WELCOME TO

Pocono Mountain School District

PO Box 200 • Swiftwater, PA 18370-0200 • 570-839-7121

STUDENT REGISTRATION PACKET

Call for appointment
(570) 839-7121, Ext. 40400

DRIVING DIRECTIONS TO STUDENT REGISTRATION CENTER
From Route 611 (South of Mount Pocono, North of Tannersville)
Turn onto Swiftwater Road (by Sanofi Pasteur and Acorn gas station)
Stay LEFT at the Y in the road
Take the first LEFT onto Pocono Mountain School Road
Take first LEFT (after the Administration Building)
Turn RIGHT at the 2nd stop sign by the Bus Garage
Building is straight ahead
Parking and Entrance are to the Right

In the event that school is delayed or canceled due to inclement weather,
The appointment will be rescheduled.

POCONO MOUNTAIN SCHOOL DISTRICT

REQUIRED DOCUMENTS

REQUIRED DOCUMENTS FOR ALL CHILDREN

The mandated documents below shall be completed and filed with the school district prior to any child being accepted as a pupil.

All applications for registration of students must contain the following:

1. Proof of Age [24 P.S. §13-1304]
   - Original or certified official birth certificate or original or certified baptismal certificate
2. Immunization Records [24 P.S. §13-1303a]
   - Certificate of immunization issued in accordance with the rules and regulations of the Pennsylvania Secretary of Health and the Advisory Health Board
   - Students who are not immunized as required by the Pennsylvania Department of Health, or who are not medically or religiously exempt may not be admitted to school.
3. Proof of Residence [24 P.S. §13-1302 and Pocono Mountain School District Policy 200]
   - Application for registration must be accompanied by two proofs of residency from the list below:
     1. A recorded deed indicating address of residence, and name(s) of property owner(s) for an improved property within the district
     2. A mortgage settlement document(s) indicating address of residence and name(s) of property owner(s)
     3. Payment, or proof of liability for payment, of municipal and/or school district taxes for an improved property within the district for the current or immediately preceding tax year
     4. A signed lease agreement providing for occupancy of a residence or residential unit within the district
     5. A signed agreement of sale for the purchase of a residence or residential unit within the district
     6. A signed contract for the construction of a residence within the district, together with a copy of the building permit and/or other applicable permits
     7. Pennsylvania Driver's License indicating an address within the district
     8. Pennsylvania identification card indicating an address within the district
     9. Pennsylvania automobile registration indicating an address within the district
     10. Utility bills indicating payment of utilities due to occupancy of a residence within the district
     11. Signed income tax return filed for the current or immediately preceding tax year indicating an address within the district
     12. Current check stubs from wages, public assistance, social security or other source of income indicating an address within the district
     13. Occupancy permit issued by the local municipality for the residence in question
4. Parent Registration Statement [24 P.S. §13-1304a]
   - Parent Registration Statement attesting to whether the student has been or is suspended or expelled for offenses involving drugs or alcohol, weapons or violence

ADDITIONAL REQUIRED DOCUMENTS FOR CHILDREN, NOT ONE'S OWN

The mandated documents below shall be completed and filed with the school district prior to any child being accepted as a pupil. Applications for registration of students not residing with their parent or guardian must contain the following in addition to all other required documents:

1. Foster Children [24 P.S. §13-1305]
   - Original letter from the court, association, agency or institution indicating compensated placement with the resident, and the resident school district of the natural parent(s) and;
   - Signed sworn statement that the child has been placed by a bona fide agency in the home of the resident with compensation
2. Other Children, Not One's Own [24 P.S. §13-1302]
   - Appropriate legal documentation to show dependency/guardianship (Custody orders or agreements are not valid proof of guardianship.
   - Signed sworn statement that the child is being supported gratis and the resident will continuously assume all personal obligations for the child relative to school supported by one of the following:

A child shall be considered a resident of the school district in which his parents or the guardian of his person resides, and will be enrolled in the school building he/she would normally attend in accordance with established school district attendance areas.

IMMUNIZATION REQUIREMENTS

Pennsylvania School Immunization Requirements [28 P.S. §23 (C)]

1. All students need the following immunizations to attend school:
   - 4 doses of tetanus (usually given as DTP or DTaP or DT or TD) with one dose on or after the 4th birthday
   - 4 doses of diphtheria (usually given as DTP or DTaP or DT or TD) with one dose on or after the 4th birthday
   - 3 doses of polio
   - 2 doses of measles (usually given as MMR) with the first dose on or after the 1st birthday
   - 2 doses of mumps (usually given as MMR) with the first dose on or after the 1st birthday
   - 1 dose of rubella (German Measles) (usually given as MMR) with the first dose on or after the 1st birthday
   - 3 doses of hepatitis B
   - 2 doses of varicella (chickenpox) with the first dose on or after the 1st birthday or history of disease

2. Students in 7th Grade need the following **additional** immunizations to attend school:
   - 1 dose of tetanus, diphtheria, acellar pertussis (Tdap) if 5 years has elapsed since last tetanus immunization
   - 1 dose of meningococcal conjugate vaccine (MCV)

Proof of immunization means a written record showing the dates (month, day, year) your child was immunized.

The only exceptions to the school laws for immunization are medical reasons and religious beliefs. If your child is exempt from immunizations, your child may be removed from school during a disease outbreak.

POCONO MOUNTAIN SCHOOL DISTRICT

REGISTRATION CHECKLIST

Parent Use Only	Office Use Only
☐ Bring Proof of Age	☐ Proof of Age
☐ Bring Immunization Records	☐ Immunization Records
☐ Bring 2 Proofs of Residency	☐ Proof of Residency ☐ 1 ☐ 2
☐ Bring Recent Transcript/Report Card	☐ Recent Transcript/Report Card
☐ Bring Special Education Files (If applicable)	☐ Special Education Files (If applicable)
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☐ Registration Form (Page 1-4)	☐ Registration Form (Page 1-4)
☐ Consent for Release of Student Records	☐ Consent for Release of Student Records
☐ Home Language Survey	☐ Home Language Survey
☐ Student Health History	☐ Student Health History
☐ Dental Form (K-5)	☐ Dental Form (K-5)
	☐ Agency Letter
	☐ Custody Paperwork
	☐ Foster Form
	☐ Sworn Statement
	☐ Notarized Parent Letter
	☐ Free/Reduced Meal Form
	☐ Release Sent
	☐ Email
	☐ Scan
	☐ HAC ID- _____
	☐ Special Education Records Copied/Sent
	☐ Photo

Start Date _____

Information Received and Entered on _____ by _____

POCONO MOUNTAIN SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Student Biographical Information

Student Name _____ Birthdate ____/____/_____ Age _____
(Last) (First) (Middle) (mm) (dd) (yyyy)

Gender ☐M ☐F **Grade Entering** _____ Proof of Age Documentation **attached** ☐Y ☐N

Name of Last School Attended _____

Address of Last School Attended _____ Last School's Phone # _____

_____ Last School's Fax # _____
(City) (State) (Zip Code)

Has student ever been retained in a grade? ☐Y ☐N If yes, which grade _____

Has student ever attended in this school district? ☐Y ☐N If yes, which school _____

Has student ever attended another school in PA? ☐Y ☐N If yes, list school and grade _____

Did student ever attend school **outside** of the United States? ☐Y ☐N If yes, where _____

If yes, what year did student first attend a school in the United States? _____

For state and federal reporting requirements, use the following definitions (select one race code and one primary ethnicity):

Race Code: ☐Caucasian/White ☐Asian ☐Black/African American ☐American Indian/Alaskan Native ☐Hawaiin/Pacific Islander

Select Primary Ethnicity ☐ Hispanic or Latino; (any race) ☐ Not Hispanic or Latino (any race)

Student Miscellaneous Information

Student's Native Language _____ Is the student a U.S. Citizen? _____

Student's City, State and Country of Birth _____

Is there a Court Order involving this student? ☐Y ☐N If **YES**, please provide a copy to the school office, otherwise we are unable to abide by its contents.

Is this student in the custody of someone other than a parent? ☐Y ☐N If yes, what is the relationship _____

FOR OFFICE USE ONLY

Student ID# _____ **Date Entered/Reentered** _____ **Entry Code** _____

Building Attending _____ Home Building _____

Special transportation needs? ☐NONE ☐Wheel chair ☐Seat Belt ☐Lift ☐Harness ☐Aide ☐Door-to-Door ☐Other

Institutionalized Child (1306) ☐Y ☐N (If yes, complete PDE-4605 and submit to child accounting)

Foster Child (1305) ☐Y ☐N (If yes, attach 1305 – Affidavit)

Data Entry/Secretary's Initials _____

Address of Adult Resident(s) with whom student resides

_____
(Mailing Address of Residence) (City) (State) (Zip Code)

_____
(Physical Address of Residence) (City) (State) (Zip Code)

Exact Directions to Residence:

_____

_____

_____

Name of Development/Subdivision: _____ **Lot #** _____

Name of property owner/landlord if other than resident: _____

Adult Resident(s) with whom student resides

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____

Primary Phone Numbers:

Home_____-_____-_____ Work _____-_____-_____ Ext _____; Cell _____-_____-_____

E-Mail Address _____

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____

Primary Phone Numbers:

Home_____-_____-_____ Work _____-_____-_____ Ext _____; Cell _____-_____-_____

E-Mail Address _____

Educational Services

Check *ALL* services that your child is currently receiving:

- ☐ Individualized Education Plan **(Special Education Services)**
- ☐ Gifted Individualized Education Plan **(Gifted Education Services)**
- ☐ Section 504/Chapter 15 Service Agreement **(Special Accommodations for Health/Physical needs)**
- ☐ ESL (English as a Second Language)
- ☐ Speech/Language Support
- ☐ Early Intervention Program
- ☐ Remedial Math (Extra Help)
- ☐ Remedial Reading (Extra Help)
- ☐ IST (Instructional Support Team)

Additional Household Information

Will the student be riding the bus from somewhere other than your residence? ☐Y ☐N ☐Pick Up ☐Drop Off ☐Both

If yes, from where ☐ Day Care Day Care name, location and phone number _____

☐ Babysitter Babysitter name, location and phone number _____

☐ Other Name, location and phone number _____

Do you live on federal property or work for the federal government? ☐Y ☐N

Are you a migrant farm worker? ☐Y ☐N If yes, please complete a CHILDREN OF MIGRANT WORKERS Form

Other children living at this address:

1.) Full Name _____ Birthdate ___/___/___ Grade ____ School _____

2.) Full Name _____ Birthdate ___/___/___ Grade ____ School _____

3.) Full Name _____ Birthdate ___/___/___ Grade ____ School _____

4.) Full Name _____ Birthdate ___/___/___ Grade ____ School _____

Second Parent Information (Parent student does NOT reside with if applicable)

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____

Mailing Address: _____

_____

Primary Phone Numbers:

Home_____-_____-_____ Work _____-_____-_____ Ext _____ Cell _____-_____-_____

E-Mail Address _____

Emergency Contact Information

Who shall be the local contacts if parent/guardian cannot be reached?

First Contact Name_____ Relationship_____

Contact Address _____ Home/Work Phone_____

Second Contact Name_____ Relationship_____

Contact Address _____ Home/Work Phone_____

Is your child under medical care? ☐Y ☐N If yes, please give reason _____

Does your child have any allergies? ☐Y ☐N If yes, please list _____

In case of an accident or illness requiring emergency care, I request the school to contact me. If the school is unable to reach me immediately, I hereby authorize the school to call the physician indicated below and follow his/her instructions. If it is impossible to contact the physician immediately, I hereby authorize the school authorities to make whatever arrangements that they deem necessary under the circumstances for treatment. In emergency situations where a student needs transportation via ambulance to a hospital, the student will be transported to the nearest hospital within the ambulance service area.

Physician's Name and Address: _____ Physician's Phone Number _____

Medical Insurance Provider: _____ Dental Insurance Provider: _____

PARENTAL REGISTRATION SWORN STATEMENT

Student Name: _____ Birthdate: _____

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 or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child (check one) ☐was/☐was not previously suspended or expelled, or (check one) ☐is/☐is not presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or 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 the following:

- Name of the school from which student was suspended or expelled -

  _____

- Dates of suspension or expulsion

  _____

- Reason for suspension/expulsion (optional)

  _____

(Provide additional schools and dates of expulsion or suspension on the back of this sheet if necessary.)

_____
Signature required in presence of notary

Commonwealth of Pennsylvania
County of MONROE

_____
Date

Sworn to and subscribed before me

this _____ day of_____ 20 _____

_____
Notary Public

POCONO MOUNTAIN SCHOOL DISTRICT PROVIDES NOTARY SERVICES FREE OF CHARGE FOR THIS FORM.

Any willful 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.

RELEASECONSENT

POCONO MOUNTAIN SCHOOL DISTRICT

CONSENT FOR RELEASE OF STUDENT RECORDS

Student Name: _____ Grade _____

Name of Last School Attended: _____

Address _____

_____

Telephone Number _____ Fax Number _____

Information Requested: Pocono Mountain School District may have a copy of or access to the following school records for the above named student:

__X__ Official Administrative Record (Name, Address. Birth Date, Grade Level completed, Grades, Class Standing, Attendance Record)

__X__ Standardized Achievement Test Scores

__X__ Intelligence and Aptitude Test Scores

__X__ Personality and Interest Test Scores

__X__ Teacher and Counselor Observations and Ratings

__X__ Act 26 Records

__X__ Family Background Data

__X__ Health Records

__X__ Psychological Records - to include Individualized Education Program (IEP) and Evaluation Report (ER).

_____ _____

Parent/Guardian Signature Date

_____ _____

Signature of School Official Date

Please forward records to the Pocono Mountain SD at the address circled below:

Pocono Mountain East H.S. PO Box 200 231 Pocono Mountain School Rd Swiftwater, Pa 18370 Fax: 570-839-7164	Pocono Mountain West H.S. 181 Panther Lane Pocono Summit, Pa 18346 Fax: 570-839-5782	Pocono Mountain Academy 180 Panther Lane Pocono Summit, Pa 18346 Fax: 570-839-2836
Pocono Mountain East Jr. H.S. PO Box 200 125 Center Court Swiftwater, Pa 18370 Fax: 570-839-3242	Pocono Mountain West Jr. H.S. 180 Panther Lane Pocono Summit, Pa 18346 Fax: 839-6831	Pocono Mountain School District Student Registration PO Box 200 Swiftwater, Pa 18370 Fax: 570-839-5945
Swiftwater Intermediate School PO Box 200 208 Campus Drive Swiftwater, Pa 18370 Fax: 570-839-7820	Clear Run Intermediate School 800 Route 611 Tobyhanna, Pa 18466 Fax: 570-894-4826	Tobyhanna Elementary Center 398 Old Route 940 Pocono Pines, Pa 18350 Fax: 570-646-6147
Swiftwater Elementary Center PO Box 200 135 Academic Drive Swiftwater, Pa 18370 Fax: 570-839-5935	Clear Run Elementary Center 780 Route 611 Tobyhanna, Pa 18466 Fax: 570-894-1286	

Federal Law 99.21 "No parent signature required for educational records sent to another educational agency".

POCONO MOUNTAIN SCHOOL DISTRICT

HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Student Name: _____ Grade _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English? ☐Y ☐N
   (Do not include languages learned in school.)

   If yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Has the student attended any United States school in any 3 years during his/her lifetime?

   ☐ Y ☐ N

   If yes, complete the following:

Name of School	State	Dates Attended

Parent/Guardian Signature: _____ Date: _____

* The school district has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district may conduct screenings or ask for related information about students who are already enrolled in the school as well as students who enroll in the school district in the future.

POCONO MOUNTAIN SCHOOL DISTRICT

STUDENT HEALTH HISTORY

Child's Name: _____ Grade: ____ Birthdate: _____

1. List any **MEDICAL CONDITIONS** your child has:

   _____

   _____

   _____

2. List all **MEDICATIONS** that your child is currently taking:

   Daily_____

   As needed_____

3. List any **ALLERGIES** your child has. (Food, insect, medications, other)

   _____

   _____

   Type of reaction_____

4. Does your child have any **PHYSICAL LIMITATIONS**?

   Please list_____

5. Does your child use/wear:

   a. Glasses/contacts Yes_____ No_____

   b. Hearing aid Yes_____ No_____

6. Has your child had the **CHICKENPOX DISEASE**?

   If yes, date of disease_____

Parent/Guardian signature_____Date_____

Pocono Mountain School District

Dental Screening Permission

Grades K-5

Child's Name: _____ Grade: _____ Birthdate:_____

Written permission is required for your child to be given the periodic dental screening and other dental services required by state statute, during the years he/she is enrolled as a student in the district. You will be notified in advance of the dates and times of any screening or services and you have the right to be present if you so desire. There is no financial obligation on your part for these services.

In the event that you do not give your permission for these dental screening and services, the school will not provide these services and you will be required to have the services provided by a private dentist and reports provided to the district.

Please Check One:

_____ Yes (Permission Granted)
_____ No (Permission Denied) **Report from your private dentist will be required**

Does your child have dental insurance? _____ Yes or ____ No

If yes, name of insurance provider:_____

If MEDICAID/CHIP - Circle one - Medicaid, Gateway, United Healthcare, Keystone First, AmeriHealth Caritas, UPMC, Health Partners, Geisinger CHIP, Aetna, United Concordia Chip, Coventry Cares, Kidz Partners, Blue Cross CHIP, or Other_____

Does your child have a dentist? _____ Yes or _____ No

Name of dentist: _____
Phone #: _____

_____ _____
Parent/Guardian Signature Date

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POCONO MOUNTAIN SCHOOL DISTRICT

CONSENT FOR RELEASE OF STUDENT RECORDS

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Address _____

_____

Telephone Number _____ Fax Number _____

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__X__ Family Background Data

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_____ _____

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_____ _____

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