

Registration Procedures

Welcome to the Mountain View School District, home of the Eagles!

Registration packets can be picked up in advance in the main offices of the elementary school for grades K-6 and the high school for grades 7-12. Or it can be downloaded from the district web page at www.mvsd.net. You may also request a registration packet by mail or email. To request a packet by mail, please contact Mrs. Cobb at 570-434-8433 for grades K-6 or Mrs. Benedict at 570-434-8525 for grades 7-12. To request a packet by email, please email your request to Mrs. Cobb at lcobb@mvsd.net for K-6 packets and email your request to Mrs. Benedict at hbenedict@mvsd.net for 7-12 packets.

Hours of registration are 8:30 am to 2:30 pm, Monday thru Friday, excluding emergency closures, summer hours or holidays. You must schedule an appointment to enroll your student. To schedule an enrollment appointment, please contact Mrs. Cobb in the elementary school at 570-434-8433 for K-6 registration and Mrs. Benedict in the high school at 570-434-8525 for 7-12 registration. The process takes about an hour. To speed up the process, we recommend downloading the enrollment packets below, requesting a packet to be mailed to you, or picking up the packet in advance. Please use the following guidelines to make sure you have all the necessary documents.

What to bring when you register your child:

- **Proof of Residency in the Mountain View School District**

Proof of residency acceptable documentation includes: a deed, a lease, current utility bill, current credit card bill, property tax bill, vehicle registration, driver's license, DOT identification card. A district may require that more than one form of residency confirmation be provided. The Mountain View School District requires two proofs of residency at enrollment. However, school districts and charter schools should be flexible in verifying residency and should consider what information is reasonable in light of the family's situation. If a student meets the requirements as stated in the McKinney-Vento Act, the provisions under the act will be followed by the school district.

ONLY the biological parent/adoptive parent or court appointed guardian may enroll a student in MVSD and the parent/guardian must come into the office in person to complete the enrollment process. If a resident of the District requests that a student be enrolled whose parent(s) live outside the District, an Affidavit must be completed by both the resident of the District and the natural parent(s). If the natural parent is not able to appear in person, then their signature must be notarized.

- **Proof of Guardianship**

Legal custody agreement (if applicable) a copy to be placed in the student's file.

- **Proof of Age**

Original state issued Birth Certificate of student. If unavailable, a notarized copy of birth certificate, baptismal certificate or record of baptism showing date of birth or a passport showing date of birth.

- **Record of Immunizations**

State law requires that a complete record of immunizations be provided. You can get a copy of your child's health records from the school you are withdrawing from. Shot records are also available from your doctor's office. Physicals are also required at certain grade levels. (It is necessary to have the name and address of the previous school to obtain records).

If you have a copy of your student's most recent report card or transcript, please bring a copy with you to the enrollment appointment. Also, if your student has an IEP, 504 or any special services requirements, it is helpful if you bring a copy with you to the enrollment appointment. We will do everything we can to make your new student registration a smooth process and answer any of your questions before you leave. We look forward to you and your family becoming flying eagles!



Mountain View School District
 11748 State Route 106
 Kingsley, PA 18826
 Ph: 570-434-2180

Authorization to Release School Records

To Whom It May Concern:

According to the Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673, It is not necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of another school in which the student intends to enroll may receive a student's record without consent for such release. We have obtained permissions from the parent/guardian to have all school records as indicated released to the Mountain View School District. Authorization for release appears below.

Student Name: _____

Student Date of Birth: _____ Grade Level: _____

 Signature of Parent/Guardian

 Date

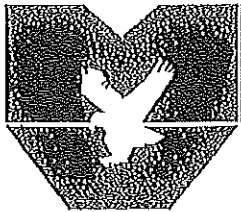
Request For Health And School Records
Please send the following information:

- PA Secure ID _____
- Transcript of Grades
- Grades At Time Of Withdrawal
- Report Card
- Cumulative Records
- Discipline Records
- Attendance History
- Date Last Attended
- Copy of Birth Certificate
- 9th Grade Enrollment Date _____
- Standardized Testing
- Health Record
- Psychological Testing/Special Education Records

Please Send Records To:

____ Mountain View Jr Sr High School
 Attn: Guidance
 11749 State Route 106
 Kingsley, PA 18826
 Ph: 570-434-8525
 Fax: 570-434-2265

____ Mountain View Elementary School
 Attn: Elementary Office Secretary
 11748 State Route 106
 Kingsley, PA 18826
 Ph: 570-434-8433
 Fax: 570-434-2755



Mountain View School District

11749 State Route 106

Kingsley, PA 18826

570-434-8525

Registration Procedures

In order to establish and verify your residence within the Mountain View School District, documentation is required. All paperwork in the new student enrollment packet must be completed and notarized where indicated. All forms must be signed by a parent, guardian, placement agency or responsible party (indicated by a 1302 or 1305 form). If you are a parent relying on a custody agreement or court order for the basis of enrolling your child, please provide verification of the custody agreement/court order. All procedures are in accordance with the Pennsylvania School Code and Regulations 11.11 and 11.19 of the Pennsylvania State Board of Education, Sections 1301 and 1302, which authorize Mountain View School District to request proof of residence or guardianship prior to admission to our school programs.

Student Registration Requirements

Two Proofs of Residency in the Mountain View School District

- May be any of the following: Deed, lease, sales agreement, mortgage information, driver's license, automobile registration, bank accounts, utility bills, property tax bill, etc. indicating a physical address within the Mountain View School District. A post office box will not be accepted.

Proof of Child's Age

- You may bring the original state issued birth certificate of the student. If unavailable, a passport, baptismal certificate, prior school records, etc. can be utilized.

Proof of Immunizations Required by Law

- You may provide a copy of your child's health records from the school you are leaving. Immunization records are also available from your doctor's office.

Home Language Survey

- This form is included in the enrollment packet and is required by law.

Parental Registration Statement

- Discipline records, upon request as per Act 26. The statement is included in the enrollment packet and must be notarized.

Proof of Guardianship, if Applicable

- Legal custody agreement or order to be placed in the student's file

I have read and I understand the information listed above.

Parent/Guardian Signature

Date



Mountain View School District
11748 State Route 106
Kingsley, PA 18826
Ph. 570.434.8626 - HS
Ph. 570.434.8433 - Elementary

Parental Registration Statement

Student Name _____
Date of Birth _____ Grade _____
Parent or Guardian Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

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 this Commonwealth or any other state for an act of offense involving a weapon, alcohol or drugs, or for the willful infliction or 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 _____ was not _____ previously suspended or expelled, or is _____ is not _____ 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. I make this statement subject to the penalties of 24 P.S. §13-1304-A (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 on back of this sheet.)

Reason for suspension/expulsion: _____

Notice: Any willfully false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

Parent/Guardian Signature Date



Mountain View School District
11748 State Route 106
Kingsley, PA 18826
Ph: 570-434-2180

Mountain View School District Residency Affidavit

Instructions to Resident: This form is to be completed by the student's parent or legal guardian. This form must be signed/witnessed by a school district employee. You must submit a separate Residency Affidavit for each child enrolled in the district.

Student Information:

Student Name: _____
Legal First Name Legal Middle Name Legal Last Name

Student Date of Birth: ____/____/____

Do you live in the Mountain View School District and does the child live with you? Yes No

Student Lives With: *(Print Name(s) and check relationship to student.)*

Parent or Guardian Name: _____
Legal First Name Legal Middle Initial Legal Last Name

Relationship to Student: Father Stepfather Guardian Foster Parent Other _____

Parent or Guardian Name: _____
Legal First Name Legal Middle Initial Legal Last Name

Relationship to Student: Mother Stepmother Guardian Foster Parent Other _____

Address: Please note that post office boxes are not acceptable as a residence address but may be used as a mailing address below.

Physical Address: _____

Mailing Address: _____

Phone Number: _____

Parent/Guardian Signature

Date



Mountain View School District

Student Information Sheet (Please print legibly)

*Today's Date: ____/____/____

* Enrollment Date: ____/____/____

Resident District of Parent/Guardian: _____

School Student ID #: _____ * Grade: _____ * Gender: _____ * Birth Date: ____/____/____

*Last Name: _____ * Suffix: _____ *First: _____ * Middle: _____

*Phone: _____ *9th grade entry date ____/____/____ * City of Birth: _____

Does this student have a prior enrollment record at Mountain View? Yes No

Are you as the parent/guardian an ACTIVE member of the military? Yes No

Student's E-mail: _____

Other siblings that live in the same household & their grade level:

*Student's Physical Address: _____ *City: _____

*State: _____ *Zip Code: _____ *Twp: _____ *County: _____

*Student's Mailing Address (If different than physical address):
_____ *City: _____ *State: _____ *Zip Code: _____

1st Contact

*Relationship to Student: _____ *Last Name: _____ *First: _____

*Mailing Address (Rural Mailbox or P.O. Box):

_____ *City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ *Work Phone: _____ *Cell Phone: _____

E-mail: _____ Employer: _____

Student lives with: Yes No

2nd Contact

*Relationship to Student: _____ *Last Name: _____ *First: _____

*Mailing Address (Rural Mailbox or P.O. Box):

_____ *City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ *Work Phone: _____ *Cell Phone: _____

E-mail: _____ Employer: _____

Student lives with: Yes No

3rd Contact (Emergency Contact)

*Relationship to Student: _____ *Last Name: _____ *First: _____

*Mailing Address (Rural Mailbox or P.O. Box):

_____ *City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ *Work Phone: _____ *Cell Phone: _____

E-mail: _____ Employer: _____

4th Contact (Emergency Contact)

*Relationship to Student: _____ *Last Name: _____ *First: _____

*Mailing Address (Rural Mailbox or P.O. Box): _____

*City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ *Work Phone: _____ *Cell Phone: _____

E-mail: _____ Employer: _____

Ethnicity: (choose one) Hispanic/Latino Not Hispanic/Latino

Race: (choose one or more, regardless of ethnicity):

- White American Indian/Alaskan Native Asian Black/African America
- Native Hawaiian or other Pacific Islander

*Home Language: _____

*Migrant: Yes No

By Signing below, I verify that the information above and on the front of this sheet is complete and accurate.

Parent/Guardian Name (Please Print)

Parent/Guardian Name (Signature)

Date

Office Use Only

*Type of Residency: District Paid Tuition Fee Waived Tuition by District Tuition Paid/Parent
 Resident Non Resident 1305 (non-resident) Yes No If so, placing agency _____
 1305 (Resident) Yes No If so, placing agency _____ 1302 Yes No

*Resident District: _____ * District Funding Code _____ (AUN number)

*PA Secure ID #: _____ *Location Code of Residence: 4049 (HS) 7339 (Elem.) Other -- Code # _____

*Birth Information:

*Country: _____ *State/Province: _____ *City: _____

*Birth Verification (Birth Certificate) Yes No

Additional Info: Date Registered _____ District Entry Date*: _____ Grade 9 Entry Date*: _____

School Entry Date*: _____ Guardian Relationship*: _____

Citizenship Information: (This information is required if student was NOT born in the U.S)
 First Date Enrolled in State: _____ First Date Enrolled in US: _____
 US Entrance Date: _____

*Entry Date: _____ *Entry Code: _____ *Percent Enrolled: _____

* Last School Attended: _____ Last Date Attended (Former School): _____

*PIMS Assessment Participation: _____ (Testing codes for grade levels)
 Codes for Keystone Testing: Keystone testing (winter) _____ Keystone testing (spring) _____
 Elementary Bldg. & Summer: Z Code _____

Signature of Principal: _____ Date: _____

STUDENT REGISTRATION BUS FORM

Student Name: _____

Parent Name: _____ Phone Number: _____

Grade: _____ Circle One: Male Female

Address: _____

Township: _____

Driving direction from the ELEMENTARY SCHOOL BUILDING to your home:

Does a Mountain View School District Bus go by your house? _____

If yes, do you know the bus number? _____

If there are any other students in your household that attend Mountain View School District please list them: _____

If there is a neighbor that has students that attend Mountain View School District, please list the students names: _____

For Business Office use only: Bus Assigned: _____ Roster Addition: _____ Versa Tran Addition: _____ Bus Assignment Sheet Sent to driver and Offices:
--

MOUNTAIN VIEW SCHOOL DISTRICT

MEDICAL HISTORY FORM

Child's Name: Last First Middle Sex Grade Birth date: Month Day Year

Address: Number Street Town Phone Number Date

Father's Name: Last First Middle Mother's Name: Last First Maiden

Family Physician Address Phone Number

Dentist Address Phone Number

Hospital Preference City

In case of an emergency and no one can be contacted, I give my permission for my child to receive emergency treatment in the nearest hospital. I will be responsible for charges incurred from this treatment. I understand this information may be made available to the appropriate school/emergency personnel if deemed necessary to promote the health and education of my child.

Signature of parent or guardian

Is your child subject to: (Please circle Yes or No)

Frequent Colds	Yes - No	Chronic Cough	Yes - No
Bronchitis	Yes - No	Vision Problems	Yes - No
Frequent Sore Throats	Yes - No	Poor Posture	Yes - No
Speech Difficulties	Yes - No	Emotional Problems	Yes - No
Earaches or Infections	Yes - No	Extreme activity or restlessness	Yes - No
Heart Murmur	Yes - No		

Has your child had:

Eye Disease	Yes - No	Temper Tantrums	Yes - No
Eye Injury	Yes - No	Head Injury	Yes - No
Eye Glasses Prescribed	Yes - No	Severe Fall	Yes - No
Difficulty Sleeping	Yes - No	Frequent Falls	Yes - No
Special Diet	Yes - No	Broken Bones	Yes - No
Type Diet _____		Hearing Problems	Yes - No

Birth of Child:

Long Labor	Yes - No	Illness of mother during pregnancy	Yes - No
Premature	Yes - No	Medications during pregnancy	Yes - No
# of weeks premature	_____	Name _____	
Gestational Diabetes	Yes - No	Toilet Trained - bladder	Yes - No
Breech Birth	Yes - No	- bowel	Yes - No
Complications after pregnancy	Yes - No	Age Talked _____	
Development: Age Crawled _____			
Age Walked _____			

Does Your Child Have a History of: (Please circle or complete year)

Allergy (specify) _____	Latex allergy _____	Whooping Cough _____
ADD/ADHD _____	Dental Problems _____	Chickenpox _____
Asthma _____	Scarlet fever _____	Operations:
Epilepsy _____	Seizures _____	Appendix removed _____
High fever _____	T. B. _____	Tonsils/Adenoids removed _____
Enuresis (bed wetting) _____	Tonsillitis _____	Hernia _____
Encopresis (unable to control bowel movements) _____		Cleft palate/lip _____

Hospitalizations _____

Family History: (Please circle)

T.B.	Kidney Conditions	Asthma	Blindness	Emotional Issues
Cancer	Heart Disease	Epilepsy	Deafness	Eye Glasses Worn
HIV/Aids	Diabetes	Allergies		

Please list other childhood diseases, accidents, or problems: _____

1. Is your child on any medication now or previously: Yes - No
Name of Medication _____

2. Did you provide immunization records today when registering? Yes - No

3. Is your child allergic to bee stings? _____ Does child need: Benadryl _____ Epi-pen _____

4. Does your child have other allergies? _____ What? _____

5. Has your child ever had a seizure? _____ Date _____ Reason _____

6. Any other medical problems that the school should be aware of? _____

7. Does your child need any modifications (health related) to perform successfully in the school environment?
Ex. assistance with locomotion, wheelchair, catheterization, special diet, etc. _____

8. Last school your child attended _____

Address/Telephone Number _____

PLEASE LIST OTHER CHILDREN LIVING IN HOUSEHOLD -- Name and Birth date



Educational Background Form

To assist us in serving the needs of your student, please read over all of the services listed below. Place a check next to any and all that apply or have applied to your student at any point in his/her academic career. If your student does not need any special services, please check the appropriate item. Thank you for providing this information.

Student Name: _____

Student Age: _____

Student Grade Level: _____

<input type="checkbox"/>	My student does not need any special services.
--------------------------	--

<input type="checkbox"/>	Child Study	<input type="checkbox"/>	Gifted Classes
<input type="checkbox"/>	Title I Math	<input type="checkbox"/>	Help in Regular Class
<input type="checkbox"/>	Title I Reading	<input type="checkbox"/>	Help in Special Class
<input type="checkbox"/>	Vision	<input type="checkbox"/>	504
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	IEP
<input type="checkbox"/>	Speech	<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	
<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	
<input type="checkbox"/>	Counseling Services	<input type="checkbox"/>	
<input type="checkbox"/>	Wrap Around Services	<input type="checkbox"/>	

Previous School Attended: _____

Contact Person At Previous 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 the 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

Is a language other than English spoken in the child's home?

Yes No

Does your child communicate in a language other than English?

Yes No

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

Parent/Guardian Signature: _____

Date: _____

Interpreter Provided Yes No

Administrative Signature: _____

Pennsylvania Migrant Education Program Family Survey



Versión en español al otro lado de la hoja

The Migrant Education Program (MEP) is authorized by Title 1, Part C of the Elementary and Secondary Education Act (ESEA). The Pennsylvania MEP (717-783-6466) provides a variety of educational services to families who work in agriculture, **regardless of their nationality**. This program is **free of charge** to all eligible families and **may** include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed. A program employee may contact you for further information if needed. All responses are **confidential** and will be used for educational purposes only.

Child's Name: _____

Birthdate: _____ Grade: _____ School: _____

1. In the past three years, has your family lived in another Pennsylvania school district, another state, and/or another country?
 Yes _____ (continue to #2) No _____ (stop here)

2. In the past three years, has anyone in your household had a job working with any of these products (not including your own property) on a farm, in a field, in a greenhouse, in a nursery, or in a factory?
 Please circle all that apply.



Livestock
(cattle, pigs, sheep, dairy, etc.)



Eggs



Chickens



Crops
wheat, corn, soybeans, etc.



Vegetables



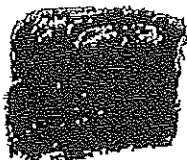
Dairy



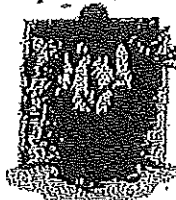
Nursery, Sod, Greenhouse



Fruits



Hay



Trees, Timbers, Plants, Flowers



Soil Preparation



Processing
(meat, fruit, vegetables, trees, etc.)

3. Parents' Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Please list all children in the household younger than 22 years of age:

Name	Date of Birth	Grade	School

El Programa de Educación de Migrante de Pennsylvania

Encuesta de Padres



English version on other side

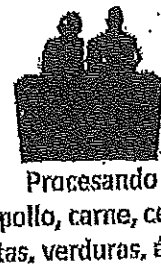
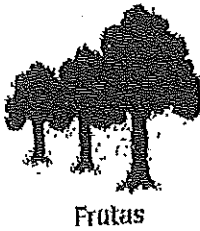
El Programa de Educación de Migrante está autorizado por el Título 1 de la Parte C de la Ley de Educación Primaria y Secundaria (ESEA). La oficina Regional de Pennsylvania (717-783-6466) se proporciona una variedad de servicios educativos a las familias que trabajan en la agricultura, **sin importar su nacionalidad**. Este programa es **gratis** para todas las familias elegibles y **puede incluir** tutoría, elegibilidad de almuerzo gratis, viajes educativos, programas del verano, actividades para padres, referencias para emergencias y otros servicios como sea necesario. Un empleado del programa se contactará con usted si necesita más información. Todas las respuestas son **confidenciales** y solo se usarán para propósitos educativos.

Nombre del niño: _____

Fecha de cumpleaños: _____ Nivel: _____ Escuela: _____

1. ¿En los últimos tres años, ha vivido su familia en otro distrito escolar en Pennsylvania, en otro estado, o en otro país?
 Sí _____ (siga al #2) No _____ (pare aquí)

2. ¿En los últimos tres años, ha trabajado alguien en su familia en cualquiera de los trabajos abajo (sin incluir su propia propiedad), en una granja, en el campo, en un invernadero, en un vivero, o en una fábrica?
 Por favor ponga círculos alrededor de todos que se aplican:



3. Nombre de los padres: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código postal: _____ Teléfono: _____

Por favor anota a todos los niños menos de 22 años de edad en la casa:

Nombre	Fecha de nacimiento	Nivel	Escuela

MOUNTAIN VIEW SCHOOL DISTRICT

Elementary School
11748 State Route 106
Phone (570) 434-2181
Fax (570) 434-2755

Superintendent/Business Office
11748 State Route 106
Kingsley, Pennsylvania 18826-6941

Jr./Sr. High School
11749 State Route 106
Phone (570) 434-2501
Fax (570) 434-9582

Phone (570) 434-2180

Fax (570) 434-2404

Date _____, _____

Berkheimer Tax Administrator
50 North 7th Street
Bangor, PA 18013

To Whom It May Concern:

Listed below are the name(s) of the parent(s) of a student(s) who have recently entered the Mountain View School District. By sending this information to you, we assume that it will be used for the sole purpose of updating the Earned Income Tax rolls for the Mountain View School District. If you intend to use this information for anything other than Earned Income Tax purposes, we would require this intent in writing.

Name _____

Address _____

Occupation (Specific) _____

Township or Borough _____

Name _____

Address _____

Occupation (Specific) _____

Township or Borough _____

Sincerely,

Dr. Michael S. Ella, Superintendent

MSE:bm

Student Name _____

MOUNTAIN VIEW SCHOOL DISTRICT

Elementary School
11748 State Route 106
Phone (570) 434-2181
Fax (570) 434-2755

Superintendent/Business Office
11748 State Route 106
Kingsley, Pennsylvania 18826-6941

Jr./Sr. High School
11749 State Route 106
Phone (570) 434-2501
Fax (570) 434-9582

Phone (570) 434-2180

Fax (570) 434-2404

Date _____

Chief Assessor
Susquehanna County Board of Assessment
Court House
Montrose, PA 18801

Listed below are the name(s) of the parent(s) of a student(s) who have recently entered the Mountain View School District. By sending this information to you, we assume that it will be used for the sole purpose of updating the tax rolls for the Mountain View School District. If you intend to use this information for anything other than tax purposes, we would require this intent in writing.

Name _____

Address _____

Occupation (Specific) _____

Name _____

Address _____

Occupation (Specific) _____

Township or Borough _____

Sincerely,

Dr. Michael S. Elia, Superintendent

MSE:bm

Student Name _____

Dear Parent or Guardian,

The attached ECYEH form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The information provided on the form is confidential and intended to determine services that the student may be eligible to receive. Prior to completing the form, please take a moment to review the terminology below. Thank you.

Homeless- Under the McKinney-Vento Act, the term homeless refers to children and youth who lack a *fixed, regular and adequate* nighttime residence.

**Fixed*- stationary, permanent, not subject to change

**Regular*- used on a predictable, routine, consistent basis

**Adequate*- lawfully and reasonably sufficient (sufficient for meeting the physical and psychological needs typically met in home environments)

Doubled-Up- Children and youth who are sharing housing of other persons due to loss of housing, economic hardship, or a similar reason.

*Sharing the housing of other persons- Implies that the child or youth is staying in someone else's residence

*Due to the loss of housing- Implies that the student has no personal housing available

*Economic hardship- implies that limited financial resources have forced the family or youth to leave the personal residence and share housing due to an inability to pay the rent/mortgage and other bills (Did economic hardship due to an accident or illness, loss of employment, loss of public benefits, or similar reason force the family or youth to share the housing of others temporarily?)

Cooperative living arrangements among families or friends, even where people are living together to save money, are not considered to be a homeless situation.



ECYEH Intake Form

McKinney-Vento Act – Ensures educational rights and protections for children and youth experiencing homelessness.

Who are the homeless? Children and youth who lack a fixed, regular and adequate nighttime residence.

This includes children who are:

- Sharing housing due to loss of housing, economic hardship or similar reason
- Living in motels, hotels, trailer parks or camping grounds
- Living in emergency or transitional shelters or agencies
- Abandoned in hospitals
- Awaiting foster care placement
- Living in cars, parks public spaces, abandoned buildings, substandard housing, bus or train stations or a similar setting
- Migratory children who are or whose parent(s) are agricultural workers
- Unaccompanied (not in the physical custody of a parent or guardian).
- Living in a public or private place not designed for or ordinarily used as regular sleeping accommodations for human beings

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435. *If any situation above applies to you, please provide the (confidential) required information.* The information provided on this form is to determine the services that the student may be eligible to receive.

Student's Last Name	First	M.I.
Temporary Address	Phone Number	Alt. Phone Number
Date of Birth	Gender	Grade Level
School District/Building	Parent/Guardian Enrolling Student	Relationship to Student

Precipitating Event

Place an X indicating the appropriate precipitating event resulting in loss of housing.

Abandonment	<input type="checkbox"/>	Left Home	<input type="checkbox"/>
Act of Nature	<input type="checkbox"/>	Parent/Guardian Hospitalized	<input type="checkbox"/>
Death of Parent/Guardian	<input type="checkbox"/>	Parent/Guardian Incarcerated	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Parental Job Loss/Loss of Income	<input type="checkbox"/>
Eviction	<input type="checkbox"/>	Other Poverty – related Situation	<input type="checkbox"/>
Fire	<input type="checkbox"/>	Other	<input type="checkbox"/>

Living Arrangement

Place an X in the box indicating the appropriate living arrangements

Shelter	
Transitional Housing	
Hotel/Motel	
Unsheltered (Campgrounds, car, abandoned building, park, temporary trailer, street)	
Doubled – up (living with another family)	

Name of Shelter, Transitional Housing or Hotel/Motel (if applicable): _____

I, _____ affirm that the information is true and accurate.
(Parent/Guardian's Name)

I, _____ have been advised of my rights and child's rights under the
(Parent/Guardian's Name) McKinney-Vento Federal Homeless Assistance Act.

(Signature of Parent/Guardian)

(Student's Name)

(Date)

(District Personnel Receiving Form)

(Title)

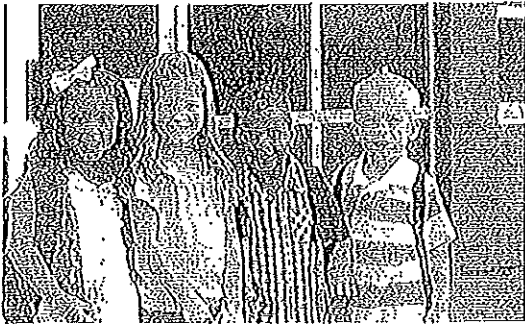
(Date)

District and Liaison Information
 Mountain View School District
 Stephanie Anuszewski
 Director of Special Services
 570-434-2180

Jeff Zimmerman
 PA ECYEH Region 7 Coordinator
 Luzerne Intermediate Unit 18
 368 Tioga Avenue
 Kingston, PA 18704
 570-718-4613
 570-287-5721 (fax)
<http://www.liu18.org/index.php/ecyeh>

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.

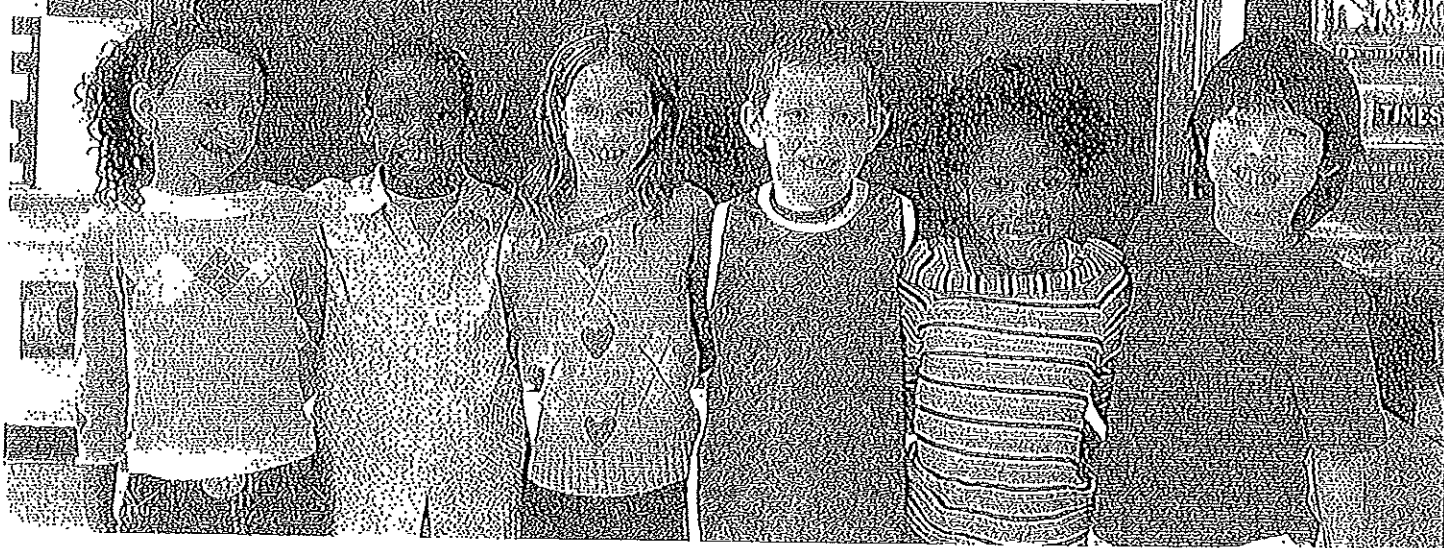
The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

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.

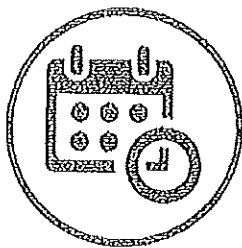


Don't Wait. Vaccinate.



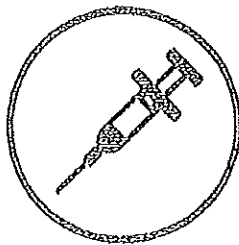
SCHOOL VACCINATION INFORMATION FOR PARENTS

The Department of Health is changing school immunization regulations beginning in August 2017. The regulations are intended to ensure that children attending school in the commonwealth are adequately protected against potential outbreaks of vaccine preventable diseases.



A CHILD MUST HAVE REQUIRED VACCINES OR RISK EXCLUSION FROM SCHOOL.

A child must have the required medically-appropriate vaccines or a plan to complete those vaccines or risk exclusion from school. A child may still obtain medical, religious or philosophical exemption from meeting the immunization requirements. Talk to your child's pediatrician about the vaccines your child needs to attend school.



NEW VACCINATION REQUIREMENTS:

- combination form for diphtheria and tetanus;
- pertussis vaccination;
- combination form for measles, mumps and rubella; and
- meningococcal conjugate vaccine for entry into 12th grade, or in an ungraded school, in the school year the child turns 18.

For more information on the vaccines your child needs to attend school, visit dontwaitvaccinate.pa.gov or talk to your child's pediatrician.

dontwaitvaccinate.pa.gov

