



# BLUE MOUNTAIN SCHOOL DISTRICT

Dear Parent/Guardian:

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

## **BIRTH CERTIFICATE**

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

## **PROOF OF RESIDENCY** "ONE" of the following:

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

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

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

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

## **ANY COURT DOCUMENTATION**

- Custody Order

## **PHOTO ID OF THE PARENT OR GUARDIAN**

## **CHILD'S IMMUNIZATION RECORDS**

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

Please make note of the following:

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

## **AUTOMATED SCHOOL ALERTS**

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

In addition to SchoolMessenger we have a separate notification system called Eagle Express. Parents/guardians, family members, etc. are encouraged to subscribe through the District's website ([www.bmsd.org](http://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.

**NOTE – Free and Reduced Lunch Applications for the 2025-2026 school year will not be accepted prior to August 25, 2025.**



# 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**☐ Male ☐ Female☐ Male ☐ Female☐ Male ☐ Female☐ Male ☐ Female**Custody Information** (complete only when student does not reside in same household with biological parents)**A COPY OF THE ORDER IS TO BE SUPPLIED TO THE SCHOOL**Do you, as custodial parent/guardian, have **LEGAL** custody through a court order? ☐ Yes ☐ No ☐ Pending

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

If yes, does the court order restrict who the student can be released to? ☐ Yes ☐ NoIf 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 ☐ NoIf No, is internet coverage available at your residence? ☐ Yes ☐ No, please explain \_\_\_\_\_

**School Messenger**

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

SchoolMessenger Number \_\_\_\_\_

SchoolMessenger Number \_\_\_\_\_

SchoolMessenger Number \_\_\_\_\_

SchoolMessenger Number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**School History**

Previous School Attended \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ Grade Level(s) Attended \_\_\_\_\_

Street Address, City, State and Zip \_\_\_\_\_

Other School(s) Attended \_\_\_\_\_

Dates and Grades \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Support Services**

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

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

**Special Education Support Services**

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

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

☐ Special Education Services through an IEP

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

## Transportation

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

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

Does your student attend a daycare? ☐ Yes ☐ No

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

Name \_\_\_\_\_

Location \_\_\_\_\_

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

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

AM Location \_\_\_\_\_

PM Location \_\_\_\_\_

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

Primary Custody AM Location \_\_\_\_\_

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Primary Custody PM Location \_\_\_\_\_

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Secondary Custody AM Location \_\_\_\_\_

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Secondary Custody PM Location \_\_\_\_\_

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

## Parental Registration Statement

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

### Please complete the following:

I hereby swear or affirm that my child \_\_\_\_ Was or \_\_\_\_ Was Not previously suspended or expelled, \_\_\_\_ or is not presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. 13 - I 304A(b) and 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled: \_\_\_\_\_

Dates of suspension or expulsion: \_\_\_\_\_

(Please provide additional schools and dates of expulsion or suspension)

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

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

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

Name of Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
PLEASE PRINT

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

### For Office Use Only

Date of District Entry	Date of School Entry	Date of Entry to PA	Date of Entry to US
Entry Grade in BMSD	School	Date of Entry to 9 <sup>th</sup> Grade	Homeroom/Teacher
Verification of Residency:	<input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Deed/Property Sale Agreement <input type="checkbox"/> Real Estate Tax Bill <input type="checkbox"/> Income Tax Form <input type="checkbox"/> Other _____		
Verification of Birth Date:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Hospital Certificate <input type="checkbox"/> Driver's License <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**  
**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 HEALTHPRIVATE 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

☐ ☐  
M 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						BOOSTERS & DATES								
	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 \_\_\_\_\_

(Continued on Back)

### 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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name of Examiner

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

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

ADDRESS

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

**REPORT OF EXAMINATION**

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

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 \_\_\_\_\_

## Device Protection Plan

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

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

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

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

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

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

#### **Please fill out completely and return to the School Office.**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

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

Date \_\_\_\_\_

☐ Please check this box if you choose to purchase the protection plan

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

Protection Plan not purchased:

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

Protection plan details:

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



# 2025-2026 COST SHEET

## Grades K through 2 - iPads

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

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

# 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.

Name

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Younger Children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alone?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
5. Does your child play mostly:
- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| By him/her self?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| With children of same age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| With boys?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| With girls?                | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 <b>ALL</b> 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

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

**Kristin N. Frederick**  
Assistant Superintendent of Schools

Re: Title 1 Services for Grades Kindergarten through 3<sup>rd</sup> Grade

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

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

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

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

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

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

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

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

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

Sincerely yours,

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

685 Red Dale Road, Orwigsburg, Pennsylvania 17961

☎ 570-366-0515    ✉ jclilly@bmsd.org    ✉ knfrederick@bmsd.org    🌐 www.bmsd.org

An Equal Opportunity Employer