



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.



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	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> 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 forces (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 tjgerlott@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 9 th Grade	Homeroom/Teacher
Verification of Residency:	<input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Real Estate Tax Bill <input type="checkbox"/> Other _____	<input type="checkbox"/> Deed/Property Sale Agreement <input type="checkbox"/> Income Tax Form	
Verification of Birth Date:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Certificate	<input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport <input type="checkbox"/> 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 _____	



BLUE MOUNTAIN SCHOOL DISTRICT

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.

<u>Name</u>	<u>Relationship</u>	<u>Home Ph #</u>	<u>Cell Ph #</u>	<u>Work Ph#</u>
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



BLUE MOUNTAIN SCHOOL DISTRICT

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:

- 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 *2023-2024 School Year*

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 AUP 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 repairs to the device, case, or charger. Items that are lost or maliciously broken are not covered under the plan. The plan is evaluated on a yearly basis and subject to change. You must be registered in the plan prior to an incident for the repair to be covered by the plan. The Plan does not have to be purchased the first day of school; must be purchased prior to first repair.

Please sign and return with payment if you want to purchase the Student Device Protection Plan at your earliest convenience. However, it will not be honored post damage.

2023-2024 Non-refundable Student Device Protection Plan cost is \$30.

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.

Student's Name _____

Grade _____

Parent/Guardian Signature _____

Date _____

Protection Plan not purchased:

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

Protection plan details:

- 1st incident of accidental damage - no charge for covered device
- 2nd incident of accidental damage - \$50 (unless the cost of the repair is less)
- 3rd incident of accidental damage and beyond - full cost of repair
- Theft, lost, damage beyond repair – full device replacement cost

NOTE: Any damage determined to be caused by misuse, neglect, intentional damage, as well as lost/stolen devices, the full cost of the actual repair or replacement of the device will be billed even if the Student Device Protection Plan has been purchased.

2023-2024 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	\$330

If Student Device Protection Plan was not purchased, non-warranty repairs will be charged as follows:

Device Replacement	\$330
Broken Screen	\$330
Headphone Jack	\$75
Charging Port	\$100
Bent Device	\$330
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.

BLUE MOUNTAIN SCHOOL DISTRICT
ELEMENTARY SCHOOL HEALTH FORM

Child's Name: _____ Date of Birth: _____

Please circle: BOY GIRL

Does your child have a history of any of the following conditions? If so, please explain type of medical treatment.

YES NO

_____	_____	Prematurity, Low Birth Weight, Other Problems at Birth _____	
_____	_____	Serious Operations/Accidents _____	
_____	_____	Seizures/Convulsions _____	
_____	_____	Asthma _____	
_____	_____	Diabetes _____	
_____	_____	Heart (cardiac) Problems _____	
_____	_____	ADD/ADHD/Asperger's/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
_____	_____	Condition Limiting Physical Education _____	
_____	_____	Physical Therapy/Occupational Therapy _____	
_____	_____	Speech Therapy _____	
_____	_____	Glasses/Contacts/Other Vision Problems _____	
_____	_____	History of Hearing Loss/Tubes _____	
_____	_____	Any other restrictions on activity _____	
_____	_____	Any other Chronic/Recurrent Conditions _____	
_____	_____	Presently Taking Medications _____	

****Please see informational packet regarding proof of immunizations required before your child can start school and physical and dental exams required for kindergarten.****

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20 _____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD			DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F
Last	First	Middle		

ADDRESS _____

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given					
	DOSES					BOOSTERS & DATES
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /	
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /	
Measles, Mumps, Rubella	1 / /	2 / /				
Hepatitis B	1 / /	2 / /	3 / /			
HIB	1 / /	2 / /	3 / /			
Varicella	1 / /	2 / /				Varicella Disease or Lab Evidence Date: _____
Other _____						

- MEDICAL EXEMPTION** The physical condition of the abovenamed child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION** (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:
Parent/Guardian notified of significant findings on _____ Date _____.

Result of Diagnostic Studies: _____ Date _____.

Preventive Anti-Tuberculosis - Chemotherapy ordered. No Yes _____ Date _____

Significant Medical Conditions

	Yes	No	If Yes, Explain
Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination

• Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

_____ Date of Examination

_____ Signature of Examiner

_____ **Print** Name of Examiner

_____ Address

_____ Telephone Number

H514.027 (2/2023)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20__

<u>NAME OF STUDENT</u>			<u>AGE</u>	<u>SEX</u>	<u>GRADE</u>	<u>SECTION/ROOM</u>
Last	First	Middle		M F		

ADDRESS

No. and Street City or Post Office Borough/Township County State Zip

REPORT OF EXAMINATION

		<u>TOOTH CHART</u>																
		<u>RIGHT</u>								<u>LEFT</u>								
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6C</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13J</u>	<u>14</u>	<u>15</u>	<u>16</u>	
<u>UPPER</u>					<u>A</u>	<u>B</u>		<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>					<u>Upper</u>
<u>LOWER</u>		<u>32</u>	<u>31</u>	<u>30</u>	<u>29</u>	<u>28</u>	<u>27</u>	<u>26</u>	<u>25</u>	<u>24</u>	<u>23</u>	<u>22</u>	<u>21</u>	<u>20</u>	<u>19</u>	<u>18</u>	<u>17</u>	<u>Lower</u>
<u>EXAM</u>	<u>UPPER</u>																	<u>Upper</u>
	<u>LOWER</u>																	<u>Lower</u>

Untreated Decay: No Yes

Treated Decay: No Yes

Any Sealants on Permanent Molars: No Yes

Treatment Urgency: None Early Urgent

Date of Dental Examination

Signature of Dental Examiner Print Name of Dental Examiner

Address of Dental Examiner



KINDERGARTEN QUESTIONNAIRE

Date _____

Child's Name _____ Name to be used in school _____

FAMILY BACKGROUND

With whom does your child reside? _____

If this is not a full-time residence, please explain: _____

Are there any legal/custody/guardianship issues we should be aware of? Yes No

If yes, please explain _____

Are there restrictions on who your child may be released to? Yes No

If yes, please explain _____

List below any others that live in the child's home.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Has there been a divorce, death, or illness in the family which might affect your child? Yes No

If yes, please explain _____

SOCIAL EXPERIENCES

1. Has your child attended:

		Age	Years Attended	Hours in Setting
Nursery School	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pre-School	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Day Care	<input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Did your child experience any problems during his/her Pre-School experience? Yes No

3. Does your child play: quietly or actively?

4. With whom does your child play:
 Older Children? Yes No
 Younger Children? Yes No
 Alone? Yes No
5. Does your child play mostly:
 By him/her self? Yes No
 With children of same age? Yes No
 With boys? Yes No
 With girls? Yes No
6. Would you say your child is a: leader or a follower?
7. What activities does your child enjoy outdoors? _____
8. What activities does your child enjoy indoors? _____
9. Does your child enjoy watching television? Yes No
10. What programs are his/her favorite(s)? _____
11. Does your child enjoy books? Yes No
12. Do you read to your child? Yes No How often? _____
13. Is your child able to remember songs and rhymes? Yes No
14. Has your child had experiences with paints and crayons? Yes No
15. Does your child select the clothing he/she wears? Yes No
16. Do you celebrate birthdays and traditional holidays in your home? Yes No
17. Is there any reason why your child **cannot** pledge to the flag? Yes No
- If yes, please explain _____

DEVELOPMENT

1. Does your child have any health problems the school should be aware of? Yes No
 If yes, please explain _____
2. Does your child have any food allergies? Yes No
 If yes, please explain _____

3. At what age did your child:
 Walk alone? _____
 Feed him/her self? _____
 Talk in sentences? _____
4. Is your child: right or left handed?
5. Does your child dress him/her self? Yes No
6. Please check the items your child can do:
 button tie shoes snap
 zip lace shoes fasten
7. Is your child able to skip? Yes No
8. Is your child able to print his/her first name? Yes No
9. Is your child aware of dangers such as fire, electricity, traffic, and strangers? Yes No
10. Is your child able to be in a new or strange situation without any undue show of fear?
 Yes No
11. Can your child take care of his own toilet needs? Yes No
12. Does your child wet the bed: Occasionally Rarely Never
13. Check the characteristics that apply to your child:
 Cries easily Temper tantrums Fearful in new situations
 Sulks Shy Sleeping problems
 Daydreams Bites nails Eating problems
 Whines Easily angered Does not like to share
 Sucks thumb Jealous None of these
14. Describe your child's readiness for school: _____

15. What are your child's strengths? _____

16. What are your child's weaknesses? _____

SCHOOL ADJUSTMENT

- 1. Is your child able to sit still and listen to a story for 5-10 minutes? Yes No
- 2. Does your child listen without interrupting while someone else talks? Yes No
- 3. Is your child able to share and take turns? Yes No
- 4. Does your child know his/her phone number? Yes No
Address? Yes No
- 5. What else would you like your child's teacher to know about your child? _____

- 6. Would you be interested in helping in the classroom for one hour per week? Yes No
- 7. Would you be interested in occasionally sending a food ingredient for the classroom cooking program? Yes No
- 8. When is the best time to meet with you?
Mother morning afternoon evening any time
Father morning afternoon evening any time

PLEASE REMEMBER:

You are encouraged to contact your child's teacher regarding anything you feel might affect your child's education.

ADDITIONAL COMMENTS:



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: _____

KINDERGARTEN

INFORMATION PACKET

The attached items are for your information and should be kept at home.

- Is My Child Ready for Kindergarten and Schedule
- Too Sick for School
- Medication Information Sheet
- Permission Form for Medication Administration
- Inhaler/Epinephrine Auto-Injector Agreement
- Elementary Dress Code
- Transportation Information
- Notice of Special Education Awareness and Evaluation
- Volunteer Information



Is my Child Ready for Kindergarten?

Contrary to popular belief, reaching your fifth birthday does not mean that you are ready for kindergarten. All Children develop at different paces and being five does not necessarily mean that your child is ready to come to school and be part of the full day kindergarten program. Unlike the kindergarten classrooms of years ago, students in kindergarten spend a large portion of their day doing academic tasks. If your child is not ready to handle such expectations, he/she may become frustrated and may not like coming to school.

Many parents ask, do I have to send my child to school because he/she is five? The answer to that is NO! If you feel that your child is not ready for kindergarten, it is best that you wait another year until he/she is more ready to handle what is expected. Perhaps your child needs another year at a part-time daycare in order to get used to being away from home and you. Perhaps he/she needs to spend some time with other children in order to first learn how to get along with his/her peers before being asked to learn colors, letters, numbers, basic sight words, and to even write simple sentences on their own.

You as the parent are the best qualified to make the decision as to whether or not your child is ready. The following list can help you to guide your decision.

Your child should be able to:

- Take care of all bathroom needs on his/her own
- Sit quietly for at least ten minutes and listen to a story and be involved in a learning activity for approximately thirty minutes
- Express his/her needs clearly enough to ask for help
- Share with other children
- Be separated from you for at least part of the day on a regular basis
- Follow simple rules/routines
- Eat independently
- Assume responsibility for his/her belongings

If you have any questions or concerns, please feel free to call us at the Blue Mountain Elementary Schools. We would be happy to help you as your child begins a long and prosperous educational career!

BLUE MOUNTAIN SCHOOL DISTRICT
KINDERGARTEN SCHEDULE
8:30 A.M. – 3:10 P.M.

Opening Activities: calendar, skill review, character development, perception development

Academic Work Periods:

- ◇ Reading Readiness: listening and responding to a variety of literature
- ◇ Math: number work, measuring, working with manipulatives, counting and exploring numbers and sets
- ◇ Language Arts: phonemic activities, sight word practice, word rings, guided reading and independent reading
- ◇ Kid Writing: producing the beginning stages of writing through the use of student journals, wipe boards, class books, project writing
- ◇ Unit time: health, science and social studies, student-made unit booklets, and various school related resources
- ◇ Handwriting: producing letter and number in proper formation and learning the beginning stages of sentence writing
- ◇ Foundations: teacher incorporate a 30-minute daily Foundations lesson into their language arts classroom instruction. Foundations lessons focus on carefully sequenced skills that include print knowledge, alphabet awareness, phonological awareness, phonemic awareness, decoding, vocabulary, fluency, and spelling. Critical thinking, speaking and listening skills are practiced during Story time activities.

General Activities:

- ◇ Story time
- ◇ Play time
- ◇ Crafts and Projects
- ◇ Music and Movement
- ◇ Book Making-class books and individual student booklets relating to particular topic of study

Lunch

Recess

Special Activities

- ◇ Art
- ◇ Music
- ◇ Library
- ◇ Physical Education
- ◇ Chorus
- ◇ Computers

Title I Remedial Reading is available

Closing Activities:

- ◇ End of the day wrap up

Too Sick for School?



Below are some guidelines to help you make the decision about when to keep your child home from school. They were developed to help prevent the spread of potentially contagious disease.

Keep your child home if he/she has any of the following symptoms:

<u>Symptom</u>	<u>Explanation</u>
Fever	Greater than 100.5 F. May return when fever-free for 24 hours (WITHOUT the use of fever-reducing medication).
Vomiting	Any unexplained episode in the past 24 hours. May return 24 hours after last episode.
Diarrhea	Three or more unexplained episodes of watery or loose stools in 24 hours OR sudden onset of loose stools. May return 24 hours after last episode.
Rash	Any new rash accompanied by a fever. May return after rash goes away or clearance given by a health care provider.
Skin Lesions (Sores)	Drainage from a sore that cannot be contained within a bandage OR sores are increasing in size OR new sores are developing day-to-day.
Cough	Serious, sustained coughing, shortness of breath, or difficulty breathing.
Other	Symptoms that prevent the student from active participation in usual school activities OR student is requiring more care than school staff can safely provide.
Eye Health	Pink/Red eyes with exudate or discharge. May return after 24 hours of treatment and/or no further discharge.

Home is the best place for a child who is ill. If your child is sick with a diagnosed communicable disease, please notify the school nurse as soon as possible. This notification will greatly assist others who, due to medical reasons and/or treatments, have weakened immune systems and may require immediate and specialized care.

Blue Mountain School District

School Health Services



Dear Parent/Guardian:

The Blue Mountain School District adopted a new Medication Policy effective April 24, 2014. A copy of the full policy is available on the District's website.

Please note the following:

- Medication shall include all medicines prescribed by a licensed provider AND any over the counter medicines.
- Any medication given requires both a parent signature and a written order of the licensed prescriber. (Medication permit forms are available in the health offices.)
- Students may possess and use asthma inhalers and epinephrine auto injectors, but will still be required to have a medication permit paper on file in the health room. All other medication will be stored in the health room.
- All medication shall be brought to the nurse's office by the parent or guardian or another adult designee. The medication will be logged in with the date, amount of medication, and signatures of parent/guardian/adult designee delivering the medication and the school health personnel receiving the medication.
- All medication shall be stored in the original pharmacy container.
- Non-prescription medication must be delivered in original packaging and labeled with student's name.
- The District shall not store more than a 30 day supply of an individual student's medication.
- Any discontinued or unused medication will be returned to the parent/guardian with the above mentioned required signatures.

Any questions, please call your school nurse.

**BLUE MOUNTAIN SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

PERMISSION FORM FOR MEDICATION ADMINISTRATION

Student _____ D.O.B _____ Grade/HmRm _____

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER

Name of Medication _____ Dose _____ Time _____

Reason for Medication _____

Form of Medication/Treatment:

Tablet/Capsule Liquid Injection Nebulizer Other _____

Start: Date form received Other date _____

Stop: End of School Year Other date _____

For Episodic/Emergency events only

Note any restrictions and/or important side effects: _____

No restrictions and/or side effects anticipated

Please indicate if you have provided additional information and attach it directly to this form: Yes No

Date _____ Signature of Physician _____

Physician's Name (Print): _____

Address: _____

Phone: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

I give permission for (student) _____ to receive the above medication at school according to standard school policy.

Date _____ Signature _____ Relationship _____

PLEASE SEE REVERSE SIDE FOR FURTHER INHALER/EPI-PEN INFORMATION

BLUE MOUNTAIN SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

Inhaler/Epinephrine Auto-Injector Agreement

Name of Student _____ Grade _____ Homeroom _____

Diagnosis _____

Medication/Dosage _____

Time: _____ Route of administration _____

I verify that this student is qualified and capable of carrying and self-administering the above medication as deemed necessary by his/her medical condition and prescribed by me.

Date _____ Physician's Signature _____

As the parent/guardian of above named student, I relieve the school district and its employees of any responsibility for the benefits or consequences of the above listed medication when it is physician prescribed and parent/guardian authorized. I further acknowledge that the school bears no responsibility for ensuring that the medication is taken. I am aware that any improper use/sharing of the above named medication will result in the immediate confiscation of the inhaler/auto injector and loss of privilege to self-administer if the medication policy is violated.

Date _____ Parent/Guardian Signature _____

The following information will be completed by the student and the school nurse

To self medicate, the student must be able to: (check all that apply)

- ___ 1. Identify his/her medication
- ___ 2. State his/her signs and symptoms requiring need for medication
- ___ 3. Demonstrate the proper technique for self-administering his/her medication
- ___ 4. I will never allow another student to use my medication
- ___ 5. I will notify the school nurse each time I use my inhaler or Epi-Pen
- ___ 6. I understand that if I do not follow these rules, I will lose the privilege to carry my medication

The above named student has demonstrated the ability to self-administer the physician prescribed medication as indicated by the criteria listed above.

Date _____ Nurse's Signature _____

I agree to be solely responsible for my asthma inhaler/auto-injector and to follow the directions for its use as ordered by my physician, as well as the district's medication policy. I am aware that any abuse of this privilege will result in the confiscation of my inhaler/auto-injector.

Date _____ Student's Signature _____

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 on a daily basis 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.



Transportation Information

Dear Parent/Guardian:

When you enroll your child, you automatically register them for transportation. Please encourage your child to ride the bus during the first week of school so that they can become familiar with the bus procedures and their driver. Be assured that Blue Mountain School District is committed to providing safe, efficient and reliable transportation services for your children.

If you think your child's bus is late or has arrived early, call the Transportation office. They can radio the driver and check on the location of the bus. If your child loses an item on the bus, concerns about bus and driver safety should all be directed to the Transportation office.

Bus Stop Basics

All students are assigned to a centrally located bus stop that efficiently accommodates all students within the allotted time. District policy allows for a maximum walking distance of a 1/2 mile to a bus stop. Students should be at the bus stop at least 5-10 minutes before the bus is scheduled to arrive and stay off the road when waiting so the driver has room to stop. Please bear in mind that adverse weather conditions, traffic or occasional mechanical problems can delay buses.

Children are picked up and dropped off at the same bus stop. Students may not ride another bus route to or from school with another student for any reason. If they are to be dropped off at an alternate location (i.e., daycare center), please notify the Transportation Coordinator. School bus drivers do not have authority to change bus routes or student stops. A parent or other designated adult must meet kindergarten and first grade students upon arrival at the bus stop at the end of the day. A designated adult is someone selected by you and placed on file with the school and/or bus driver. If circumstances dictate that another person pick up your child on a given day, you must notify the school in writing. Drivers are instructed not to release kindergarten or first grade students if no designated individual is at the stop. In the event this happens, the school will attempt to contact the parent/guardian. If necessary, the driver will return the child to their assigned school building.

In the event of an emergency situation, a student may be granted permission to get off the bus at an alternate location on the same bus route. In this case, the Transportation office must be contacted prior to the time of the occurrence with an explanation of the emergency.

Conduct

The school day begins and ends at the bus stop, therefore the same rules and expectations for behaving in a safe, responsible and respectful manner apply on the bus. Audio/Video recorders may be placed on board school vehicles to be a deterrent against acts of misconduct, thus providing a safer environment for students and drivers. Inappropriate behavior on the bus will result in logical consequences that may include suspension from the bus. Repeated behavioral infractions will be reported to school principals who will determine what actions will be taken. Recorded audio/video recordings capturing misbehavior may be used at conferences with parents/guardians as evidence for disciplinary action.

Ms. Tina Gerlott, Transportation Coordinator
Phone: (570) 968-1709
Email: tjgerlott@bmsd.org



BLUE MOUNTAIN SCHOOL DISTRICT

David H. Helsel, Ed.D.

Superintendent of Schools

"DEDICATED TO EXCELLENCE"

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

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

Your child attends Blue Mountain School District, which receives Federal Title I 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 I school, we must meet federal regulations related to teacher qualifications as defined in ESEA. 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 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 of 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 Mr. Mark Cesari, Principal at Blue Mountain Elementary East at 570-366-1065 or Mrs. Kristin Frederick, Principal at Blue Mountain Elementary West at 570-739-4461.

Sincerely yours,

David H. Helsel, Ed.D.

Superintendent of Schools

085 Red Dale Road - P.O. Box 188 - Orwigsburg, Pennsylvania 17961 - (570) 366-0515 - Fax (570) 366-0838
www.bmsd.org

An Equal Opportunity Employer



Blue Mountain School District

685 Red Dale Road, PO Box 188, Orwigsburg, PA 17961-0279 ~ 570-366-0515 ~ FAX 570-366-0838

Notice of Special Education Services

The Blue Mountain School District provides special education and related service to resident children with disabilities who are ages three through twenty-one. The purpose of this notice is to describe (1) the types of disabilities that might qualify the child for such programs and services, (2) the special education programs and related services that are available, (3) the process by which the Blue Mountain School District screens and evaluates such students to determine eligibility, and (4) the special rights that pertain to such children and their parents or legal guardians.

What types of disability might qualify a child for special education and related services?

Under the Individuals with Disabilities Education Act, commonly referred to as the "IDEA," children qualify for special education and related services if they have one or more of the following disabilities and, as a result, demonstrate a need for special education and related services: (1) intellectual disability, (2) hearing impairments, including deafness, (3) speech or language impairments, (4) visual impairments, including blindness, (5) serious emotional disturbance, (6) orthopedic impairments, (7) autism, including pervasive developmental disorders; (8) traumatic brain injury, (9) other health impairment, (10) specific learning disabilities. If a child has more than one of the above-mentioned disabilities, the child could qualify for special education and related services as having multiple disabilities. Children ages three through nine years old may also be eligible if they have developmental delays and, as a result, need special education and related services.

The legal definitions of these disabilities, which the public schools are required to apply under the IDEA, may differ from those used in medical or clinical practice. Moreover, the IDEA definitions could apply to children with disabilities that have very different medical or clinical disorders. A child with attention deficit hyperactivity disorder, for example, could qualify for special education and related services as a child with "other health impairments," "serious emotional disturbance," or "specific learning disabilities" if the child meets the eligibility criteria under one or more of these disability categories and if the child needs special education and related services as a result.

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, some school age children with disabilities who do not meet the eligibility criteria under the IDEA might nevertheless be eligible for special protections and for adaptations and accommodations in instruction, facilities, and activities. Children are entitled to such protections, adaptations, and accommodations if they have a mental or physical disability that substantially limits or prohibits participation in or access to an aspect of the school program.

Information regarding potential signs of developmental delays and other risk factors that could indicate disabilities please contact the Schuylkill County Intermediate Unit Early Intervention Services, 17 Maple Avenue, MarLin, Pennsylvania 17951. The telephone number for the Early Intervention Program is (570) 544-9131. For school-age students please contact the Blue Mountain School District, Department of Special Education, 685 Red Dale Road, Orwigsburg, PA 17961. The telephone number for the Blue Mountain School District Department of Special Education is (570-366-0515 Ext. 1035).

What programs and services are available for children with disabilities?

The Blue Mountain School District must ensure that children with disabilities are educated to the maximum extent appropriate with their non-disabled peers, commonly referred to as the least restrictive environment. Programs and services available to students with disabilities, in descending order of preference, are (1) regular class placement with supplementary aides and services provided as needed in that environment, (2) regular class placement for most of the school day with itinerant service by a special education teacher either in or out of the regular classroom, (3) regular class placement for most of the school day with instruction provided by a special education teacher in a resource classroom, (4) part time special education class placement in a regular public school or alternative setting, and (5) special education class placement or special education services provided outside the regular class for most or all of the school day, either in a regular public school or alternative setting.

Depending on the nature and severity of the disability, the Blue Mountain School District can provide special education programs and services in (1) the public school the child would attend if not disabled, (2) an alternative regular public school either in or outside the school district of residence, (3) a special education center operated by a public school entity, (4) an approved private school or other private facility licensed to serve children with disabilities, (5) a residential school, (6) approved out-of-state program, or (7) the home.

Special education services are provided according to the primary educational needs of the child, not the category of disability. The types of service available are (1) learning support, for students who primarily need assistance with the acquisition of academic skills, (2) life skills support, for students who primarily need assistance with development of skills for independent living, (3) emotional support, for students who primarily need assistance with social or emotional development, (4) deaf or hearing impaired support, for students who primarily need assistance with deafness, (5) blind or visually impaired support, for students who primarily need assistance with blindness, (6) physical support, for students who primarily require physical assistance in the learning environment, (7) autistic support, for students who primarily need assistance in the areas affected by autism spectrum disorders, and (8) multiple disabilities support, for student who primarily need assistance in multiple areas affected by their disabilities.

Related services are designed to enable the child to participate in or access his or her program of special education. Examples of related services are speech and language therapy, occupational therapy, physical therapy, nursing services, audiologist services, counseling, and family training.

Children of preschool age are served by the Schuylkill County Intermediate Unit in a variety of home and school-based settings that take into account the chronological and developmental age and primary needs of the child. As with school age programs, preschool programs must ensure that to the maximum extent appropriate, children with disabilities are educated with non-disabled peers.

The Blue Mountain School District, in conjunction with the parents, determines the type and intensity of special education and related services that a particular child needs based exclusively on the unique program of special education and related services that the school develops for that child. The child's program is

described in writing in an individualized education program, commonly referred to as an "IEP," which is developed by an IEP team consisting of educators, parents, and other persons with special expertise or familiarity the child. The parents of the child have the right to be notified of and to participate in all meetings of their child's IEP team. The IEP is revised as often as circumstances warrant but at least annually. The law requires that the program and placement of the child, as described in the IEP, be reasonably calculated to ensure meaningful educational progress to the student at all times. IEPs contain, at a minimum, the projected start date and duration for the IEP, a statement of the child's present levels of educational and functional performance, an enumeration of annual goals, a description of the child's progress toward meeting the annual goals will be measured and reported, a statement of the special education, program modifications, and related services to be provided, an explanation of the extent, if any, to which the child will not participate with non-disabled children, the anticipated frequency and location of the services and a statement of any accommodations necessary to measure academic achievement and functional performance of the child on state and district wide assessments. For children aged sixteen and older, the IEP must also include a transition plan to assist in the attainment of post-secondary objectives. The public school must invite the child to the IEP team meeting if a purpose of the meeting will be the consideration of the post-secondary goals and transition services needed for the child.

The Blue Mountain School District shall allow Parents of children with disabilities to have reasonable access to their child's classrooms, so long as such parental access falls within the parameters of the District's visitation policy.

How do the public schools screen and evaluate children to determine eligibility for special education and related services?

Multidisciplinary team evaluation

The Blue Mountain School District must conduct a multidisciplinary team evaluation of every child who is thought to have a disability. The multidisciplinary team is a group of professionals who are trained in and experienced with the testing, assessment, and observation of children to determine whether they have disabilities and, if so, to identify their primary educational strengths and needs. Parents are members of the multidisciplinary team. The Blue Mountain School District must reevaluate school-age students receiving special education services every three years and must reevaluate children with mental retardation and pre-school-age children receiving special education services every two years.

Parents may request a multidisciplinary team evaluation of their children at any time. They must do so in writing. Every public school has a procedure in place by which parents can request an evaluation. For information about the Blue Mountain School District's procedures that to your child, contact the elementary, middle, or high school which your child attends. Telephone numbers and addresses for these schools can be found in the blue pages section of the telephone book under the heading "Schools." Parents of preschool age children, age three through five, may request an evaluation in writing by addressing a letter as follows: Schuylkill County Intermediate Unit, Early Intervention Services, 17 Maple Avenue, MarLin, Pennsylvania 17951. The telephone number for the Early Intervention Program is (570) 544-9131.

Parents of children in private schools may request a multidisciplinary team evaluation of their children without enrolling in the Blue Mountain School District. However, while some services might be available to some private school children who are found eligible by the Blue Mountain School District, the Blue Mountain School District is not required to provide all or any of the special education and related services those children would receive if enrolled in the Blue Mountain School District. If, after an evaluation, the multidisciplinary team determines that the child is eligible for special education and related services, the Blue Mountain School District must offer the parents an IEP and a public school-sponsored placement, unless the parents are not interested in such an offer. If parents wish to take advantage of such an offer, may have to enroll or re-enroll their child in the Blue Mountain School District to do so.

Before the Blue Mountain School District can proceed with an evaluation, it must notify the parents in writing of the specific types of testing and assessment it proposes to conduct, of the date and time of the evaluation, and of the parents' rights. The evaluation cannot begin until the parent has signed the written notice indicating that he or she consents to the proposed testing and assessments and has returned the notice to the public school.

Screening

The Blue Mountain School District undertakes screening activities before referring most students for a multidisciplinary team evaluation. Screening activities could involve an instructional support team, commonly referred to as the "IST," or an alternative screening process. Regardless of the particular screening method employed, the screening process must include (1) periodic vision and hearing assessments by the school nurse as mandated by the School Code and (2) screening at reasonable intervals to determine whether all students are performing based on grade-appropriate standards in core academic subjects.

If screening activities produce little or no improvement within sixty (60) school days, the child will then be referred for a multidisciplinary team evaluation.

For information about the dates of various screening activities in your child's school or to request screening activities for a particular child, contact the local public school directly. Telephone numbers and addresses for these schools can be found in the blue pages section of the telephone book under the heading "Schools." Parents of preschool age children, age three through five, may obtain information about screening activities, or may request a screening of their children, by calling or writing the Schuylkill County Intermediate Unit, Early Intervention Services, 17 Maple Avenue, MarLin, Pennsylvania 17951. The telephone number for the Early Intervention Program is (570) 544-9131.

Private school administrators, teachers, and parent groups, or individual parents of students in private schools, who are interested in establishing systems in those schools for locating and identifying children with disabilities who might need a multidisciplinary team evaluation may contact the Blue Mountain School District or the Schuylkill County Intermediate Unit, 17 Maple Avenue, MarLin, Pennsylvania 17951.

What special rights and protections do children with disabilities and their parents have?

State and federal law affords many rights and protections to children with disabilities and their parents. A summary of those rights and protections follows. Interested persons may obtain a complete written summary of the rights and protections afforded by the law, together with information about free or low cost legal services and advice, by contacting the Blue Mountain School District's special education or student services department at the address and telephone number listed in the blue pages section of the telephone book under the heading "Schools." The written summary is also available through the Schuylkill County Intermediate Unit, Early Intervention Services, 17 Maple Avenue, MarLin, Pennsylvania 17951. The telephone number for the Early Intervention Program is (570) 544-9131.

Rights and Protections

Prior Written Notice. The Blue Mountain School District must notify you in writing whenever it proposes to initiate or to change the identification, evaluation, educational program or placement of a child or whenever it refuses to initiate or make a change in the identification, evaluation, educational program or placement requested by a parent. Such notice must be accompanied by a written description of the action proposed or rejected, the reasons for the proposal or refusal, a description of the evaluation information and other relevant factors used as a basis for the decision, the other options considered, if any, the reasons why such options were rejected and a statement that the parent has the right to procedural safeguards.

Consent. The Blue Mountain School District cannot proceed with an evaluation or reevaluation, or with the initial provision of special education and related services, without the written consent of the parents. However, the Blue Mountain School District may attempt to override the lack of consent for an initial evaluation or reevaluation by requesting the approval of an impartial hearing officer by filing a due process request. Additionally, in the case of a parent's failure to respond to a request to conduct a reevaluation, the Blue Mountain School District may proceed with the proposed reevaluation without parental consent if it can show that it made a reasonable effort to obtain parental consent and that the parent failed to respond. A public school may not seek a hearing to override the refusal of a parent to consent to an initial placement in special education.

Protection in Evaluation Procedures. Evaluations to determine eligibility and the current need for special education and related services must be administered in a manner that is free of racial, cultural, or linguistic bias and in the native language of the child. The evaluation must assess the child in all areas related to the suspected disability and include variety of technically sound instruments, assessment tools and strategies. The assessments and evaluation materials must be used for the purposes for which the assessments or measure are valid and reliable, must be administered by trained and knowledgeable personnel in accordance with any instructions provided by the producer of the assessment and must be talked to assess special areas of need. Moreover, evaluation determinations cannot be based upon any single measure or assessment.

Independent Educational Evaluation. If parents disagree with the evaluation conducted by the Blue Mountain School District, they may request in writing an independent educational evaluation, commonly referred as an "IEE," at public expense. If an IEE is provided at public expense, the criteria under which the IEE is privately obtained must be the same as the criteria that the Blue Mountain School District uses when it initiates an evaluation. If you have any questions or concerns pertaining to Independent Educational Evaluations, please contact the Blue Mountain School District Director of Special Education at 570-366-0515. If the Blue Mountain School District refuses to pay for the IEE, it must immediately request a special education due process hearing to defend the appropriateness of its evaluation.

Due Process Hearing Procedures

The parent or local educational agency, commonly referred to as the "LEA," may request a due process hearing with respect to any matter relating to the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education, commonly referred to as "FAPE". The party requesting the hearing must submit a "Due Process Hearing Request" form to the Office for Dispute Resolution, 6340 Flank Drive, Suite 600, Harrisburg, Pennsylvania 17112; telephone (800) 222-3353; TTY (800) 654-5984. A due process hearing will not proceed until all required information is provided and procedures followed.

Timeline for requesting Due Process. The parent or LEA must request a due process hearing by filing a Due Process Hearing Request within two (2) years of the date to parent or the LEA knew or should have known about the alleged action that forms the basis of the request. There are limited exceptions to this timeline. This timeline will not apply to the parent if the parent was prevented from filing a Due Process Hearing Request due to either (1) specific misrepresentations by the LEA that it had resolved the problem forming the basis of the hearing request, or (2) the LEA's withholding of information from the parent that the LEA was required provide.

Filing and Service of the Due Process Hearing Request. The party requesting the hearing must send a copy of the Due Process Hearing Request to the other party and, at the same time, to the Office for Dispute Resolution by mail addressed to the Office for Dispute Resolution, 6340 Flank Drive, Suite 600, Harrisburg, Pennsylvania 17112, or by electronic mail addressed to ODR.pattan.net, or by facsimile at (717) 657-5983.

Contents of Due Process Hearing Request. The Due Process Hearing Request must contain the following information:

1. The name of the child, the address where the child lives, and the name of the school the child is attending or, if the child is homeless, available contact information for the child and the name of the school the child is attending;
2. A description of the nature of the problem, including facts relating to such problem; and
3. A proposed resolution of the problem to the extent known and available to the party filing the Due Process Hearing Request.

Challenging Sufficiency of the Due Process Hearing Request. The Due Process Hearing Request will be considered to be sufficient unless the party receiving it notifies the Hearing Officer and the other party in writing within fifteen (15) days of receipt that the receiving party believes the Request does not meet the requirements listed above.

Response to Request. If the LEA has not sent a prior written notice, such as a Notice of Recommended Educational Placement, commonly referred to as a "NOREP", to the parent regarding the subject matter contained in the parent's Due Process Hearing Request, the LEA must send to the parent, within ten (10) days of receiving the Due Process Hearing Request, a response including the following information: (1) an explanation of why the LEA proposed or refused to take the action raised in the Hearing Request, (2) a description of other options the Individualized Education Program ("IEP") Team considered, if any, (3) and the reasons why those options were rejected, (4) a description of each evaluation procedure, assessment, record, or report the LEA used as the basis for the proposed or refused action and (5) a description of the factors that are relevant to the proposal or refusal. Filing this response to the parent's Due Process Hearing Request does not prevent the LEA from challenging the sufficiency of the Due Process Hearing Request. If it is the parent receiving the Due Process Hearing Request, then a response to the Due Process Hearing Request must be sent to the other side within ten (10) days of receipt of the request. The response should specifically address the issues raised in the Due Process Hearing Request.

Hearing Officer Determination of Sufficiency of the Due Process Hearing Request. Within five (5) days of receiving a party's challenge to the sufficiency of the Due Process Hearing Request, the Hearing Officer must make a determination based solely on the information contained within the Request whether the Request meets content requirements listed above. The Hearing Officer must immediately notify both parties in writing of his or her determination.

Subject Matter of the Hearing. The party requesting the due process hearing is not permitted to raise issues at the due process hearing that were not raised in the Due Process Hearing Request (or Amended Due Process Hearing Request) unless the other party agrees otherwise.

Resolution Session. Before a due process hearing can take place, the LEA must convene a preliminary meeting with the parent and the relevant member or members of the IEP Team who have specific knowledge of the facts identified in the Due Process Hearing Request in an attempt to resolve those issues without the need to proceed to a due process hearing. This preliminary meeting must be convened within fifteen (15) days of the receipt of the Due Process Hearing Request. A representative of the LEA who has decision-making authority must be present at this meeting. The LEA may not have an attorney attend the meeting unless the parent is also accompanied by an attorney. Parent advocates may attend the meeting. At the meeting, the parent will discuss the Due Process Hearing Request, and the LEA will be provided the opportunity to resolve the Due Process Hearing Request unless the parent and the LEA agree, in writing, to waive this meeting, or agree to use the mediation process. If the parent and LEA resolve the issues in the Due Process Hearing Request at the preliminary meeting, they must put the agreement terms in writing, and both the parent and a representative of the LEA who has the authority to bind the LEA must sign the agreement. The agreement is a legally-binding document and may be enforced by a court. Either the parent or LEA may void the agreement within three (3) business days of the date of the agreement. After three (3) business days, the agreement is binding on both parties.

Amended Due Process Hearing Request. Either the parent or a LEA may amend its Due Process Hearing Request only if the other party consents in writing to the amendment and is given the opportunity to resolve the issues raised in the Due Process Hearing Request through a resolution session, or the Hearing Officer grants permission for the party to amend the Due Process Hearing Request. However, the Hearing Officer may grant this permission not later than five (5) days before a due process hearing occurs.

Timeline for Completion of Due Process Hearing. If the LEA has not resolved the Due Process Hearing Request within thirty (30) days of receiving it, or within thirty (30) days of receiving the Amended Due Process Hearing Request the due process hearing may proceed and applicable timelines commence. The timeline for completion of due process hearings is forty-five (45) days, unless the Hearing Officer grants specific extensions of time at the request of either party.

Disclosure of Evaluations and Recommendations. Not less than five (5) business days prior to a due process hearing, each party must disclose to all other parties all evaluations completed by that date, and recommendations based on the offering party's evaluations that the party intends to use at the due process hearing. Failure to disclose this information may result in a Hearing Officer prohibiting the party from introducing the information at the hearing unless the other party consents to its introduction.

Due Process Hearing Rights. The hearing for a child with a disability or thought to have a disability must be conducted and held in the LEA at a place and time reasonably convenient to the parent and child involved. The hearing must be an oral, personal hearing and must be closed the public unless the parent requests an open hearing. If the hearing is open, the decision issued in the case, and only the decision, will be available to the public. If the hearing is closed, the decision will be treated as a record of the child and may not be available to the public. The decision of the Hearing Officer must include findings of fact, discussion, and conclusions of law. Although technical rules of evidence will not be followed, the decision must be based upon substantial evidence presented at the hearing. A written or, at the option of the parent, electronic verbatim record of the hearing will be provided to the parent at no cost. Parents may be represented by legal counsel and accompanied and advised by individuals with special knowledge or training with respect to the problems of children with disabilities. Parents or parent representatives must be given access to educational records, including any tests or reports upon which the proposed action is based. A party has the right to compel the attendance of and question witnesses who may have evidence upon which the proposed action might be based. A party has the right to present evidence and confront and cross-examine witnesses. A party has the right to present evidence and testimony, including expert medical, psychological, or educational testimony.

Decision of Hearing Officer. A decision made by a Hearing Officer must be made on substantive grounds, based upon a determination of whether the child received a FAPE. In disputes alleging procedural violations, a Hearing Officer may award remedies only if the procedural inadequacies impeded the child's right to a FAPE; significantly impeded the parents opportunity to participate in the decision-making process regarding the provision of a FAPE to the child; or caused a deprivation of educational benefits. A Hearing Officer may still order a LEA to comply with procedural requirements even if the Hearing Officer determines that the child received a FAPE. The parent may still file a Complaint with the Bureau of Special Education within the Pennsylvania Department of Education regarding procedural violations.

Civil Action. A party that disagrees with the findings and decision of the Hearing Officer has the right to file an appeal in state or federal court. In notifying the parties of the decision, the Hearing officer shall indicate the courts to which an appeal may be taken. The party filing an appeal is encouraged to seek legal counsel to determine the appropriate court with which to file an appeal. A party filing an appeal to state or federal court has ninety (90) days from the date of the decision to do so.

Attorney's Fees. A court, in its discretion, may award reasonable attorney's fees to the parent of a child who is a prevailing party or to a State Educational Agency or LEA against the attorney of the parent who files a Due Process Hearing Request or subsequent cause of action that is frivolous, unreasonable, or without foundation, or against the attorney of the parent who continued to litigate after the litigation clearly became frivolous, unreasonable or without foundation; or to a prevailing State Educational Agency or LEA against the attorney of the parent, or against the parent, if the parent's Due Process Hearing Request or subsequent cause of action was presented for any improper purpose, such as to harass, to cause unnecessary delay, or to needlessly increase the cost of litigation. Fees awarded will be based on rates prevailing in the community in which the action or proceeding arose for the kind and quantity of attorney services furnished.

The federal law imposes certain requirements upon the parent and LEA and in some circumstances may limit attorney fee awards. Parents should consult with their legal counsel regarding these matters. The following rules apply: Attorney's fees may not be awarded and related costs may not be reimbursed in any action or proceeding for services performed subsequent to the time of a written offer of settlement to the parent if the offer is made within the time prescribed by Rule 68 of the Federal Rules of Civil Procedures, or, in the case of an administrative hearing, at any time more than ten (10) days before the proceeding begins; the offer is not accepted within ten (10) days; and the court finds that the relief finally obtained by the parent is not more favorable to the parent than the offer of settlement. Attorney's fees may not be awarded for time spent attending any meeting of the IEP team unless the meeting is convened as a result of an administrative proceeding or judicial action. A due process resolution session is not considered to be a meeting convened as a result of an administrative hearing or judicial action, nor an administrative hearing or judicial action for purposes of reimbursing attorney's fees. The Court may reduce the amount of any attorney's fee award when: (a) the parent, or the parent's attorney, during the course of the action or proceeding unreasonably protracted the final resolution of the controversy; (b) the amount of the attorney's fees otherwise authorized to be awarded unreasonably exceeds the hourly rate prevailing in the community for similar services by attorneys of reasonably comparable skill, reputation, and experience; (c) the time spent and legal services furnished were excessive considering the nature of the action or proceeding; or (d) the attorney representing the parent did not provide to LEA the appropriate information in the Due Process Hearing Request. These reductions do not apply in any action or proceeding if the court finds that the State or LEA unreasonably protracted the final resolution of the action or proceeding.

Child's Status During Administrative Proceedings. Except for discipline cases, which have specific rules, while the due process case, including appeal to a court of competent jurisdiction, is pending, the child must remain in his or her present educational placement unless the parent and LEA or State agree

otherwise. If the due process hearing involves an application for initial admission to public school, the child, with parental consent, must be placed in the public school program until completion of all the proceedings, unless the parent and LEA agree otherwise.

Private School Tuition Reimbursement. In some cases, parents of children who were identified by the public school as eligible for special education and related services and who received such services can recover in a due process hearing or from a court an award of private school tuition reimbursement. Parents can also receive such awards if their child was in need of special education and related services but were not offered such services in a timely manner. To obtain an award of tuition reimbursement, parents must notify their public school of their intent to enroll their child in a private school either verbally at the last IEP team meeting prior to withdrawing their child or in writing received by the public school at least ten days prior to the date on which the child is withdrawn from public school. Parents can obtain tuition only when they can prove at a special education due process hearing that (1) the public school failed to offer an appropriate program or placement to the child, (2) the parents therefore placed their child in a private school, and (3) the private school placement was proper. Tuition reimbursement awards can be denied or reduced if the parent's behavior was improper or if the parents delay unreasonably in asserting a claim against the public school in a due process hearing. **Such awards can also be denied or reduced if the parents fail to do one of the following: (1) notify the public school of their intent to place the child in a private school at the last IEP team meeting prior to the planned placement or (2) notify the public school in writing of their intent to place the student in a private school at least ten days before withdrawing the student for that purpose.**

Mediation. Parties may agree to submit their dispute to the mediation process by requesting mediation from the Office for Dispute Resolution. Mediation may be requested in place of or in addition to a due process hearing. If a hearing is also requested, mediation cannot delay the scheduling of the due process hearing, unless the Hearing Officer grants a continuance for that purpose at the request of a party. An impartial, trained mediator facilitates the mediation process, which is scheduled at a time and location convenient to the parties. The parties are not permitted to have attorneys participate in the process. Any resolution reached through mediation must be reduced to writing, which will be binding on the parties.

Rights under Section 504 of the Rehabilitation Act of 1973. As noted above, some students with disabilities who are not in need of special education and related services are nevertheless entitled to adaptations and accommodations in their school program or in the physical environment of school buildings, grounds, vehicles, and equipment, when such adaptations or accommodations are required to enable the student to access and participate meaningfully in educational programming and extracurricular activities. Parents are entitled to a written description of the adaptations and accommodations that the public school is willing to offer. This written description is called a "service agreement" or "accommodation plan." The rights and protections described above under the headings "Notice," "Consent," "Protection in Evaluation Procedures," and "Maintenance of Placement" apply to students receiving adaptations and accommodations under Section 504. Parents who have complaints concerning the evaluation, program, placement, or provision of services to a student may request either an informal conference with the public school or a due process hearing. The hearing must be held before an impartial hearing officer at a time and location convenient to the parents. Parents have the right to request a free written or electronic transcript or recording of the proceedings, to present evidence and witnesses disclosed to the public school, to confront evidence and testimony presented by the public school, to review their child's complete educational record on request before the hearing, to receive a written decision from the hearing officer, and to be represented by counsel or an advocate of their choice. An appeal may be taken from the decision of the hearing officer to a court of competent jurisdiction.

Compliance Complaints. In addition to the above hearing rights, parents and others with complaints concerning the education of a child with disabilities or violations of rights guaranteed by either the IDEA or Section 504 may file complaints with the Pennsylvania Department of Education, which must investigate such complaints and issue written findings and conclusions. Information concerning such complaints can be obtained at the following address:

Pennsylvania Department of Education
Bureau of Special Education
Division of Compliance Monitoring and Planning
333 Market Street, 7th Floor
Harrisburg, PA 17126-0333
(800) 879-2301

Students Who are Mentally Gifted

The Blue Mountain School District also offers special education services, in the form of acceleration or enrichment, for students who are identified by a gifted multidisciplinary team ("GMDT") as "mentally gifted." A child is considered mentally gifted when his or her cognitive ability or other factors, as determined by a multidisciplinary team evaluation, indicate that he or she has outstanding intellectual ability the development of which requires special programs and services not ordinarily available in the general education program. The District engages in screening activities during regular classroom instruction and uses the data thus generated to determine whether a GMDT evaluation is warranted. In addition, parents may request gifted screening or a GMDT evaluation at any time. Parents are part of the GMDT and, if their child is determined to be mentally gifted, is part of the development and annual review and revision of their child's gifted individualized educational program ("GIEP") as a member of the GIEP team. The GIEP describes the present levels, annual goals and measurable objectives, and specially designed instruction and related services through which the District will provide the enrichment or acceleration, or both, that is needed to develop the outstanding mental ability of the child. Parents of students who are mentally gifted have the right to request a special education due process hearing or to file a compliance complaint with the Pennsylvania Department of Education at the above address. Details concerning the procedures governing hearing requests can be found on the Website of the Office for Dispute Resolution as www.pattan.k12.pa.us.

A child can be identified as both a child with a disability and mentally gifted. In such cases, the rights of the child and his or her parents are governed by the rules applicable to children with disabilities and their parents, as described above.

Student Records

The public schools of Schuylkill County maintain records concerning all children enrolled in public school, including students with disabilities. Records containing personally identifiable information about or related to children with disabilities could include, but are not limited to, cumulative grade reports, discipline records, enrollment and attendance records, health records, individualized education programs, notices of recommended assignment, notices of intent to evaluate and reevaluate, comprehensive evaluation reports, other evaluation reports by public school staff and by outside evaluators, work samples, test data, data entered into the Penn Data system, correspondence between school staff and home, instructional support team documents, referral data, memoranda, and other education-related documents. Records can be maintained on paper, on microfiche, on audio or videotape, and electronically. Records can be located in the central administrative offices of the public school, the administrative offices of the Schuylkill County Intermediate Unit, the school building or building at which the student attended or attends school, private schools and facilities at which the public school has placed the child for educational purposes, central storage facilities and electronic storage systems, and in the secure possession of teachers, building administrators, specialists, psychologists, counselors, and other school staff with a legitimate educational interest in the information contained therein. All records are maintained in the strictest confidentiality.

Records are maintained as long as they remain educationally relevant. The purposes of collecting and maintaining records are (1) to ensure that the child receives programs and services consistent with his or her IEP; (2) to monitor the ongoing effectiveness of programming for the child; (3) to document for the public school and the parents that the student is making meaningful progress; (4) to satisfy the requirements of state and federal agencies who have an interest in inspecting or reviewing documents concerning particular students or groups of students for purposes of compliance monitoring, complaint investigation, and fiscal and program audits; and (5) to inform future programming for and evaluations of the child. When educational records, other than those which must be maintained, are no longer educationally relevant, the public school must so notify the parents in writing and *may* destroy the records or, at the request of the parents, *must* destroy them. Public schools are not required to destroy records that are no longer educationally relevant unless the parents so request in writing.

Parent consent. Parent consent is required in writing prior to the release of any personally identifiable information concerning a child with disabilities. Parent consent is not required, however, prior to the release of information (1) to a hearing officer in a special education due process hearing; (2) to public school staff and contractors with a legitimate educational interest in the information; (3) to officials or staff of other schools and school systems at which the student is enrolled or intends to enroll; (4) to federal or state education officials and agencies and to the Comptroller of the United States; (5) to accrediting organizations to carry out their accrediting functions; (6) to comply with a lawful subpoena or judicial order; (7) in conjunction with a health or safety emergency to the extent necessary to protect the health and safety of the child or others; or (8) that the public schools have designated as “directory information.” Disclosure without consent of the parent is subject to certain conditions more fully described in the Family Educational Rights and Privacy Act, 20 U.S.C. § 1332g, and its implementing regulation, 34 C.F.R. Part 99.

Parent access. Upon submitting a request to do so in writing, parents have the right to access the educational records of their child within forty five days or before any due process hearing or IEP team meeting, whichever is sooner. Access entitles the parent to the following: (1) an explanation and interpretation of the records by public school personnel; (2) copies of the records if providing copies is the only means by which the parent can effectively exercise his or her right of inspection and review; and (3) inspection and review of the records by a representative of the parent’s choosing upon presentation to the records custodian of a written authorization from the parent. The public school can charge a fee not to exceed its actual costs for copying records.

“Directory information.” Public school entities designate certain kinds of information as “directory information.” The public schools of Schuylkill County typically designate the following as “directory information”: (1) the name, address, telephone number, and photographs of the child; (2) the date and place of birth of the child; (3) participation in school clubs and extracurricular activities; (4) weight and height of members of athletic teams; (5) dates of attendance; (6) diplomas and awards received; (7) the most recent previous institution or school attended by the child; and (8) names of parents, siblings, and other family members. The District will provide this information to any interested person, including armed forces recruiters who request it, without seeking consent from the parents of the student or the student. Parents who do not want the District to disclose such information *must so notify the District in writing on or before the first day of the school term.* Written notice must identify the specific types of directory information that the parent does not want the District to disclose without consent. If the parent fails to notify the District in writing by the first day of the school term, the District may release directory information upon request and without consent.

Disclosure of records containing personally identifiable information to other schools and institutions. Public school entities disclose personally identifiable information concerning students to educational agencies or institutions at which the student seeks to enroll, intends to enroll, or is enrolled, or from which the student receives services, when that agency or institution requests such records.

Access to records by school officials with a “legitimate educational interest.” School officials with a legitimate educational interest in the personally-identifiable information contained in education records can have access to personally identifiable information without parent or student consent. Each school entity designates in its education records policy those persons who have a “legitimate educational interest” that would allow such access to education records. Such persons typically include teachers of the child, building administrators, guidance counselors to whom the child is assigned, members of instructional support and multidisciplinary teams in the course of screening and evaluation activities, records custodians and clerks, public school administrators with responsibility for programs in which the student is enrolled or intends to be enrolled, school board members sitting in executive session in consideration of matters concerning the child upon which only the school board can act, program specialists and instructional aides working with the child, therapeutic staff working with the child, and substitutes for any of the foregoing persons

Amendment of education records. After reviewing records, a parent or a student who has attained the age of 18 can request that records be amended. The school will make the requested changes or reject the request within forty-five days of the receipt of the request in writing. If the school rejects the request, the parent or student may request an informal hearing. The hearing can be held before any public school official who does not have a direct interest in its outcome. If the parents are dissatisfied with the outcome of the informal hearing, they may submit to the public school a statement outlining their disagreement with the record. The school thereafter must attach a copy of that statement to all copies of the record disclosed to third parties.

Complaints to the United States Department of Education. Complaints concerning alleged failure of a public school entity to comply with the requirements of the Family Educational Rights and Privacy Act may be addressed to the United States Department of Education as follows:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202-4605

This notice is only a summary of the special education services, evaluation and screening activities, and rights and protections pertaining to children with disabilities, children thought to be disabled, and their parents. For more information or to request evaluation or screening of a public or private school child contact the Blue Mountain School District. For preschool children, information can also be obtained, and screenings and evaluations requested, by contacting the Schuylkill County Intermediate Unit.



BLUE MOUNTAIN SCHOOL DISTRICT

SCHOOL VOLUNTEER INFORMATION

Those who wish to volunteer in any capacity as a direct volunteer (Direct Volunteer – Direct volunteer contact is defined as the care, supervision, guidance or control of children and routine interaction with children. Routine interaction is the regular and repeated contact that is integral to a volunteer’s responsibilities) with any student(s) during the school year MUST have the following clearances on file in the office as per Act 15:

- Child Abuse History <https://www.compass.state.pa.us/cwis/public/home>
- State Police Criminal Record Check <https://epatch.state.pa.us/>

These clearances are free of charge and will be kept confidential.

If you have lived out of the state of Pennsylvania in the past 10 years, you are required to get the FBI Fingerprinting Clearance. <https://uenroll.identogo.com/>

- Service Code = 1KG6XN
- Please note there is a fee for this report.

All of these clearances are good for five years and will be kept in the building office. The PTO will utilize this list of names when looking for volunteers for activities.

Blue Mountain School District

Dear Parent/Guardian:

Children need healthy meals to learn. **Blue Mountain School District** offers healthy meals every school day. Breakfast costs **\$1.15**; lunch costs **\$2.60**. **Your child(ren) may qualify for free meals or for reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for free and reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **NOTICE OF DIRECT CERTIFICATION** letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?
 - All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
 - Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - Children participating in their school's Head Start program are eligible for free meals.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

INCOME ELIGIBILITY REDUCED PRICE GUIDELINES JULY 1, 2023-JUNE 30, 2024					
Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
Each additional family member add:	+\$9,509	+\$793	+\$397	+\$366	+\$183

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals email **Tina J. Gerlott at tjgerlott@bmsd.org**
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. You may request a paper application from the school at any time. Return the completed application to: **Tina J. Gerlott in the District Office.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but read the letter you received carefully and follow the instructions. If any children in your household are missing from your eligibility notification letter, contact **Tina J. Gerlott at tjgerlott@bmsd.org** immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **[Insert School's link/website]** or visit the PA Department of Human Services website at www.compass.state.pa.us.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first 30 operating school days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and/or reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact **your school office secretary** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, visit www.compass.state.pa.us, contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, email Tina J. Gerlott at tjgerlott@bmsd.org

Sincerely,

Tina J. Gerlott

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the**

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age)

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.

B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are **ONLY** applying for foster children, after finishing **Step 1**, go to **Step 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or
- Temporary Assistance for Needy Families (TANF) or
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Check “No” in **Step 2** and go to **Step 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact:
 - Go to **Step 4**.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled “**Sources of Income**” & “**Examples of Income for Children**,” on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received **before** taxes and deductions.
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write “0” or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by adults

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, children and students already listed in **Step 1**.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

6) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B List income earned by children

List all income earned or received by children.

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Child Income?** Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail completed application to:

Optional

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

Pennsylvania Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE: compass.com

RETURN TO (School/District Name): Blue Mountain

ADDRESS: 685 Red Dale Road Orwigsburg, PA 17961

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO → Go to STEP 3.
 YES → Write case number here and proceed to STEP 4.
 CASE NUMBER (NOT EBT NUMBER):
 Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)
 Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)
 Check if no Social Security Number
 Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$
 How often received?
 Weekly
 Every 2 Weeks
 2X Month
 Monthly
 Annual

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

 Print Name of Adult Signing the Form Signature of Adult Today's Date

 Mailing Address (if available) City State Zip Phone (optional) Email (optional)

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans' benefits Strike benefits 	<ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
			<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
			<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. ***Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Household size

Categorical Eligibility

Eligibility		
Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature Date Confirming Official's Signature Date Verifying Official's Signature Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

* MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

*** Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.

Procedure for Food and Nutrition Services (FNS) Civil Rights Complaints
Pennsylvania Department of Education
Division of Food and Nutrition

- 1) Sponsor receives a Civil Rights complaint from the complainant (i.e. parent).
 - a) Sponsor must inform complainant of Federal Civil Rights rules and regulations that have been established for protected classes. (A protected class is any person or group of people who are protected from discrimination based on):
 1. Race
 2. Color
 3. National Origin
 4. Age
 5. Sex (including gender identity and sexual orientation)
 6. Disability
 - b) Sponsor must provide complainant the necessary information to file a complaint, which is:
 1. Mailing address of the USDA:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
 2. USDA's Contact Information:
Telephone: (866) 632-9992 or (202) 260-1026
Local or Federal relay: (800) 877-8339
Spanish Relay: (800) 845-6136
Fax: (833) 256-1665 or (202) 690-7442
Email: program.intake@usda.gov
 3. Electronic link to file a civil rights complaint (Filing a Program Discrimination Complaint as a USDA Customer): <https://www.usda.gov/oascr/complaint-resolution>
- c) **After providing the complainant with the information on how to file a Civil Rights complaint directly at the Federal level**, the sponsor may attempt to resolve the complaint if it is a matter that can be resolved quickly. Resolving complaints in real-time at the lowest possible level is encouraged. (***Note:** This is not an investigation as neither the sponsor nor the State Agency has the authority to conduct complaint investigations. This is simply trying to resolve the situation if it was potentially caused by a miscommunication.)

Note: If the sponsor is unsure if the complaint falls under a protected class, sponsor should provide complainant the federal complaint information.

If the complainant refuses to discuss the matter any further with the sponsor or if the matter cannot be resolved quickly, then the sponsor should:

1. Reiterate the complaint filing procedures in 1) b),
2. Document the complaint and actions taken (i.e. referral to Federal complaint procedures) in a Civil Rights complaint log that is separate from any other complaint log, (***Note:** A separate Civil Rights complaint log is necessary due to confidentiality and privacy laws. See complaint log requirements in d) below.), and

3. Notify the State Agency of the discussion. (***Note:** it is important for the sponsor to notify the State Agency because regular communication between the sponsor and State Agency is key to operating the program successfully.)

If the complainant is willing to try to resolve the issue with the sponsor and a satisfactory resolution is achieved, then the sponsor should still remind the complainant (using the information in 1) b)) of his/her right to file at the Federal level if necessary. (***Note:** Complainants retain the right to file at the Federal level even if a resolution seems to have been reached at the sponsor level.) The sponsor needs to document the complaint and actions taken (i.e. how resolution was achieved) in a log that is separate from any other complaint log, and notify the State Agency of the resolution.

- d) Regardless if the complainant wishes to file at the Federal level, the sponsor should document as much information as possible in their Civil Rights complaint log including, but not limited to, the following:

- Date Complaint Received
- Complainant's Name
- Complainant's Address
- Complainant's Telephone Number
- Complainant's Email Address
- Allegation of Discrimination/Issue (i.e. FNS program involved, protected class(es) involved, etc.)
- Date of Alleged Discriminatory Action

1. The sponsor **must forward** the information, **within 5 days of receipt of complaint** from complainant, to the State Agency Civil Rights Coordinator (process depicted below):

State Agency Civil Rights Coordinator ➔ State Agency Director* ➔ FNS Regional Office Civil Rights Contact ➔ FNS Headquarters Civil Rights Office ➔ Complainant

2. *State Agency level **must forward** complaint information, **within 5 days of receipt of complaint** from sponsor, to the FNS regional office.
3. FNS team conducts complaint review and investigation, which includes contact with the complainant, State Agency, sponsor, etc.

2) Additional Information:

- a) Complainants must file within 180 days of the alleged action
- b) Confidentiality is extremely important
- c) USDA complaint form:
 - English version: [U.S. Department of Agriculture USDA Program Discrimination Complaint Form](#)
 - Spanish version: [Departamento de Agricultura de los EE. UU. \(USDA\) Formulario de Denuncia por Discriminación del Programa del USDA](#)
- d) Email the State Agency Civil Rights Coordinator for all Civil Rights complaints, including disability related complaints:
 - Child and Adult Care Food Program: RA-CACFP@pa.gov
 - National School Lunch Program: RA-NSLP@pa.gov
 - Summer Food Service Program: RA-SFSP@pa.gov