BLUE MOUNTAIN
SCHOOL DISTRICT

Dear Parent/Guardian:

Welcome to the Blue Mountain School District. Please read the registration forms carefully and be sure to include the required documents that are listed below to complete the registration. Note that the person registering the student (signing the forms) must reside in the District and the Proof of Residency needs to be in that person's name. (See below for more information.)

BIRTH CERTIFICATE

- Original Birth Certificate
- Baptismal certificate
- Copy of the record of baptism-notarized or duly certified and showing the date of birth
- Notarized statement from the parents or another relative indicating the date of birth
- Valid passport

PROOF OF RESIDENCY "ONE" of the following:

- Copy of deed
- Copy of lease
- Copy of property tax bill
- Construction Contract (90 days after which the parent/guardian must be inhabiting)

If none of the above forms are available, "TWO" of the following documentation forms will be accepted:

- Copy of valid vehicle registration
- Copy of valid driver's license
- Copy of utility bill (TV/cable, electric, phone, etc.) **[within the last 30 days]**
- Copy of credit card bill **(within the last 30 days)**
- Copy of DOT identification card
  NOT ACCEPTED – Junk mail or photocopies of a mailing envelope received from a utility company, credit card or vehicle registration.

All of the above forms must confirm the address provided on the enrollment forms. The only other option to confirm residency is for the BMSD resident to complete and have notarized a Residency Affidavit.

ANY COURT DOCUMENTATION

- Custody Order

PHOTO ID OF THE PARENT OR GUARDIAN

CHILD'S IMMUNIZATION RECORDS

In most states, children are required to have all recommended immunizations PRIOR to entering school. In Pennsylvania, regulations will allow for a **5 day** provisional grace period. Students must be fully immunized within 5 days of starting kindergarten.

Please make note of the following:

- Students who are not compliant may be excluded from school until requirements are met.
- Parents may still request exemption based on a religious or philosophical belief or provide a medical exemption due to a health condition.

AUTOMATED SCHOOL ALERTS
The Blue Mountain School District utilizes an automated notification system, SchoolMessenger, to notify parents/guardians of important information regarding your child/children's school including: school delays, closing, emergencies, absences, etc. If you are listing a work number on the enrollment form, the system cannot dial extensions or transfer from a switchboard.

In addition to SchoolMessenger we have a separate notification system called Eagle Express. Parents/guardians, family members, etc. are encouraged to subscribe through the District's website (www.bmsd.org) to receive emails from your child's specific school building related to events going on within the building, from the District (emails related to entire district), and Community (emails of events within the community).

If during the course of the school term it is necessary to close school, announcements will be made via the SchoolMessenger Alert System (phone/text/email messaging), Eagle Express, the District's Facebook account and broadcast over local TV stations listed below. When adverse weather conditions develop during school hours, the stations will be advised and will announce the time of dismissals.

TV Stations
WNEP – Channel 16 (Wilkes-Barre/Scranton)
WBRE – Channel 28 (Wilkes-Barre/Scranton)

Parents are urged to devise and discuss a plan of action for young children when no one is home during early dismissals, delays or closings.

POWERSCHOOL
Parent portal gives parents/guardians access to real-time student information including attendance, grades and detailed assignment descriptions, school bulletins, transportation and even personal messages from the teacher. The parent portal can be accessed via the mobile app from any Android or iOS device.

KINDERGARTEN REGISTRATION & PREVIOUSLY HOME SCHOOLED STUDENTS
The School Health Law requires that a current physical examination (well child visit with your doctor) and a current dental examination be completed prior to entry into school. You may choose to have these examinations done privately or through the school Physician and Dentist free of charge. We strongly recommend, however, that these examinations be done by your family Physician and Dentist, since they can best evaluate your child's health and assist you in obtaining any necessary treatments and corrections.

Should you choose to have these examinations done privately, I have attached the necessary forms for completion. The examinations should take place no sooner than **one year** prior to the start of school in August. Please return the completed forms as soon as possible.

If you choose to have these examinations completed in school, you will be notified of the date and you will be required to sign a permission slip.

STUDENT HANDBOOK – BUILDING SPECIFICS
Please refer to each building's webpage for specifics regarding that building's dress code, drop off and pick up times, bell schedule, etc.

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.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.

pennsylvania
DEPARTMENT OF HEALTH

STUDENT REGISTRATION QUESTIONNAIRE

Completed by Parent / Guardian

Student's **LEGAL** Name, according to birth certificate or other court record

_____ _____ _____ _____

Last First Middle (Jr, Sr, III, etc.)

Current Grade_____ Gender ❑Female ❑Male Date of Birth_____/_____/_____

Student's Birth City and State_____ Country_____

Biological Mother's Name_____

Biological Father's Name_____

Is the student Hispanic or Latino? ❑Yes ❑No

Race (check all that apply) ❑Asian ❑American Indian/Alaskan Native ❑White
❑Black or African American ❑Native Hawaiian/Other Pacific Islander

Physical Primary Residence

Student Resides With: ❑Both parents ❑Mother Only ❑Father Only ❑Guardian

Student's primary residence:

Name_____	Name_____
Relationship to Student_____	Relationship to Student_____
Address_____	Address_____
_____	_____
Employer_____	Employer_____
Please indicate primary & secondary number to be called:	Please indicate primary & secondary number to be called:
❑Home Phone_____	❑Home Phone_____
❑Work Phone_____	❑Work Phone_____
❑Cell Phone_____	❑Cell Phone_____
Email_____	Email_____

Does student have a secondary residence? ❑Yes ❑No
If yes, please provide information_____

_____

_____

Sibling Information (school age and younger)

Name	**Grade/Age**	**Birthdate**	
_____	_____	_____	❑Male ❑Female
_____	_____	_____	❑Male ❑Female
_____	_____	_____	❑Male ❑Female
_____	_____	_____	❑Male ❑Female

Custody Information (complete only when student does not reside in same household with biological parents)

A COPY OF THE ORDER IS TO BE SUPPLIED TO THE SCHOOL

Do you, as custodial parent/guardian, have **LEGAL** custody through a court order? ❑Yes ❑No ❑Pending

If pending, date finalization is expected _____ (please inform school when finalized)

If yes, does the court order restrict who the student can be released to? ❑Yes ❑No

If yes, does the court order limit access to school records? ❑Yes ❑No

Any additional information regarding custody of which the school should be aware? _____

_____

Additional parent mailing requested for non-custodial parent? ❑Yes ❑No

Military

Is the student's parent and/or guardian an active duty member of a branch of the armed forced (Army, Navy, Air Force, Marine Corp, Coast Guard) including full-time Reserve or National Guard duty?

❑Yes ❑No

Technology

Our 1:1 electronic device program is for all students in grades Kindergarten through 12. Devices and internet are used for homework, flexible instruction days, etc. Do you currently have internet at your residence?

❑Yes ❑No

If No, is internet coverage available at your residence? ❑Yes ❑No, please explain _____

_____

School Messenger

Blue Mountain School District utilizes an automated notification system to notify parents/guardians of important information regarding your child/children's school including: school delays, closing, emergencies, absences, etc. If you are listing a work number, the system cannot dial extensions or transfer from a switchboard. In order to receive a text message, please opt-in by texting the word "YES" to 68453 from each wireless device listed that you wish to receive texts on.

SchoolMessenger Number_____	SchoolMessenger Number_____
SchoolMessenger Number_____	SchoolMessenger Number_____
Email_____	Email_____

School History

Previous School Attended_____ Phone Number_____

Dates of Attendance_____ Grade Level(s) Attended_____

Street Address, City, State and Zip _____

Other School(s) Attended	Dates and Grades
_____	_____
_____	_____

Support Services

Has your child received any of these support services within the past two years? If yes, check all that apply:

❑Title I Math Services ❑Title I Reading Services ❑English as a Second Language ❑Homeless Services

Special Education Support Services

Has your child received any of these special education services within the past two years? If yes, check all that apply:

❑Services through a Gifted Individualized Education Plan (GIEP) ❑Services through a 504 Plan

❑Special Education Services through an IEP

Do you have copies of your child's IEP, Evaluation, Re-evaluation, Reports or other records? ❑Yes ❑No

Transportation

Bus routes are developed based on the number of students living in a specified area and on counts of students who have previously ridden the bus from that area. If students who do not live in a bus route area ride the bus, the result may be over crowding of a bus or under utilization of a bus in another area. Kindergarten and first grade students cannot be dropped off if there is not a parent or guardian seen to be waiting at the bus stop. If a parent cannot be reached, our policy is to return the student to the sending school.

If you need to adjust a bus stop at any time during the school year, please email transportation at mrkanger@bmsd.org or call 570-366-0515 ext 1027 as soon as possible. Please allow 24 to 48 hours for the transportation change.

Does your student attend a daycare? ❑Yes ❑No

If Yes, please provide the name and location of the daycare.

Name _____

Location _____

Do biological parents reside in the same household? ❑Yes ❑No

If **Yes**, please provide bus location below. Note, AM & PM bus stops do not need to be the same.

AM Location _____

PM Location _____

If **No**, please provide bus location below. Note, split families allow for Mother and Father to each have an AM & PM bus stop which do not need to be the same. Also please indicate which day of the week this location is to be used.

Primary Custody AM Location _____
❑Monday ❑Tuesday ❑Wednesday ❑Thursday ❑Friday

Primary Custody PM Location _____
❑Monday ❑Tuesday ❑Wednesday ❑Thursday ❑Friday

Secondary Custody AM Location _____
❑Monday ❑Tuesday ❑Wednesday ❑Thursday ❑Friday

Secondary Custody PM Location _____
❑Monday ❑Tuesday ❑Wednesday ❑Thursday ❑Friday

Parental Registration Statement

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 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."

Please complete the following:

I hereby swear or affirm that my child ____Was or ____Was Not previously suspended or expelled, ____ or is not presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. 13 - I 304A(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)

Reason for suspension/expulsion _____

Parent/Guardian Signature_____ **Date**_____

Any willful false statement made above shall be misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record. Any false statement made above shall be reported to the Superintendent of School with a recommendation of removal from Blue Mountain School District. 24 P.S. 13-131 7.2

Name of Parent/Guardian_____ Relationship to Student_____
PLEASE PRINT

Signature of Parent/Guardian_____ Date_____

For Office Use Only

Date of District Entry	Date of School Entry	Date of Entry to PA	Date of Entry to US
Entry Grade in BMSD	School	Date of Entry to 9th Grade	Homeroom/Teacher
Verification of Residency:	❑Lease/Rental Agreement ❑Real Estate Tax Bill ❑Other _____	❑Deed/Property Sale Agreement ❑Income Tax Form	
Verification of Birth Date:	❑Birth Certificate ❑Hospital Certificate	❑Baptismal Certificate ❑Driver's License	❑Passport ❑Other _____
BMSD Student ID Number		PA Secure ID Number	
Bus Information (not necessary for BMSD Virtual Academy Students):			
Bus Stop _____	Bus Number _____	Special Transportation Concerns _____	

PARENT/STUDENT RELEASE FORM

Photograph, Video, Digitized Image, Voice Recording & Artwork

As part of the Blue Mountain School District's promotion of school activities or recognition of student achievement, district staff members or the news media may photograph or video individual students or groups of students, while they are engaged in school activities not normally open to the public. Your child's photographic image, digital/digitized image (meaning any scanned images of art or other work, digital photographic images, sound/voice or computer generated files) may appear in district publications, presentations, social media and/or the internet. All digital images, productions and content published on the internet become the property of the Blue Mountain School District. I understand any photographs of my child appearing on the official Blue Mountain website will not identify my child by his/her full name.

If this form is not completed, signed and returned to your child's school, your child's image will not be published.

If you decline to have your child's photograph published, your child's picture will NOT be published in any Memory Book or Yearbook.

Please check your preference in the following applicable statement for student:

Student Name: _____ Grade: _____

❒Yes ❒No My child's image (photograph or video) may be reproduced on district publications, newspapers or newscasts.

❒Yes ❒No My child's image (photograph or video) may be reproduced on district social media (Facebook, Twitter, etc.).

❒Yes ❒No My child's first and last name may be used to identify his/her photograph or video.

❒Yes ❒No My child's voice recording may be published on district publications or newscasts.

❒Yes ❒No My child's artwork may be published in district publications, newspapers or newscasts.

❒N/A ❒Yes ❒No I, the student identified below, am 18 years of age or older and give consent for the release of photographs, video, voice recordings or artwork of/by me by the district staff or the news media to publicize district activities not normally open to the public or to recognize student achievement.

Device Protection Plan

2025-2026 Non-refundable Student Device Protection Plan cost is $30

Students are issued a device and charger to be used during class, virtual learning and/or summer credit recovery program. The Blue Mountain School District Acceptable Use Policy is available on the District website under policy #815.

Student and/or Parent should inspect device and charger upon initial receipt of the items and notify the school right away of any physical damage or problems found. For example, cracked iPad or laptop screen, charger doesn't consistently charge device when plugged in, headphone jack not working, etc. Purchasing a generic charger (wire and block) for use with my BMSD given device is not permitted.

The plan covers repair items to the device, case, or charger. Items that are lost or determined to be broken due to misuse, neglect, or intentional damage, are not covered under the plan and will be invoiced at cost. The plan is evaluated on a yearly basis and subject to change. The plan goes into effect when the school office receives both the signed form and payment. You must be registered in the plan prior to any damaged item needing repair. The plan does not have to be purchased the first day of school; must be purchased prior to first repair item.

Please sign and return this form along with payment if you want to purchase the Student Device Protection Plan.

Please pay via cash, check, or money order. Credit cards are **NOT** accepted.
Checks are made payable to: Blue Mountain School District
All checks should have the student's name(s) written on them in the memo.

Please fill out completely and return to the School Office

Student's Name _____

Grade _____ Homeroom _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

☐ Please check this box if you choose to purchase the protection plan
Payment Submitted ❒ Cash ❒ Check #_____

☐ Please check this box if you do **NOT** choose to purchase the protection plan

Protection Plan not purchased:

- Damages are billed at cost. Please refer to the cost sheet for pricing.

Protection plan details:

- 1st item damaged - no charge for covered device
- 2nd item damaged - $50 (unless the cost of the repair is less)
- 3rd item damaged and beyond - full cost of repair
- Theft or lost – full replacement cost

2025-2026 COST SHEET
Grades K through 2 - iPads

If Student Device Protection Plan was purchased:	
# incident needing non-warranty repair during the same school year	**Amount**
First incident of accidental damage (including charger)	No charge
Second of accidental damage	$50 (unless repair is less)
Third and above incident of accidental damage	Cost of repair
Total loss due to extensive damage, loss, or theft	$340
If Student Device Protection Plan was not purchased, non-warranty repairs will be charged as follows:	
Broken Screen (Device Replacement)	$340
Bent Device (Device Replacement)	$340
Charging Port	$100
Headphone Jack	$75
Bent Device	$340
Case	$30
Charger Block	$20
Charging Wire	$20

Note: For any damage determined to be misuse, neglect, intentional damage, or lost/stolen device, the cost of the actual repair or replacement of the device will be billed at cost even if Student Device Protection Plan is purchased.

2025-2026 COST SHEET
Grades 3 through 9 - Chromebooks

If Student Device Protection Plan was purchased:	
# incident needing non-warranty repair during the same school year	**Amount**
First incident of accidental damage (including charger)	No charge
Second incident of accidental damage	$50 (unless repair is less)
Third incident of accidental damage and beyond	Cost of repair
Total loss due to extensive damage, loss, or theft	$350
If Student Device Protection Plan was not purchased, non-warranty repairs will be charged as follows:	
Replace Motherboard	$200
Entire Screen Assembly	$115
LCD Panel	$50
Screen Bezel	$20
Palm Rest Top Cover w/keyboard	$65
Palm Rest Top Cover wo/keyboard	$35
Keyboard Only	$25
Touchpad Only	$20
Back Cover	$30
Bottom Cover	$30
Protective Case	$30
Screen Hinge Set (incl. cover)	$20
Camera	$20
A/C Adapter Replacement	$35

Note: For any damage determined to be misuse, neglect, intentional damage, or lost/stolen device, the cost of the actual repair or replacement of the device will be billed at cost even if Student Device Protection Plan is purchased.

BLUE MOUNTAIN SCHOOL DISTRICT HEALTH SERVICES
EMERGENCY CARE INFORMATION
PLEASE FILL OUT IN BLUE OR BLACK INK

It is parent/guardian's responsibility to provide transportation from the school for any child who becomes ill or suffers an injury in school.

Please circle one: Male/Female **Grade/Homeroom** _____

Student's Name: Last First Middle Birthdate

Address Home Phone Number

Biological Father's Name: Last First Contact Number Email

Address if different from student: _____

Biological Mother's Name: Last First Contact Number Email

Address if different from student: _____

Does student live ***in the same residence*** with both biological parents? YES / NO ***If NO***, is there a custody court order available. YES/ NO

Student Resides with: **(*IF SAME AS ABOVE, SKIP THIS SECTION)***

Name Relationship to student Contact Number Email

Name Relationship to student Contact Number Email

PLEASE PROVIDE WORK CONTACT INFORMATION FOR PARENT/GUARDIAN WITH WHOM STUDENT LEGALLY RESIDES

Mother/Guardian Place of Employment_____

Working Hours: From_____ to _____ Employer Telephone No. _____

Father/Guardian Place of Employment _____

Working Hours: From_____ to _____ Employer Telephone No. _____

Give names/grades siblings in school: _____

List names of other people to be contacted who have the authority to assume the responsibility for the welfare of a child if **parent/ guardian cannot be contacted. It is desirable to list relatives or friends who are available to pick up the student from school if necessary.

1._____
NAME Relationship to Student Contact Number

2._____
NAME Relationship to Student Contact Number

Parent/Guardian Signature _____ **Date _____**
(PLEASE DO NOT PRINT)

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE

*****If it should be necessary to summon a physician before parent/guardian can be contacted, please provide the following:**

Physician _____ Telephone No._____

*** If emergency services are initiated, your child will be transported to the closest available facitily deemed appropriate by EMS.

PARENT AUTHORIZATION FOR ADMINISTERING
FIRST AID and TYLENOL
By AUTHORIZED SCHOOL PERSONNEL

I, the parent/guardian of _____ authorize the Blue Mountain School District to **provide first aid services to my child** as stated in the Standing Orders as prescribed by the Blue Mountain School District school physician and in accordance with the Blue Mountain School District Policy.

Parent /Guardian Signature_____ Date_____

Please sign below if you wish to have a standing order for your child to have Tylenol (acetaminophen) as prescribed by the school physician in the Blue Mountain School District Standing Orders.

My son/daughter _____ **may have Tylenol**, the dosage to be determined by the child's age /weight as stated in the Blue Mountain School District Standing Orders.

Parent /Guardian Signature_____ Date_____

Health History Information: If yes, please explain.

Yes	No	
____	____	Prematurity, Low Birth Weight, Other Problems at Birth _____
____	____	Serious Operations/Accidents _____
____	____	Seizures/Convulsions_____
____	____	Asthma_____
____	____	Diabetes_____
____	____	Heart (cardiac) Problems_____
____	____	Behavioral/Psychological Diagnoses (AD/HD, ODD, Autism, etc.) _____
____	____	Migraine Headaches_____
____	____	Food or Drug Allergy_____ Benadryl or Epi-Pen
____	____	Bee Sting Allergy_____ Benadryl or Epi-Pen
____	____	Dog Allergy _____Benadryl or Epi-Pen
____	____	Physical Therapy/Occupational Therapy_____
____	____	Speech Therapy_____
____	____	Glasses/Contacts/Other Vision Problems_____
____	____	History of Hearing Loss/Tubes_____
____	____	Condition Limiting Physical Education _____
____	____	Any other Activity Restrictions _____
____	____	Any other Chronic/Recurrent Conditions _____
____	____	Presently Taking Medications - Please List _____

****Any parent/guardian desiring to see a copy of the Blue Mountain School District Standing Orders should consult their child's school nurse.**

BLUE MOUNTAIN
SCHOOL DISTRICT

REQUEST FOR INFORMATION

I hereby authorize the Blue Mountain School District to receive information concerning

_____, _____ from _____
(Student's Name) (Grade) (Previous School or Agency)

The following information is requested (please check all that apply):

- ❒ School Records (including transcript/grades at time of withdrawal)
- ❒ Discipline Records
- ❒ PA Secure ID (Pennsylvania schools only)
- ❒ Medical Records
- ❒ Dental Records
- ❒ Custody Information
- ❒ Special Education Records: IEP, Evaluation Report, Re-Eval Report, NOREP, Progress Reports, 504 Plan, GIEP, Psychological Report, and Neurological Report

_____ _____
(Signature of Parent / Guardian) (Date)

Send all information to:

❒ Mrs. Jodie Heffner
Elementary East
675 Red Dale Road
Orwigsburg, PA 17961
Email: jeheffner@bmsd.org
Fax #: (570) 366-1797

❒ Mrs. Ashley Devlin
Elementary West
20 North Front Street
Friedensburg, PA 17972
Email: andevlin@bmsd.org
Fax #: (570) 739-4822

PARENT VERIFICATION FOR STUDENT RELEASE
School Year _____

❒ Elementary East ❒ Elementary West

FOR THE SAFETY OF YOUR CHILD, ALL PERSONS PICKING UP CHILDREN DURING THE SCHOOL DAY MUST REPORT TO THE OFFICE. PLEASE BE PREPARED TO SHOW PICTURE IDENTIFICATION.

_____ _____ _____

Student's Last Name **First Name** **Homeroom**

The following people have my permission to pick up my child for appointments, at the end of the school day, or for emergencies. (PLEASE LIST YOURSELF!). If this changes in any way, it is my responsibility to inform the school.

Name	**Relationship**	**Home Ph #**	**Cell Ph #**	**Work Ph#**
_____	_____	_____	_____	_____
Parent/Guardian				
_____	_____	_____	_____	_____
Parent/Guardian				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If applicable …) The following people, for legal or custody reasons, **MAY NOT** under any circumstances pick my child up at 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 this 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

1. Is a language other than English spoken in the child's home? ☐ No ☐ Yes (language) _____

2. Does your child communicate in a language other than English? ☐ No ☐ Yes (language) _____

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

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided ☐ No ☐ Yes

EARNED INCOME TAX INFORMATION FOR RESIDENTS OF THE BLUE MOUNTAIN SCHOOL DISTRICT

As you may know, school districts in Pennsylvania have tax revenue sources other than real estate taxes from which they may obtain funds to support schools and education. Authority for levying these additional taxes was granted to local school districts and municipalities by the Pennsylvania General Assembly in 1965 through passage of the Local Tax Enabling Act (LTEA) commonly referred to as "Act 511". The earned income tax or "wage tax" is usually a tax of one percent 1% on gross wages and/or net profits from a business or profession. In Home Rule communities, the tax rate may vary and can even be higher than one percent (1%). Typically, individuals who receive "earned income" including salaries, wages, commissions, bonuses, incentive payments, fees, tips and /or other compensation for services rendered whether in cash or property are subject to the tax. In addition, those who conduct businesses, professions, and other activities for profit MUST pay tax on the net profit derived from their operation after deductions have been made of all costs and expenses incurred in conducting said businesses.

Berkheimer Tax Administrator, Inc. (Berkheimer) is the appointed earned income tax officer for the Blue Mountain School District and the municipalities which compromise the school district. As the appointed earned income tax collector, Berkheimer is charged with the duty of administering the school districts, townships and/or boroughs taxes. This includes collecting the tax, establishing rules and regulations to fairly enforce such tax and creating accurate tax records and accounts for each taxpayer.

On reverse side, is the Earned Income Tax Registration Form. A completed registration form will fulfill your registration requirements under the earned income tax rules and regulations adopted by the Blue Mountain School District and your resident municipality. More importantly, this information will ensure that your tax dollars are sent to your home taxing jurisdiction. ALL residents should complete this form regardless of employment status (unemployed, retired, college student, military personnel, or homemaker). If you have recently moved, please give your current and former address.

Most resident taxpayers will have this deducted by their employers. However, if you work in a jurisdiction where it is NOT WITHHELD, or you are self-employed, you will have to PAY THE TAX DIRECTLY TO BERKHEIMER. Your completed registration form will be forwarded to BERKHEIMER, who will create an accurate tax account reflecting your correct reporting status and send you the necessary tax forms.

We appreciate your cooperation in completing the registration form. If you have any questions, you may contact Berkheimer directly at 1-866-701-7206 or 570-752-4878.

BLUE MOUNTAIN SCHOOL DISTRICT

EARNED INCOME TAX REGISTRATION FORM

Your Name:_____ Spouse's Name:_____

Your Social Security No:_____ Your Social Security No:_____

Phone Number:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Resident Municipality (please check the Borough or Township in which you reside)

Borough:

❒Auburn ❒Cressona ❒Deer Lake ❒New Ringgold ❒Orwigsburg

Township:

❒East Brunswick ❒North Manheim ❒Wayne ❒West Brunswick

List **ALL** Residents 18 Years and Over	Sex M/F	Date of Birth Month/Day/Year	Employer's Name and Address	Withheld From Pay? Y/N	Other*

*If you have no earned income please indicate reason why: retired, homemaker, temporarily unemployed, disabled, student, minor

Date you moved to above address:_____

Did you move here from another Pennsylvania location? ❒Yes ❒No

If yes, please list the previous address and resident school district:_____

_____

Your Signature:_____ Date:_____

Spouse's Signature:_____ Date:_____

ELEMENTARY DRESS AND GROOMING POLICY

Purpose:

The Board recognizes its paramount obligation to provide for the health, safety, and welfare of the students who attend its schools. The Board further recognizes its responsibility to maintain a positive learning environment in the schools under its jurisdiction and to minimize the opportunity for distraction and/or disruption. The Board believes that a dress policy will address the issues related to the health, safety, and welfare of the students attending its schools and will further aid in the maintenance of a positive learning environment.

Authority:

Although the School Code does not require that the reasons or justification be stated by any local Board of School Directors, the reasons for adoption of this policy include, but are not limited to:

1. Increase school safety.
2. Promotion of a positive work ethic.
3. Promotion of civility and respect.
4. Avoidance of peer pressure regarding dress.
5. Decrease the distractions of teasing, bullying, hazing, or other harassment.
6. Identification of nonresident students.
7. Reduction of cost of clothing for students.

Delegation of Responsibility:

The Superintendent shall develop procedures to implement this policy, which designates the building principal to monitor student dress and grooming in his/her building and enforce school rules concerning dress and grooming in accordance with the district's discipline policy. School administrators have the final responsibility for interpretation and enforcement. School administrators may use their discretion to designate specific days that permit students to wear other types of clothing.

Applicability:

All students will be subject to this dress policy. All students must report to school daily attired in compliance with the provisions of this dress policy. There is to be no changing of clothes in school or on any school property prior to the beginning of the school day, or at the end of the school day, unless it is for physical education, sports teams, extracurricular activities, or as authorized by the building administrator.
The dress policy shall be in effect during the regular school year, during regular school hours, and at any school-sponsored event during regular school hours.

The following dress and grooming guidelines apply to all students in grades K-5:

The Blue Mountain Elementary Schools encourage its students to wear clothing that is clean, neat and of appropriate length for an academic environment. The following types of clothing are banned:

• Vulgar, offensive messages. Clothing that is offensive to staff and fellow students. Clothing that contains messages that are vulgar, offensive, obscene, or libelous; that denigrate others on the basis of race, color, religion, creed, national origin, gender, sexual orientation, or disability; that promote alcohol or drug use or violence; or that are otherwise contrary to the school's educational mission.

• Clothing that presents a safety hazard. Students may not wear any apparel that could pose a threat to the health, safety, or welfare of the school community. No chains, spiked or choke collars may be worn or carried at any time; this includes wallet chains, etc.

• Hats, caps, bandannas and similar headwear are not to be worn in district buildings except for medical or religious purposes with administrative approval.

• Brief and/or revealing clothing. Students must recognize that brief and/or revealing clothing is not appropriate apparel in school. The following guidelines on brief clothing are examples and do not cover all situations. Students shall not wear tank tops, halter tops, garments with spaghetti straps or strapless garments. Garments that are "see -through", cut low, or expose one's midriff are not acceptable. Sleeveless garments must extend to the end of the shoulders and fit closely under the arms. Skirts and shorts must not be shorter than the student's fingertips when his/her arms are held at his/her side.

• Undergarments must not be visible.

• Sagging Pants. Students shall not wear pants or shorts that when fastened sag or fit below the waist. All pants and shorts must fit around the waist and be properly fastened.

• Excessive length or baggy clothing (includes but is not limited to trench coats) is not permitted. Unless there are heating problems, all jackets/coats must be kept in lockers and not worn during the school day.

• Shoes should be safe and appropriate for an active child. Flip flops, slippers, backless shoes and Heelies or other sneakers with wheels are not permitted.

CHILDREN'S RESPONSIBILITIES

Children's responsibilities include regular school attendance, conscientious effort in classroom work, and conformance to school rules and regulations. Most of all, children share with the administration and faculty a responsibility to develop a climate within the school that is conducive to wholesome learning and living.

No child has the right to interfere with the education of his/her peers. It is the responsibility of each child to respect the rights of teachers, children, administrators, and all others who are involved in the educational process.

Children should express their ideas and opinions in a respectful manner.

It is also the responsibility of the children to conform to the following:

1. Be aware of all rules and regulations for behavior and conduct themselves in accordance with them. Children should assume that, until a rule is waived, altered or repealed in writing, it is in effect.
2. Volunteer information in matters relating to the health, safety, and welfare of the school community and the protection of school property.
3. Dress and groom so as to meet fair standards of safety and health, and not cause substantial disruption to the educational processes.
4. Assist the school staff in operating a safe school for all students enrolled therein.
5. Comply with Commonwealth and local laws.
6. Exercise proper care when using public facilities and equipment.
7. Attend school daily and be on time at all classes and other school functions.
8. Make up work when absent from school.
9. Pursue and attempt to complete satisfactorily the courses of study prescribed by Commonwealth and local school authorities.
10. Report accurately and not use indecent or obscene language verbally or in writing.

BLUE MOUNTAIN
SCHOOL DISTRICT

INTEGRATED PEST MANAGEMENT NOTICE

The Blue Mountain School District uses an Integrated Pest Management (IPM) approach for managing insects, rodents and weeds. Our goal is to protect every student and/or employee from pesticide exposure by using an IPM approach to pest management. Our IPM approach focuses on making the school building and grounds an unfavorable habitat for these pests by removing food and water sources and eliminating their hiding and breeding places. We accomplish this through routine cleaning and maintenance. We routinely monitor the school building and grounds to detect any pests that are present. Pest sightings are reported to our IPM coordinator who evaluates the pest problem and determines the appropriate pest management techniques to address the problem. The techniques can include increased sanitation modifying storage practices, sealing entry points, physically removing the pest, etc.

From time to time, it may be necessary to use appropriately labeled, EPA approved materials to manage a pest problem. These materials will only be used when necessary, and will not be routinely applied. These scheduled applications will be made only after normal school hours. Notices will be posted in these areas 72 hours prior to application and for two days following the application.

Parents or guardians of students enrolled in the school or employees of the school may request prior notification of these scheduled applications. To receive notification you must be placed on the school notification registry. If you would like to be placed on the registry, please notify the district by letter. Please include your email address if you would like to be notified electronically. All letters should be sent to: IPM Coordinator, Blue Mountain School District, PO Box 188 685 Red Dale Road, Orwigsburg, PA 17961.

If unscheduled applications must be made to control an emergency pest problem (eg. Stinging insects), persons on this registry will be notified as soon as possible after the emergency application.

Exemptions to notification include disinfectants and anti-microbial products; self-containerized baits placed in areas not accessible to students, and gel type baits placed in cracks, crevices or voids; and swimming pool maintenance materials.

Each year the district will prepare a new notification registry.

BLUE MOUNTAIN
SCHOOL DISTRICT

Jason C. Lilly, Ed.D.
Superintendent of Schools

Kristin N. Frederick
Assistant Superintendent of Schools

Re: Title 1 Services for Grades Kindergarten through 3rd Grade

Dear Parent(s)/Legal Guardian(s):

Your child attends Blue Mountain School District, which receives Federal Title 1 funds to assist students in meeting state achievement standards. Throughout the school year, we will be providing you with important information about this law and your child's education. This letter lets you know about your right to request information about the qualifications of the classroom staff working with your child.

At Blue Mountain School District, we are very proud of our teachers and feel they are ready for the coming school year and are prepared to give your child a high-quality education. As a Title 1 school, we must meet federal regulations related to teacher qualifications as defined in ESSA. These regulations allow you to learn more about your child's teachers' training and credentials. We are happy to provide this information to you. At any time, you may ask:

- Whether the teacher met state qualifications and certification requirements for the grade level and subject he/she is teaching.
- Whether the teacher received an emergency or conditional certificate through which the state qualifications were waived, and
- What undergraduate or graduate degrees the teacher holds, including graduate certificates and additional degrees, and major(s) or area(s) of concentration.

You may also ask whether your child receives help from a paraprofessional. If your child receives this assistance, we can provide you with information about the paraprofessional's qualifications.

The Every Student Succeeds Act (ESSA) which was signed into law in December 2015 and reauthorizes the Elementary and Secondary Education Act of 1956 (ESEA) includes additionally right to know requests. At any time, parents and family members can request:

- Information on policies regarding student participation in assessments and procedures for opting out, and
- Information on required assessments that include
    - Subject matter tested,
    - Purpose of the test,
    - Source of the requirement (if applicable),
    - Amount of time it takes students to complete the test, and
    - Time and format of disseminating results.

Our staff is committed to helping your child develop the academic knowledge and critical thinking he/she needs to succeed in school and beyond. That commitment includes making sure that all our teachers and paraprofessionals meet applicable Pennsylvania state requirements.

If you have any questions about your child's assignment to a teacher or paraprofessional, please contact Mrs. Katie Hubiak, Principal at Blue Mountain East at 570-366-1065 or Mr. Thomas Bonner, Jr., Principal at Blue Mountain West at 570-739-4461.

Sincerely yours,

Dr. Jason Lilly, Ed.D., Superintendent of Schools

685 Red Dale Road, Orwigsburg, Pennsylvania 17961
570-366-0515 jclilly@bmsd.org knfrederick@bmsd.org www.bmsd.org

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