



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/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.

2023-2024 COST SHEET

Grades 3 through 8 - Chromebooks

If Student Device Protection Plan was purchased:	
# incident needing non-warranty repair during the same school year	Amount
First incident of accidental damage (including charger)	No charge
Second incident of accidental damage	\$50 (unless repair is less)
Third incident of accidental damage and beyond	Cost of repair
Total loss due to extensive damage, loss, or theft	\$350

If Student Device Protection Plan was not purchased, non-warranty repairs will be charged as follows:	
Screen	\$75
Screen Assembly (holds laptop screen)	\$75
Laptop Camera	\$20
Keyboard	\$40
Track Pad	\$25
Replace Motherboard (drop, liquid, or other non-warranty cause)	\$200
Charging Port Damage	\$200
Bottom Case Assembly (holds keyboard and track pad)	\$50
Top Cover / Palm Rest	\$90
Bottom Cover	\$35
Carrying Case	\$30
Battery	\$60
Device Replacement	\$350
A/C Adapter Replacement	\$60

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

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

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

Please circle one: Male/Female

Grade/Homeroom _____

Student's Name: Last First Middle Birthdate

Address Home Phone Number

Biological Father's Name: Last First Contact Number Email

Address if different from student: _____

Biological Mother's Name: Last First Contact Number Email

Address if different from student: _____

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

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

Name Relationship to student Contact Number Email

Name Relationship to student Contact Number Email

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

Mother/Guardian Place of Employment _____

Working Hours: From _____ to _____ Employer Telephone No. _____

Father/Guardian Place of Employment _____

Working Hours: From _____ to _____ Employer Telephone No. _____

Give names/grades siblings in school: _____

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

1. _____
NAME Relationship to Student Contact Number

2. _____
NAME Relationship to Student Contact Number

Parent/Guardian Signature _____ Date _____

(PLEASE DO NOT PRINT)

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE

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

Physician _____ Telephone No. _____

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

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

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

Parent /Guardian Signature _____ Date _____

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

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

Parent /Guardian Signature _____ Date _____

Health History Information: If yes, please explain.

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

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



BLUE MOUNTAIN SCHOOL DISTRICT

REQUEST FOR INFORMATION

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

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

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

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

(Signature of Parent / Guardian)

(Date)

Send all information to:

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

Mrs. Lynsi McKee
Elementary West
20 North Front Street
Friedensburg, PA 17972
Email: lrnckee@bmsd.org
Fax #: (570) 739-4822



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



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: _____



BLUE MOUNTAIN SCHOOL DISTRICT

Dear Parent/Guardian of Blue Mountain School District Students:

The office of Support Services for the Blue Mountain School District used a Point-of-Sale (POS) computer system in the Blue Mountain School District cafeterias. This technology allows us to provide debt accounts for student meals and improve meal-tracking capabilities. This letter is to inform you of the details involved in using this system. The system is currently in place and available for your child's use. The following will outline and answer questions concerning this system. Please read the information carefully.

One reason we purchased this system is to streamline our point-of-sale method. This system aids in increasing the speed of food service to our students so they have more time to eat and converse during their lunch period. It also allows parents the convenience of prepaying for their child's purchases at whatever level they choose. This computerized system also eliminates the overt identification of students who are eligible for free or reduced meal benefits. All students will automatically be enrolled.

The system is a computerized debit system that allows you to pay in advance for meals and/or ala carte items. Information is now stored electronically. The identification of students is with a touch pad device and picture identification. This is a positive identification system; only your child can access his/her account. Students simply place their index finger on the touch pad and their picture and account is displayed on the screen.

You will be able to deposit money in an account that can only be accessed by your child for his/her purchases. Envelopes are available for your advanced deposits, or to add money electronically, you can go to the following website: <https://www.myschoolaccount.com/>

We urge you to take full advantage of this system by placing money into your child's account on a weekly, monthly or annual basis. You choose the amount you want to deposit. Should you ever want to access your child's account to verify his/her purchases, you may request a report through the Blue Mountain Staff Account, Carissa Bercher, at (570) 366-0515 extension 1026 or by going to the website listed above.

We are excited about this technology and how it enhances our food service program. When you visit the building, stop by the cafeteria and check it out.



Dear Blue Mountain School District Parents,

Our school district has partnered with MySchoolAccount.com to bring you an online prepay your student's meal account. This service offers you the ability to monitor your children's meal purchases, track what your children have been eating for the past 30 days, make deposits directly into their meal accounts, transfer funds between students and have an email reminder sent to you when an account balance gets low. Student debit account deposits can be made through ACH payments. Each child's account will be updated nightly so that account balance information and payments will be current the following day.

In order to take advantage of this service, you will need to create a parent account. This requires you to:

1. Go to <https://www.myschoolaccount.com/>
2. Click "For Parents" on the top menu bar.
3. Fill in the required information on the "Create Account" page.
4. Choose Blue Mountain School District from the "School District" drop down menu.
5. Create a User ID and Password
6. Click the "Accept" box, and then click "Signup". An email will be sent to your email address that will contain a "verification code".

After you receive the "verification code" you may begin to add your children's information. To do this, you will need to:

1. Go to <https://www.myschoolaccount.com/> and login using your previously created user ID and password.
2. Enter the "verification code" to verify your account and email address.
3. Begin adding your children's information according to the guidelines provided. You will need each of your children's Blue Mountain student ID number (some school districts also require date of birth) to add each student. If you do not know your child(s) ID number, please contact the child(s) school office for assistance.
4. After the student(s) are added you will be able to view the lunch account activity and make payments to the student lunch account.

NOTE: A parent account can be linked to many children, but a child can only be linked to one parent.

We urge you to take full advantage of this system by making deposits into your children's accounts on a weekly, monthly, or annual basis. You are free to choose the amount of each deposit. There will be a per transaction convenience fee of \$2.00 associated with each deposit.

Any money that is not spent by the end of the school year will be available the following school year. If you have any questions about this or any other food service program, please contact the district Food Service Office at (570) 366-0515 extension 1085.

Questions regarding the <https://www.myschoolaccount.com/> service should be directed to support@myschoolaccount.com.

ELEMENTARY DRESS AND GROOMING POLICY

Purpose:

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

Authority:

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

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

Delegation of Responsibility:

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

Applicability:

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

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

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

- Vulgar, offensive messages. Clothing that is offensive to staff and fellow students. Clothing that contains messages that are vulgar, offensive, obscene, or libelous; that denigrate others on the basis of race, color, religion, creed, national origin, gender, sexual orientation, or disability; that promote alcohol or drug use or violence; or that are otherwise contrary to the school's educational mission.
- Clothing that presents a safety hazard. Students may not wear any apparel that could pose a threat to the health, safety, or welfare of the school community. No chains, spiked or choke collars may be worn or carried at any time; this includes wallet chains, etc.
- Hats, caps, bandannas and similar headwear are not to be worn in district buildings except for medical or religious purposes with administrative approval.
- Brief and/or revealing clothing. Students must recognize that brief and/or revealing clothing is not appropriate apparel in school. The following guidelines on brief clothing are examples and do not cover all situations. Students shall not wear tank tops, halter tops, garments with spaghetti straps or strapless garments. Garments that are "see-through", cut low, or expose one's midriff are not acceptable. Sleeveless garments must extend to the end of the shoulders and fit closely under the arms. Skirts and shorts must not be shorter than the student's fingertips when his/her arms are held at his/her side.

- Undergarments must not be visible.
- Sagging Pants. Students shall not wear pants or shorts that when fastened sag or fit below the waist. All pants and shorts must fit around the waist and be properly fastened.
- Excessive length or baggy clothing (includes but is not limited to trench coats) is not permitted. Unless there are heating problems, all jackets/coats must be kept in lockers and not worn during the school day.
- Shoes should be safe and appropriate for an active child. Flip flops, slippers, backless shoes and Heelies or other sneakers with wheels are not permitted.

CHILDREN'S RESPONSIBILITIES

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

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

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

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

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





BLUE MOUNTAIN SCHOOL DISTRICT

INTEGRATED PEST MANAGEMENT NOTICE

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

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

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

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

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

Each year the district will prepare a new notification registry.



BLUE MOUNTAIN SCHOOL DISTRICT

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

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