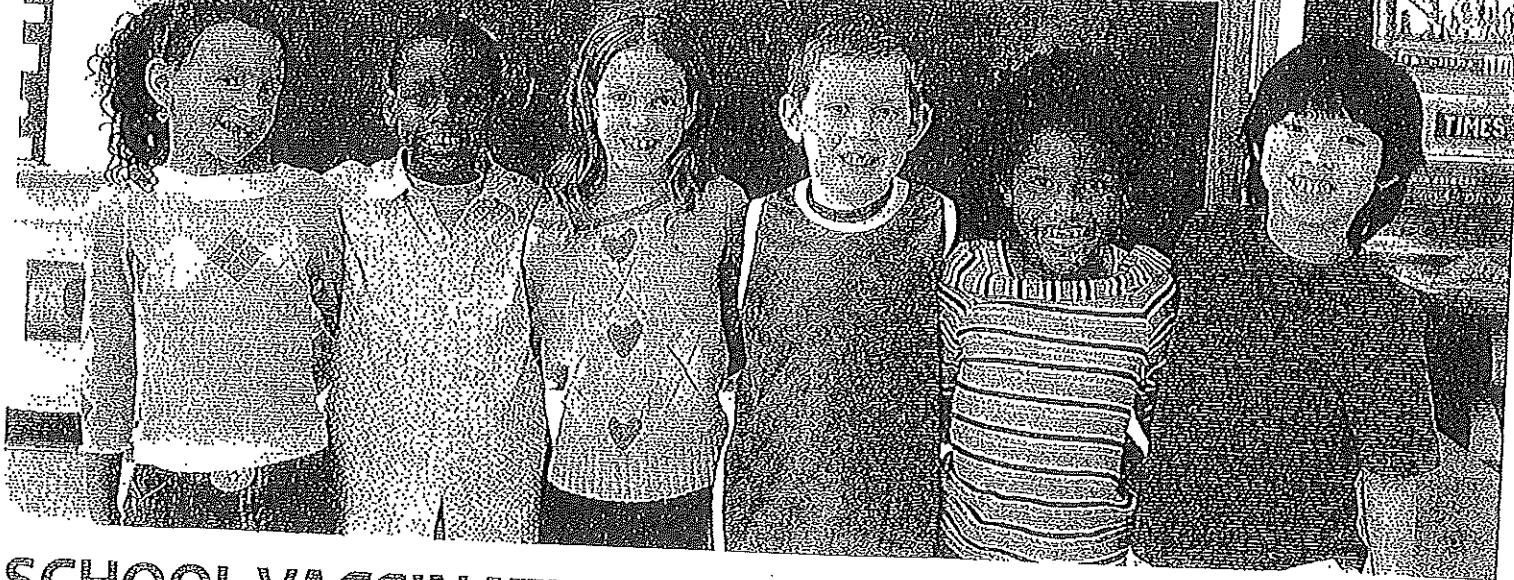
**ON THE FIRST DAY OF 12TH GRADE**, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

**The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.**

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

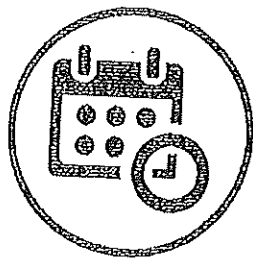


# Don't Wait. Vaccinate.



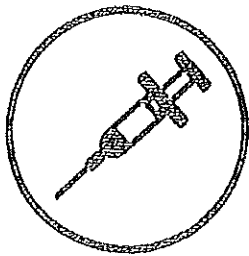
## SCHOOL VACCINATION INFORMATION FOR PARENTS

The Department of Health is changing school immunization regulations beginning in August 2017. The regulations are intended to ensure that children attending school in the commonwealth are adequately protected against potential outbreaks of vaccine preventable diseases.



### A CHILD MUST HAVE REQUIRED VACCINES OR RISK EXCLUSION FROM SCHOOL.

A child must have the required medically-appropriate vaccines or a plan to complete those vaccines or risk exclusion from school. A child may still obtain medical, religious or philosophical exemption from meeting the immunization requirements. Talk to your child's pediatrician about the vaccines your child needs to attend school.



### NEW VACCINATION REQUIREMENTS:

- combination form for diphtheria and tetanus;
- pertussis vaccination;
- combination form for measles, mumps and rubella; and
- meningococcal conjugate vaccine for entry into 12th grade, or in an ungraded school, in the school year the child turns 18.

For more information on the vaccines your child needs to attend school, visit [dontwaitvaccinate.pa.gov](http://dontwaitvaccinate.pa.gov) or talk to your child's pediatrician.

[dontwaitvaccinate.pa.gov](http://dontwaitvaccinate.pa.gov)



pennsylvania  
DEPARTMENT OF HEALTH