

Wyalusing Area School District



Request for Records

I give permission for _____
School holding pupil's records (Last School of Attendance)

_____ Address

_____ City _____ State _____ ZIP

To release the following report/records: Health, Dental, Immunizations
Cumulative Folder contents
Psychological (IEP's and/or ER's if applicable)
Scholastic (grades, test results)
Attendance and Disciplinary Records

PIMS Student Template Data to include PA Secure ID and Grade 9 Entry Date

Concerning my child _____

_____ Date of Birth _____ Grade

_____ Signature of Parent/Guardian _____ Date _____ Phone Number

_____ Address & City _____ State _____ ZIP

Please send all records to: Grades 7 through 12

**Wyalusing Valley High School
Attention: Ann Overman
11364 Wyalusing New Albany Rd
Wyalusing, PA 18853
570-746-1600 ext. 2308
570-746-2053 FAX
aoverman@wyalusingrams.com**

Grades K through 6

**Wyalusing Elementary School
Attention: Yvonne Kelly
11450 Wyalusing New Albany Rd
Wyalusing, PA 18853
570-746-1600 ext. 1307
570-746-9156 FAX
ykelly@wyalusingrams.com**

Wyalusing Area School District



Student Registration Information

Welcome to the Wyalusing Area School District. In order for us to facilitate a smooth transition for your child into the Wyalusing Area School District, please complete the information below as completely as possible.

Date: _____ **Entrance Date:** _____

Student's Name: _____

(As on Birth Certificate) *Last* _____ *First* _____ *Middle* _____

Address: _____ **City** _____ **Zip** _____

County _____ **Township/Boro** _____

Birth Date _____ **Gender:** M F **City and State of Birth** _____

Social Security # _____ **Date Entered PA** _____ **US** _____

Language _____

Race: Are you Hispanic or Latino? **Yes** or **No** (*US Dept. of Ed. reporting requirement*)

Please circle: **1** – American Indian/Alaskan Native **3** – Black/African American (not Hispanic)

4 – Hispanic (any race) **5** – White/Caucasian (not Hispanic) **6** – Multi-racial

9 – Asian **10** – Native Hawaiian or other Pacific Islander

Grade Entering _____ Is your child repeating the same grade as last year? **Yes** **No**

During this school year was your child: Enrolled in a school system? **Yes** **No**

During this school year did your child: Receive Free Lunch _____ / Reduced Lunch _____

Name of Last School Attended _____ Was this school in PA? **Yes** **No**

Is your child NEW or RE-ENTERING to the Wyalusing School District this year? **(Circle one)**

Has your child been enrolled in:

_____ Emotional Support _____ Autistic Support _____ Life Skills Support _____ Learning Support

_____ Title 1 _____ Migrant _____ Speech/Language _____ Speech/Visual

_____ Enrichment _____ Other

Did your child receive Early Intervention Services: _____

Does the student have Limited English Proficiency? _____

Any medical problems we need to be aware of? _____

Please fill out below all information regarding parents/guardians with whom the student lives:

Mother's Name: _____ **Father's Name** _____
Address: _____ **Address:** _____
Phone: _____ **Phone:** _____
Cell: _____ **Cell:** _____
Email: _____ **Email:** _____
Place of employment: _____ **Place of employment:** _____
Work # _____ **Work #** _____

Please fill out below all information regarding parents with whom the student does not live with:

Mother's Name: _____ **Father's Name** _____
Address: _____ **Address:** _____
Phone: _____ **Phone:** _____
Cell: _____ **Cell:** _____
Email: _____ **Email:** _____
Place of employment: _____ **Place of employment:** _____
Work # _____ **Work #** _____

Emergency Information: Please complete the information below in case we cannot contact you.

Emergency Contact Name: _____ **Relationship:** _____
Phone Number: _____ **Cell #** _____
Doctor's Name _____ **Phone** _____
Address: _____

Child Custody ____ yes ____ no **Is the child Court/Agency Placed?** ____ yes ____ no

If yes, what agency: _____ **Agencies' phone#** _____

Caseworker's Name: _____ **Natural Parent location** _____

Foster Parent: _____ **Address:** _____

Foster Parent Phone # _____ **Cell #** _____

If Student is living with a Guardian (NOT Parent) complete the following information:

Guardian's Name: _____

Guardian's Address: _____

Guardian's Phone: _____ **Cell #** _____

If student is a non-resident living with a district Guardian and is not agency placed, the affidavit must also accompany this registration.

Please list all children who are not attending school and are less than eighteen years of age living with you or placed in an institution in the USA. If a child is less than twenty-one years of age and has a disabling hardship or an Intellectual Disability, the child should also be listed.

	Name	Birth Date	Age	Special Situation
1.	_____			
2.	_____			

Please list all children living in the same household who currently attend this school district:

1. _____
2. _____
3. _____
4. _____

Please give a general location of your residence, include any information you feel will help us pinpoint your residence, such as: Road name/number, neighbors, color of residence, neighboring children that attend school in our district, etc. _____

If your child will be at a location other than your residence, please list name of babysitter, location of pick-up, etc. *Please note: School bus transportation will only be provided from a babysitting location if that location is on one of our district's bus routes.* _____

Wyalusing Area School District



Pennsylvania School Code Section 13-1304-A

Student's Name _____ Grade: _____

Date of Birth: _____ Phone: _____

Parent/Guardian: _____

Parent's Address: _____

Pennsylvania School Code Section 13-1304-A state 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 of affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or 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 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. Section 13-1304-A (b) and 18 PA C.S.A. Section 4004, related to unsworn falsification: to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief. 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.

*Name of the school from which student was suspended; reason for suspension/expulsion; and dates of suspension or expulsion (if available). _____

Signature of Parent/Guardian

Date

Wyalusing Area School District



Entrance Form For 1305/1306 Students

Entrance form to be completed for a child placed in a 1305 Foster Home of a district resident or 1306 Group Home.

Please provide a copy of the Agency Placement Letter.

Name of Child _____ Date of Birth _____

School Entry Date _____ Grade Entering _____

Foster Parent(s) Name _____

Address _____

Telephone Number _____ Cell Number _____

Name of Agency Official/Case Worker _____

Foster Home _____ Group Home _____

If Foster placement, do foster parent(s) receive per diem subsistence allowance for this child? Yes _____ No _____

Date of Placement with Agency _____ Is child a ward of the courts with parental rights severed? Yes _____ No _____

Name of Natural Parent(s) _____

Address _____ Phone _____

Resident School District of Natural parent(s) _____

Last School District Attended _____

Address _____ Phone _____

Signature of Agency Official/Case Worker _____

Wyalusing Area School District



Separations – Divorces

The Wyalusing Area School District is neutral toward parents in families split by divorce or separation. We do not take sides with one parent against the other where there may be possible conflict or issues involving children attending school in this district. If there is a court order which establishes legal guardianship or primary physical and legal custody, it should be provided to the district for attachment to your child's permanent record. We will use this as a legal base for working with the parents.

In the absence of such a document, you must be aware that we cannot deny either parent access to his/her child. We cannot keep the other parent from picking up his/her child from school. We cannot, in any case, withhold information or refuse to see or work with the other parent.

The Wyalusing Area School District wants to protect all children from emotionally upsetting situations. Parents are encouraged to cooperate in order to resolve custodial conflicts, to forestall confrontations and to foster the best interests of the child or children.

I have read and discussed the above with a representative of the Wyalusing Area School District.

Parent/Guardian Signature _____ Date _____

Address _____

Name of Student _____ Grade _____

Wyalusing Area School District



Child Custody Information

The following information is needed if your child does not reside with both parents due to separation or divorce. The parent with whom the child resides will be considered the custodial parent, however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. It is the responsibility of the custodial parent to provide the school with any limiting court order.

Child's Name: _____

Name of Non-Custodial parent: _____

Address: _____

- Do you, as custodial parent, have LEGAL custody through a court order? Yes _____ No _____
Court pending date: _____ (If Yes you MUST provide a copy of that court order.
If pending, please provide court order when finalized.)

- May the child be released from school to the non-custodial parent? Yes _____ No _____
If No please provide a court order.

- Will you routinely provide the non-custodial parent with the progress information such as report cards, calendars, and conference information? Yes _____ No _____ (If No, provide the non-custodial parent's name and address: _____

Please provide any additional information regarding custody that the school should be aware of: _____

Wyalusing Area School District



Family Survey

Parent's Name: _____ Date _____

Address: _____

Phone: _____ School: Elementary _____ High School _____

Has any member of your household worked or looked for work in any of the following areas? Check all that apply.

- _____ Farming (Dairy, Veal, Horse, Poultry)
- _____ Milk Truck Driver
- _____ Food Processing Plant (Milk, Beef, Pork, Poultry)
- _____ Logging (Cutting, Thinning, Transporting)
- _____ Christmas Tree Farm or Nursery
- _____ Vegetable or Fruit Farm
- _____ Crop Farming

What type of work are you doing now? _____

Your children may qualify for an educational program, which includes free year round educational support and receiving books from the Reading Is Fundamental (RIF) Program. Someone will be contacting you to determine if your children qualify for the program.

All responses are confidential and will be used for educational purposes only. For more information on Migrant Education, call 1-800-234-8848 or contact the program in your area.

Central Susquehanna Intermediate Unit
Northeast Migrant Education program
PO Box 213
Lewisburg, PA 17837

Wyalusing Area School District



Home Language Survey

The office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS 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 identification.

Student's Name: _____ Date: _____

Address: _____ Grade: _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English? Yes _____ No _____
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 any 3 years during his/her lifetime? Yes ___ No ___
If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

*The school district/charter school, full day AVTS 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/charter school/full day AVTS 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 charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district charter school full day AVTS in the future

Wyalusing Area School District



Student Residency Questionnaire

Dear Parent of Guardian,

Your response to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren). Thank you for your cooperation.

1. Student Name: _____ Birth Date _____
2. Person completing form: _____ Relationship _____
3. In what type of setting is the student living now?

Check a box below:

SECTION A

- In an emergency or transitional shelter
- Sharing housing of other persons due to loss of housing, economic hardship, or similar reason
- In a motel, hotel, campsite, or car due to lack of alternate adequate accommodations
- In a park, public space, abandoned building, substandard housing, bus/train station, or similar setting
- Other places not designed for or ordinarily used as a regular sleeping accommodation

Continue to Question 4 if you have checked any box in Section A

SECTION B

- None of the choices in Section A apply.

4. Contact number for person completing the form _____
5. Address where student is now living _____
6. The student lives with:(check all that apply)
 Parent(s) / legal guardian; Relative or friend; Alone;
 Other: _____

For District Use Only:

Student's Name _____

Student Unique ID. _____ PA Secure ID. _____

Grade _____ Teacher _____

Entry Date _____

Bus Contractor _____ Bus # _____

Documentation needed:

Received from Parent/Guardian

1. _____ Birth Certificate
 2. _____ Proof of Residency
 3. _____ Immunization Records
 4. _____ Registration Form
-

5. _____ Request for records faxed
6. _____ Student Information entered into computer
 - a. _____ Computer User Name
 - b. _____ G SUITE Created
 - c. _____ Lunch Pin Assigned

_____ Special Education Information (if applicable)

_____ IEP