



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



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Proof of Child's Age

- Birth certificate, or notarized copy of birth certificate of the student, 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 or a statement regarding required immunizations, with records to follow. Immunization records are also available from your doctor's office.

Home Language Survey

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Date



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

ALL FORMS IN THIS PACKET MUST BE COMPLETED AND RETURNED TO THE Mountain View School District PRIOR TO THE FIRST DAY OF ATTENDANCE.

****Student Information Sheet****

Notify the school(s) of any changes during the school year. Your address and contact information for high school/elementary students living with you must be identical.

-**Siblings in the District:** Indicate siblings who reside with you and their grade.

-**Parent/Guardian Information:** First Contact: This person is the legal guardian of the student who will receive all pertinent material and mailings concerning the child. *Please list the relationship to student and employer for all contacts, if applicable.

-**Mailing Information:** Mailing Addresses must be where your mail is delivered. (Rural mailbox or a PO Box). You must also list your physical address in addition to your mailing address.

-**Emergency Contacts:** These are the contacts we will call in case of emergency when we cannot reach parent/guardian. Students will only be released to individuals listed on this form.

*****Parents must sign the back page of the information sheet*****

****Medical Information Sheet**** – Please complete information for the nurse's office.

****Parent Portal Instructions**** - This information included in packet.

****Student Accident Insurance**** - This information may be viewed on our website under Business Office.

Also, the district has many opportunities to highlight our student's accomplishments, so please answer the following questions:

	Yes	No
I give permission for the school to take my child's photo.	_____	_____
We have access to the internet at home.	_____	_____
We will be logging on for access to the parent portal.	_____	_____
I understand the internet guidelines, and my student may borrow electronic equipment.	_____	_____
We have received/read the Student Handbook.	_____	_____

We understand that all Mountain View Policies relating to academics, attendance, discipline, and internet access are in the handbook and/or on the website.

PARENT SIGNATURE: _____

DATE: _____

STUDENT 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



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 ☐

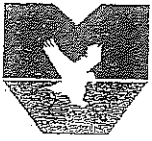
What is the language that your child first learned to speak?

Parent/Guardian Signature: _____

Date: _____

Interpreter Provided Yes ☐ No ☐

Administrative Signature: _____



Mountain View School District

11748 State Route 106

Kingsley, PA 18826

Ph. 570.434.8525 - 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 change 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 action 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 _____



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: _____

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 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: _____

Student Name: _____

Sincerely,

Dr. Michael S. Elia, Superintendent

MSE:bm

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): _____

Township or Borough: _____

Name: _____

Address: _____

Occupation (Specific): _____

Township or Borough: _____

Student Name: _____

Sincerely,

Dr. Michael S. Elia, Superintendent

MSE:bm



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 ☐ NoBy 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)_____
DateOffice 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: _____

(Revised 12/2016)

Student Bus Registration Form

Grade: _____ Male ☐ Female ☐

Color Code: Blue

Best phone number(s) to be reached at: _____

Student Name: _____

Parent Name: _____

Address: _____

Township: _____

Driving directions from the ELEMENTARY School Building to your home:

Does a Mountain View School District Bus go by your house? Yes ☐ No ☐

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 Number Assigned: _____

Roster Addition: _____

Versa Tran Addition: _____

Bus Assignment Sheet Sent to Driver and Offices: ☐

McKinney-Vento Act Residency and Educational Rights Information

(Questionnaire must be completed for each student.)

The McKinney-Vento Act was created with the goal of ensuring the enrollment, attendance, and success of homeless children and youth in school. The McKinney-Vento Act provides certain rights for homeless students. This includes waiving certain requirements such as proof of residency when students are enrolling and allowing eligibility for certain services.

When families and students find themselves in transition due to their housing situation, it is important that they know their rights regarding education. If students meet the requirements as stated in the McKinney-Vento Act (42 U.S.C 11431 et seq., Title VII, Subtitle B), their rights are as follows:

- Students may attend their school of origin or the school where they are temporarily residing.
- Students must be provided a written statement of their rights when they enroll
- Students may enroll without school, medical or similar records that might not be readily available
- Students have a right to transportation to school
- Students must be provided a statement explaining why they are denied enrollment or any other services.
- Students must receive services, such as transportation, while disputes are being settled.
- Students are eligible for Title I services. *Educational services for which the homeless student meets eligibility criteria including services provided under Title I of the Elementary and Secondary Education Act or similar State or local programs, educational programs for students with limited English proficiency.*

According to the U.S. Department of Education, people living in the following situation are considered homeless:

*Doubled-Up with family or friends due to loss of housing or economic hardship

-Sharing 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 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

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

*Living in motels and hotels for lack of other suitable housing

*Runaway and displaced children and youth- Unaccompanied Youth

*Living in a shelter

*Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation

Please complete the attached form and return it to your school office. Questions may be directed to the Principal or Director of Special Services/McKinney-Vento Liaison at 570-434-8525.

McKinney-Vento Residency Form

Student Name _____

Date of Birth _____

Grade Level _____

The McKinney-Vento Homeless Assistance Act defines "homeless" as individuals who lack a fixed, regular, and adequate nighttime residence. This includes children who are temporarily sharing the housing of other persons due to the loss housing or economic hardship.

☐ Does not apply; student is not homeless

Please check one of the following statements if your family is experiencing temporary homelessness:

☐ Living in a shelter, including transitional housing shelters

Please provide the name of the shelter- _____

☐ Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for

habitation- Please provide information regarding area in which student is living- _____

☐ Living in hotels/motel for lack of other suitable housing- Please list the name and address of hotel/motel:

☐ Doubled-Up; Temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where the student is living:

Please answer the following if you checked one of the four boxes above:

How long to you expect to be at this address? _____

Are you seeking permanent housing? _____

Date student moved to this address? _____

Is a parent living in the home with the student? _____

If no, with whom is the student living? _____ Relationship _____

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

Abandonment		Left Home	
Act of Nature		Parent/Guardian Hospitalized	
Death of Parent/Guardian		Parent/Guardian Incarcerated	
Domestic Violence		Parental Job Loss/Loss of Income	
Eviction		Other Poverty-related situation	
Fire		Other	

The School may contact you if clarification or transportation is needed.

Please proceed to the back of this page to complete the form.

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act. I affirm that the information is true and accurate. I have been advised of my rights and my child's rights under the McKinney-Vento Act.

Signature of Parent/Guardian/Unaccompanied Youth

Date

Office Use Only:

_____ Does qualify under McKinney-Vento Act

_____ Does NOT Qualify

McKinney-Vento Liaison/Appointee Signature

Date

District Liaison and Information:

Erica Loftus

Director of Special Services/McKinney-Vento Liaison

11748 State Route 106

Kingsley, PA 18826

Phone: 570-434-8439

Fax: 570-434-8357

PA ECYEH Region 7 Coordinator

Jeff Zimmerman

Luzerne Intermediate Unit 18

368 Tioga Avenue

Kingston, PA 18704

Phone: 570-718-4613

Fax: 570-287-5721

<http://www.liu18.org/index.php/ecyeh>

New Students

Name: _____ Date: _____

Birthdate: / / Grade: _____

Parent/Guardian Name: _____

Address: _____ Phone: _____

Zip: _____

Name of school last attended: _____

The School Health Act requires that medical examinations be given in grades K, 6, 11, and new entries and that dental examinations be given in grades K, 3, 7 and new entries. If you prefer the examinations be done by your family doctor/dentist, a form will be sent to you to be completed by your family doctor and returned to the school nurse.

I PREFER TO HAVE MY CHILD EXAMINED BY THE: (CHECK ONE)

SCHOOL DOCTOR

FAMILY DOCTOR

SCHOOL DENTIST

FAMILY DENTIST

Significant Medical Conditions:	Yes	No	If Yes, Please Explain
Allergies.....	<input type="radio"/>	<input type="radio"/>	_____
Asthma.....	<input type="radio"/>	<input type="radio"/>	_____
Cardiac.....	<input type="radio"/>	<input type="radio"/>	_____
Chemical Dependency: Drugs.....	<input type="radio"/>	<input type="radio"/>	_____
Alcohol.....	<input type="radio"/>	<input type="radio"/>	_____
Diabetes Mellitus.....	<input type="radio"/>	<input type="radio"/>	_____
Gastrointestinal Disorder.....	<input type="radio"/>	<input type="radio"/>	_____
Hearing Disorder.....	<input type="radio"/>	<input type="radio"/>	_____
Hypertension.....	<input type="radio"/>	<input type="radio"/>	_____
Neuromuscular Disorder.....	<input type="radio"/>	<input type="radio"/>	_____
Orthopedic Condition.....	<input type="radio"/>	<input type="radio"/>	_____
Respiratory Disease.....	<input type="radio"/>	<input type="radio"/>	_____
Seizure Disorder.....	<input type="radio"/>	<input type="radio"/>	_____
Skin Disorder.....	<input type="radio"/>	<input type="radio"/>	_____
Vision Disorder.....	<input type="radio"/>	<input type="radio"/>	_____
Other – Specify.....	<input type="radio"/>	<input type="radio"/>	_____

Is your child taking any medication? _____ Yes _____ No

If Yes, name of medication: _____

Reason: _____

Does your child have health insurance? _____ Yes _____ No

Insurance Company Name: _____

Signature of Parent/Guardian: _____

Mountain View High School

Student Medical Information

Student Name: _____ Birth Date: _____ Grade: _____
(Please Print)

Physician Name: _____

Physician Address: _____

Physician Phone Number: (____) _____

In case of emergency, please list the hospital of choice: _____

Medical or Psychological problems: _____

Medications: (Name and Dosage): _____

Allergies: _____

The Nature and Purpose of the Health Record

I understand that the information I give to the school nurse is important to the school staff to understand and help promote the health and education of my child.

I understand that the information will be shared with other professionals in the school only when the school Nurse and/or school physician believe that it is in the best interests of my child's health and education.

I understand that if my child transfers to another school a copy of the health record will be sent to that school.

Name of Parent/Guardian
(Please Print)

Parent/Guardian Signature

Date _____

MOUNTAIN VIEW SCHOOL DISTRICT
11749 STATE ROUTE 106
KINGSLEY, PA 18826-9778
High School Office 570-434-2501
Fax Number 570-434-9582

PRIVATE PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION
DURING SCHOOL HOURS

Dear Doctor:

Grade _____

The parent/guardian of _____ has requested that we administer medication(s), namely _____ to the student during the school day. It is our procedure to request that medication be given before or after school hours whenever possible. If it is essential that the student receive the medication(s) during school hours, please complete the following information.

Name of medication(s) _____

Dosage _____

How to be administered (oral or injection) _____

Time schedule for administration _____

Duration of medication administration _____

Possible side effects or contraindications _____

Curtailment of specific school activity (sports, shop, lab, etc.) _____

Other medications prescribed by physician that student is taking outside of school hours _____

Is student capable of self administration _____

Date

Physician Signature

Physician Phone Number

Thank you for your cooperation

School Nurse

TO BE COMPLETED BY PARENT/GUARDIAN

I, therefore, request the school district personnel to give my child the above medication.

I do hereby release, discharge and hold harmless, the school district, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child should there develop a reaction from medication.

Prescription Number _____ Date on bottle _____

Date _____ Signature of Parent/Guardian _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTHPRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20__

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS

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

REPORT OF EXAMINATION

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

Is The Child Under Treatment?

Yes ☐ No ☐

Treatment Completed

Yes ☐ No ☐

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:

Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____

Today's date _____

Date of birth _____

Age at time of exam _____

Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL: <i>Has the student...</i>	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH: <i>Has the student...</i>	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

Adapted in part from the *Pre-participation Physical Evaluation History Form*; ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD ☐ DO ☐ PAC ☐ CRNP ☐

HEALTH CARE PROVIDERS: Please photocopy immunization history from student's record – OR – insert information below.

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

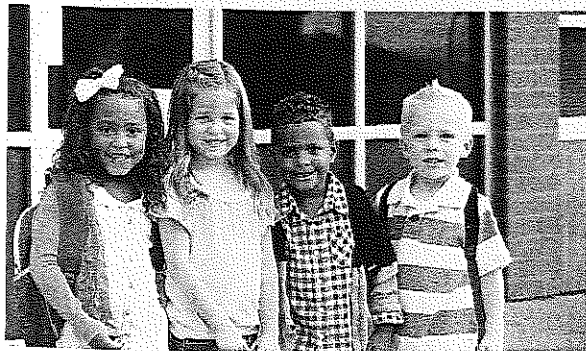
Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/> Date: _____					
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

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.



pennsylvania
DEPARTMENT OF HEALTH

CHROMEBOOK PROGRAM – Grades K-12

Revised 5-10-2022



MOUNTAIN VIEW SCHOOL DISTRICT

CHROMEBOOK

PROGRAM

GRADES K-12

Mountain View School District

11748 State Route 106

Kingsley, PA 18826

570-434-2180

www.mvsd.net

CHROMEBOOK PROGRAM – Grades K-12

One-to-One Technology Initiative

Mountain View School District offers a Chromebook for each student in grades K-12 ensuring that we graduate students who can work digitally, collaborate meaningfully, and communicate in connected, real-world ways. Our teachers and students work to find new apps, new lessons, and new discoveries as they prepare for tomorrow's opportunities. Mountain View is *Where Futures Begin!*

Mountain View has a Google management license that connects our learning community via Google Drive and its productivity suite. This license affords our students the full array of Google Apps for Education and their features. In fact, Google offers thousands of educational apps that teachers and students can use to *power-up* learning. When students sign into Google Chrome with their *MVSD* account, these apps are instantly available wherever they go, making a smooth transition between home and school. Of course, the most powerful app ever is a web browser, which brings the world within students' reach at the touch of a keyboard. Chromebooks are built with this in mind. They run the Chrome OS (operating system) and provide the web via the Chrome browser and apps.

This handbook outlines the District's expectations for the proper handling of Chromebooks, describes students' responsibilities and ways they can best take care of the devices, and includes an agreement for them and their parents, including an option for a Technology Protection Plan. Understanding and abiding by this agreement is necessary in order to provide the best use of Chromebooks to our students. Its regulations, along with the District policy on Internet Acceptable Use and Student Handbooks, provide safeguards to ensure students have a positive experience, as we provide a 1:1 integration of educational technology for all.

Chromebook Loan Agreement

A Chromebook and accessories in good working order are being offered on lease to each student. Each student's acceptance of the equipment indicates the student's and parent/guardian's acceptance of the responsibility to care for the equipment and ensure that it is kept secure and functional, as expressed in this document.

This equipment remains at all times the Property of the Mountain View School District and is lent to the student for educational purposes only. The student may not deface or destroy this property in any way. The equipment is for the use of the student only; family and friends should not use the equipment. This includes siblings, cousins or others who are also enrolled in the Mountain View School District. They will have their own devices assigned to them. Inappropriate use of the device may result in the student losing his or her right to use the Chromebook. The equipment must be returned when requested by the Mountain View School District.

The District property may be used by the student only for school related/educational purposes, in accordance with District policies and rules, the District's Internet Acceptable Use Policy, as well as local, state, and federal law. An email account—a school licensed Gmail account @mvsd.net—will be available for each student to use for appropriate academic communication with other students and staff members only. This email is for communication within the School District only. The email account can be taken away if there is evidence of abuse.

The student may not make or allow others to make any attempts to add, delete, access, or modify District owned information on any Chromebook or any school owned computer. Unauthorized or inappropriate use will result in a cancellation and/or loss of this privilege and possible disciplinary action. The Mountain View School District network is provided for the academic use of all students and staff. The student agrees to take no action that would interfere with the efficient, academic use of the school network. Asset tags have been placed on the Chromebooks. These labels are not to be removed or modified. If they become damaged or missing, contact the IT support staff for replacements. Additional stickers, labels, tags, or markings of any kind are not to be added to the device.

CHROMEBOOK PROGRAM – Grades K-12

Parent & Student Responsibilities

Student Responsibilities:

The Chromebook is an important learning tool and is to be used for only educational purposes. 5th – 12th grade students daily carry their Chromebook in a school issued bag to and from home. In order to take the Chromebook home, you must be willing to accept the following responsibilities.

- When using the Chromebook at home, at school, and anywhere else I may take it, I will follow the policies of Mountain View School District, particularly the Student Handbook and the Internet Acceptable Use Policy, and abide by all local, state, and federal laws.
- I will treat the Chromebook with care by not dropping it, getting it wet, leaving it in an automobile, leaving it outdoors, unsecured, or in a place where it may become damaged or stolen.
- I will not remove the Chromebook from the school issued protective case at any time.
- I will not eat or drink while using the Chromebook. I agree that damage as a result from not following this will be considered negligence and abuse of the Chromebook.
- I will not lend the Chromebook to anyone, not even my friends or family members; it will stay in my possession at all times.
- I will not leave my Chromebook in athletic locker rooms.
- I will not remove District-owned programs or files from the Chromebook.
- I will charge my Chromebook nightly so that it has a full charge at the start of school every day.
- I understand that I will not have the ability to charge my Chromebook during the school day.
- I understand that if I leave my Chromebook at home or do not charge it, I am still responsible for getting course work done as if I had my Chromebook present and charged.
- I will bring the Chromebook to school every day. If I leave my Chromebook at home for multiple consecutive days, I may be called upon to bring the device in to verify possession and condition of the Chromebook.
- I agree that email (or any electronic communication) must be used only for appropriate, legitimate, and responsible educational communication. Failure to comply may mean loss of privilege to use email and/or other disciplinary action.
- I will keep all accounts and passwords assigned to me secure and will not share them with anyone.
- I will not attempt to repair the Chromebook. If it is not working properly, I will notify the District Curriculum/IT Secretary
- I will not purchase replacement components (such as chargers or bags). Those items must be purchased by MVSD's IT department.
- I will bring the Chromebook to the District Curriculum/IT Secretary if it needs repair immediately. If damage occurs during a weekend or holiday, the damage will be reported to the District Curriculum/IT Secretary by the student during homeroom upon the return to school. If it needs repair, the student's record will be checked, a loaner may be checked out if the student is eligible and a device is available, and appropriate fees will be charged to the student's District account if required.

CHROMEBOOK PROGRAM – Grades K-12

Parent/Guardian Responsibilities:

Your son/daughter has been issued a Chromebook to improve his/her education this year. It is essential that the following guidelines are followed to ensure the safe, efficient and ethical operation of this computer.

- I understand that a Chromebook will not be issued until all paperwork is signed and returned, and a failure to complete the paperwork may inhibit my child from fully participating within his/her classes.
- I understand that if a repair needs to be made and/or a loaner needs to be assigned that I need to have my student return the appropriate signed paperwork to the District Curriculum/IT Secretary before any equipment is handed out to them.
- I will discuss our family's values and expectations regarding the use of the Internet at home.
- I will not attempt to repair the Chromebook, nor will I attempt to clean it with anything other than a dry cloth.
- I will not purchase replacement components (such as chargers or bags). Those items must be purchased by MVSD's IT department.
- I will report to the school any problems with the Chromebook and will not delete any District software.
- I will make sure my child recharges the Chromebook nightly.
- I will make sure my child brings the Chromebook to school every day. (5th – 12th grades)
- I understand that if my child comes to school without the Chromebook, I may be called to bring it to school. (5th – 12th)
- I agree to make sure that the Chromebook is returned to school when requested or upon my child's withdrawal from the Mountain View School District.
- I understand that if my student's Chromebook is left at home or not charged properly, my student is still responsible for getting course work done.

CHROMEBOOK PROGRAM – Grades K-12

STUDENT/PARENT

CHROMEBOOK AGREEMENT SIGNATURE PAGE

Please return the completed form to the District Curriculum/IT Secretary on the first day of school.

Student Information

Last Name _____ First Name _____ MI _____

Homeroom _____ Grade _____ Student ID Number _____

Parent Information

Last Name _____ First Name _____

Student Agreement for Chromebook Use:

I, _____,

(print student's first/last name) agree to the following:

- I have read the MVSD Internet Acceptable Use Policy and the Chromebook Program. I will follow all of the school policies and this handbook at all times.
- I understand that I am permitted to use the Chromebook and internet for educational purposes related to school assigned topics and I will exercise responsible behavior when doing such.
- I understand I am responsible for any damage, vandalism, loss, or theft of the Chromebook, power adapter, cord, and accessories whether due to accident, neglect, or intent.
- I will immediately notify the District Curriculum/IT Secretary in case of damage, theft, vandalism, and/or loss of device.
- I agree to return the District Chromebook to the Curriculum/IT Office when requested, when I withdraw from the Mountain View School District, or no later than the collection date at the end of the school year.
- I understand that not returning the Chromebook at these times will result in the Chromebook being locked and a replacement fee will be entered into my obligations account.
- I understand I must clear all Chromebook fees, if any, before participating in school-related events, including attendance at sports, dances, and graduation.

Student Signature: _____

Date: _____

In case of questions, repairs, or technical assistance throughout the school year, students and parents may see the following IT staff.

Matt Georgetti: Room 229 or 570-434-8557

Patty Button: Room 229 or 570-434-8556

Parent/Guardian Agreement:

I, _____,

(print parent's first/last name) agree to the following:

- I have read the MVSD Internet Acceptable Use Policy and the Chromebook Program. I will follow all of the policies/regulations included in the handbook at all times. I will hold my child accountable to these policies and regulations.
- I understand that this Chromebook is designated for educational purposes and, therefore, my child's violations of this agreement may be cause for the removal of his/her Chromebook privileges.
- I assume financial responsibility for any damage, vandalism, loss, or theft of the Chromebook, power adapter, cord, and accessories whether due to accident, neglect, or intent. Further, I understand if my child accidentally or purposefully damages or breaks another student's Chromebook, power adapter, cord, or accessories, I am financially responsible for all expenses related to repairs or replacement. It will be the right of the principal or his/her designee to determine the nature of and cost of damages.
- I understand that I have the option to purchase a **Technology Plan** that will cover one accidental incident (see details on the Technology Plan form)
- I understand that the Chromebooks are District owned devices and all content stored on the Chromebook is subject to review at any time.
- I accept these responsibilities when my student uses a MVSD Chromebook at any time.
- I understand that if my student fails to return the Chromebook when/as directed, I will pay the replacement cost of the Chromebook, power adapter, cord, and accessories provided by the District. Failure to do so may result in a criminal and/or civil court prosecution.
- I understand that I must clear all my student's Chromebook fees, if any, before my student participates in school-related events, including attendance at sports, dances, and graduation/commencement activities. I understand that if the fees are not cleared by the end of this school year, a citation may be filed with the magistrate.

Parent/Guardian Signature: _____

Date: _____

Agreement will continue as long as student remains enrolled at MVSD
Unless major revisions are necessary or privileges are revoked

CHROMEBOOK PROGRAM – Grades K-12

2022-2023 MVSD TECHNOLOGY PROTECTION PLAN

This is an optional and voluntary program available to all students/parents

Please read this entire document to determine if this program is needed for you and your child's protection against damage of the MVSD Chromebook equipment in your care. Please refer to additional information in the current Chromebook Handbook for specific examples of how the plan works. This form must be completed and marked YES (with payment attached) or NO before the Chromebook will be provided to the student.

Coverage and Benefit

This agreement covers the MVSD Chromebook loaned to the student against some incidents of accidental damage. The following items are **NOT** covered:

- A Chromebook that is lost or stolen
- Damage caused by negligence including but not limited to leaving it outside in an automobile, immersion in liquid, any type of damage caused by food or drink, damage caused by pets, rough/inappropriate handling, etc.
- Intentional misuse of one's own or a peer's device
- More than one accidental incident, including more than one broken screen or accessories.
- Loss of power adapter/cord

Effective and Expiration

This coverage is effective from the date this form is returned and premium payment is received through the school year or sooner if student withdraws. It covers the cost of repair.

Premium (prices subject to change)

The current cost is \$30 (\$20 for Reduced lunch participants and \$10 for free lunch participants) **paid annually**.

It is agreed and understood that:

- A separate signed application will be needed for each Chromebook covered.
- It will be the right of the principal or his/her designee to determine if damages were due to negligence or accidental in nature.
- The principal reserves the right to review all damages, determine negligence and cost of repair/replacement, assess such charges, and evaluate a student's privilege of taking the Chromebook to and from home. Students must

clear all charges before participating in school-related events.

Please complete the information below and bring the form to the District Curriculum/IT Secretary.

LAST NAME / FIRST NAME of the STUDENT (please print)

Student ID #

Grade Level

Home Address

City, State, Zip

Home Phone

YES, I would like to participate in the Technology Protection Plan. My full payment of \$ _____ is attached. Make checks or money orders payable to: **Mountain View School District** ***NO CASH WILL BE ACCEPTED***

NO, I decline the Technology Protection Plan service at this time. I understand I am responsible for 100% of any damage or loss to the MVSD Chromebook and accessories. The current replacement cost of a Chromebook, power adapter, cord, and school issued protect case is \$377. Costs are subject to change.

Parent/Guardian Signature

Date

FOR INTERNAL USE ONLY

Date _____ Recorded by _____

Check # _____ MO _____ FREE / REDUCED _____

The Protection Plan is only for one year and must be renewed each year for student to be covered

CHROMEBOOK PROGRAM – Grades K-12

Incident Assessment Chart

Incident	Action(s) Necessary	Cost
Accidental Damage of Chromebook, Adapter, Power Cord, or protective case (1st Instance)	<p>A damage report must be made immediately to the District Curriculum/IT office secretary with a description of how the damage occurred. "I don't know." is not an acceptable reason and may be cause for the damage to not be covered.</p> <p>The device must be returned to school so that a new or spare device may be issued.</p>	<p>With the Protection Plan, no cost for accidental damage.</p> <p>Without the Protection Plan, cost of repair or replacement will be assessed.</p>
<p>Accidental Damage (2nd Instance and subsequent instances)</p> <p>More than one (1) occurrence of loss, theft or damage in a school year.</p>	<p>A damage report must be made immediately to the District Curriculum/IT office secretary with a description of how the damage occurred. "I don't know." is not an acceptable reason and may be cause for the damage to not be covered.</p> <p>The device must be returned to school so that a new device or spare device can be provided. A spare device may not be issued for a 2nd break if the cost of the 1st break (if not covered by insurance) has not been paid for.</p> <p>The student may be required to wait until the original device is returned from service before having use of a Chromebook.</p> <p>Some loss of privileges of using the Chromebook may occur such as the following:</p> <ul style="list-style-type: none"> -limiting participation in the Chromebook program -may not be permitted to take the device home <p>This may also result in a referral for disciplinary action at Level II.</p>	<p>With or without the Protection Plan student or parent pays for repair or replacement cost, whichever is lesser will be assessed.</p> <p>Per current Estimated Repair/Damage Cost</p>
Intentional Damage / Abuse	<p>Upon notification or administration's knowledge of an incident of intentional damage or abuse, the device must be returned to the IT Department. Deliberate damage will be referred to the administration.</p> <p>Applicable Board policies and/or school building policies will be followed with regard to appropriate discipline for damage to school property.</p>	Up to replacement cost.
<p>Loss / Theft</p> <p>Unless person(s) responsible for a theft are identified, the incident will be considered a loss.</p>	A report must be made immediately to administration - In the event of theft or non-return, a police report will be filed.	Replacement cost
ID Card Loss or Obscene Drawings	All student ID cards are to remain in the Chromebook case as provided without alterations made to them. Graffiti and inappropriate / obscene markings are not allowed.	Replacement fee of \$1 for each incident and disciplinary action for inappropriate / obscene markings.

CHROMEBOOK PROGRAM – Grades K-12

Procedures for Damages Not Covered

1. Did not purchase annual Technology Protection Plan
 - a. Parent/student will complete a damage report that can be found in the District Curriculum/IT Office.
 - b. Technology Department will assess damage and prepare cost to fix
 - c. Parent/Student will receive an invoice of cost and description of repair
 - d. Record of invoice sent and any payments received will be added to the student record

2. Technology Protection Plan purchased but repair not covered; Chromebook determined to be lost, stolen, vandalized, abused, or have multiple accident claims.
 - a. Parent/student will complete damage report that can be found in the District Curriculum/IT Office
 - b. Technology Department will assess damage and prepare cost to fix
 - c. Technology Department will provide explanation of why the damage was deemed not to be covered by Technology Protection Plan
 - d. Parent/Student will receive an invoice of cost and description of repair
 - e. Record of invoice sent and any payments received will be sent to the Building for the student record

No Expectation of Privacy

No one should have any expectation of privacy or confidentiality with regard to any usage of a Chromebook issued by the District, regardless whether the usage happens for school-related purposes or not. **Without prior notice or consent, the District may access, supervise, view, monitor and record student use of Chromebooks at any time for any reason related to the operation of the District.** Chromebook browsing history in and outside of school is always logged. From time to time, the District may conduct random checks of Chromebooks and inspect their contents and condition. By using a Chromebook, students agree to such access, monitoring, and recording of their use.

Monitoring Software

School administrators, teachers, and IT staff may use monitoring software that allows them to view screens and activity on student Chromebooks at school during school hours.

Files Downloaded onto Chromebooks

All images, documents, files, and apps downloaded onto the Chromebook become the property of the Mountain View School District as allowable by law.

CHROMEBOOK PROGRAM – Grades K-12



MVSD

Chromebook Damage Report

Name: _____

Passcode to unlock unit: _____ Asset Tag # _____

Building: _____ Grade: _____

Date _____

Description of Damage (*include how the damage occurred*) **"I DON'T KNOW" IS NOT A REASONABLE EXPLANATION AND MAY RESULT IN THE DAMAGE NOT BEING COVERED.**

Student Signature: _____

Parent Signature: _____ Phone # _____

Principal Signature: _____ Date: _____

Official Use Only:

Protection Plan Purchased: YES NO

Damaged Covered: YES NO

If NO, rationale:

Resolution / Action:

_____ Date: _____

Signature of School Official

Mountain View Jr/Sr High School Cafeteria Deposit Slips

Make check or money order payable to:
Mountain View School District Food Service

Student Name _____

Amount Deposited _____

Date _____ Check Number _____

_____ Please do not allow my child to purchase extras

Make check or money order payable to:
Mountain View School District Food Service

Student Name _____

Amount Deposited _____

Date _____ Check Number _____

_____ Please do not allow my child to purchase extras

Make check or money order payable to:
Mountain View School District Food Service

Student Name _____

Amount Deposited _____

Date _____ Check Number _____

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Make check or money order payable to:
Mountain View School District Food Service

Student Name _____

Amount Deposited _____

Date _____ Check Number _____

_____ Please do not allow my child to purchase extras

EXCUSE FOR ABSENCE OR TARDINESS

*tardy
was *absent
(*Cross Out One)

from School on _____
An explanation from the parent, or guardian, in each case of absence, or tardiness, is required for admission to school. Kindly state the reason below.

Teacher _____

The reason for *absence - *tardiness was _____

Date _____
Signature of Parent or Guardian _____
This excuse must be kept on file for the inspection of School Officials.
Absence claimed by illness may require a report from a physician, or examination by the School Nurse or Health Official.

Form 27. KURTZ BROS., Clearfield, Pa.

EXCUSE FOR ABSENCE OR TARDINESS

*tardy

was *absent
(*Cross Out One)

from School on _____
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Form 27. KURTZ BROS., Clearfield, Pa.

STUDY HALL RULES FOR STUDENTS

STUDENTS MUST:

- Be on time for study hall. (Three lates equal detention)
- Come to study hall prepared to work for the entire period.
- Sit in assigned seats.
- Sign out on the "library sign out" sheet if you wish to go to the library.
- Provide the study hall monitor with a pre-signed pink pass from a teacher in order to be signed out of study hall to another teacher's classroom.
- Remain in seats until study hall monitor dismisses.

STUDENTS MUST NOT:

- Go to their locker once they arrive in study hall.
- Talk or work in groups.
- Sleep or rest with head on desk or eyes closed.
- Eat or drink.
- Bring jacket/coat or hooded sweatshirts.

CAFETERIA EXPECTATIONS

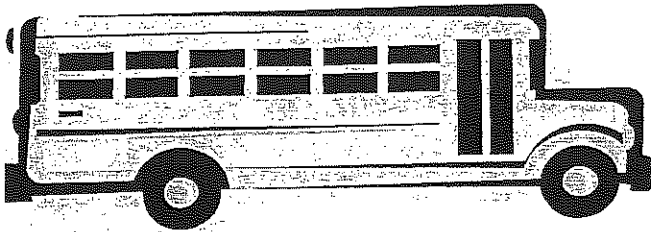
- Keep floor and table clean around your seat.
- Follow serving order as directed by monitors.
- Sign out when leaving cafeteria.
- Food or other items may not be thrown.
- Excessive noise and disturbances are not permitted.

CONSEQUENCES FOR NON-COMPLIANCE:

- Temporary assignment to a designated seat within the cafeteria for a length of time to be determined by the Dean of Students.
- Removal from the cafeteria during lunch (lunch detention).
- ISS (In School Suspension).

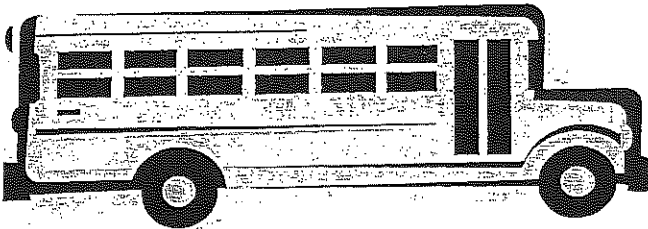
STUDENT BUS RULES

- Report bullying to the bus driver and the Principal's office immediately!
- Sit in your assigned seat.
- Stay seated for the entire ride. Face front. No leaning in the aisle.
- Keep hands and feet to yourself.
- Talk quietly. No yelling. No profanity.
- Do not throw anything in the bus or out of the bus at any time.
- Tell the driver of any incidents that happen.
- No eating, drinking or chewing gum.



STUDENT BUS RULES

- Report bullying to the bus driver and the Principal's office immediately!
- Sit in your assigned seat.
- Stay seated for the entire ride. Face front. No leaning in the aisle.
- Keep hands and feet to yourself.
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- Do not throw anything in the bus or out of the bus at any time.
- Tell the driver of any incidents that happen.
- No eating, drinking or chewing gum.



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
diary, etc.)



Eggs



Chickens



Crops
wheat, corn,
soybeans, etc.



Vegetables



Dairy



Nursery, Sod,
Greenhouse



Fruits



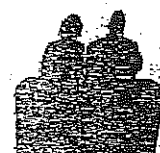
Hay



Trees, Timbers
Plants, Flowers



Soil Preparation



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

Parents' Names: _____

Address: _____

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

ase 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:



Ganados, Ovejas, Cerdos, Vaquería



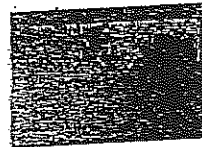
Huevos



Gallinas



Trigo, Maíz, Frijoles



Verduras



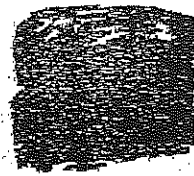
Lechera



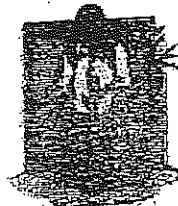
Semillero, Césped, Invernadero,



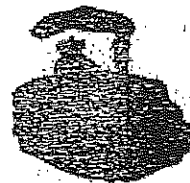
Frutas



Pasto Seco



Árboles, Madera, Plantas, Flores



Preparación de Suelo



Procesando (pollo, carne, cerdo, frutas, verduras, árboles)

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 Jr/Sr High School Food Service

Point of Sale Policy

Mountain View School District offers a point of sale system-P.O.S. in its cafeteria. Students will be required to purchase food items using a **PIN number** that allows a student access to his/her own food account. Students may use cash or the money that has been deposited in their account, but all transactions must go through the P.O.S. system by entering a pin number. Students will be assigned their own individual PIN number and it should not be shared with anyone else. This account is computerized and used for all food-related transactions. Students qualifying for free or reduced lunch have an identical account established in their name, which will be indistinguishable from the paying student's account.

Free and reduced lunch applications are available at any time throughout the school year in the high school or elementary office. You may also complete the application online at www.compass.state.pa.us or on our MVSD website (www.mvsd.net) under Parents and then click on Lunch App.com.

---Applications must be filed each year within 30 days of the first day of school. (August 29, 2022) *All parents are strongly encouraged to fill out an application.*

The prices for the 2022-2023 school year are as follows:

High School Breakfast	Full Price -	\$1.10	High School Lunch	Full Price -	\$2.25
	Reduced Price -	\$0.30		Reduced Price -	\$0.40
	Adult Price -	\$2.00	Milk	Adult Price -	\$3.90
					\$0.65

Free meal students do not receive a FREE MILK unless the daily Lunch meal is received.

Payment

Parents/Guardians are asked to make payments into the accounts preferably by writing checks, online or money orders payable to: **MVSD Food Service**. Payments are encouraged to be mailed. Cashiers will not handle cash, checks or money orders. Students can deposit cash, checks or money orders into their account by placing their payment in an envelope along with the student's name and account number and placing it in a locked drop-box. You can also deposit money directly into your children's account online using credit, debit or electronic check. You can access this service at www.SendMoneyToSchool.com. This tool enables you to connect and provide a simple, safe and secure gateway to communicate and transact payments.

OVERDUE Cafeteria Account.

Charging and Notification

If your account balance goes negative:

If your account balance is negative **-\$15.00***** (see below): All purchases must be made with cash until a deposit is made to your account.

Parents/Guardians who do not respond to negative balances alerts will have charges filed with the District Magistrate.

Statements can be obtained anytime by calling the Director of Food Services at (570) 434-8527 or by email at nutrition@mvsd.net. Parents may also submit a written request.

******Our policy guidelines require that all students be provided breakfast and/or lunch. If student/parent does not pay towards account after a negative \$15.00 balance, they will receive a hot lunch along with a milk, fruit and vegetable to ensure adequate nutrition. Their account will continue to be charged.***

Policy subject to change by the Board of Education.

STEP 1 List ALL Household Members who are infants, children, and students, up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper.)

Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Homeless	Foster
Migrant,	Child
Runaway	

[illegible]

IF NO > Go to STEP 3.

IF YES > Write a case number here, then go to STEP 4. Do not complete STEP 3.

Case Number: _____
Write only one nine (9) digit case number in this space.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How often?

Household Members listed in STEP 1 here:

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only.

If no income is received from any source, write

any field

How often?

How often?

[illegible]

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" to get more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

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

<div>Printed name of adult signing the form</div>		<div>Daytime Phone and Email (optional)</div>	
<div>Street Address (if available)</div>		<div></div>	
<div>Apt #</div>	<div>City</div>	<div>State</div>	<div>Zip</div>
<div>Signature of adult</div>		<div>Today's date</div>	

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security • Disability Payments • Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's Racial and Ethnic Identities

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

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
 Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

SCHOOL USE ONLY - DO NOT FILL OUT

Total Income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Monthly ☐ Yearly Household Size: _____
 Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____ ☐ Categorically Eligible ☐ Other Source Categorically Eligible
 Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____
 Signature of School Employee Completing Verification: _____ Date: _____

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross Salary, wages, cash bonuses - Net income from self-employment (farm or business) * Reporting Annual Income is allowable for seasonal or self-employment if you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food, and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

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

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

This institution is an equal opportunity provider.

* All Household Applications must be returned to your child's school for processing.