



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.

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 _____

**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given				
	DOSES				
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>K</u>	<u>L</u>	<u>M</u>	<u>N</u>	<u>O</u>	<u>Upper</u>
<u>LOWER</u>		<u>32</u>	<u>31</u>	<u>30</u>	<u>T</u>	<u>S</u>	<u>R</u>	<u>Q</u>	<u>P</u>	<u>O</u>	<u>N</u>	<u>M</u>	<u>L</u>	<u>K</u>	<u>J</u>	<u>I</u>	<u>H</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: _____