



MILLCREEK TOWNSHIP SCHOOL DISTRICT
STUDENT REGISTRATION APPLICATION

Form must be completed by the Parent or Legal Guardian

Online Application preferred. Go to www.mtsd.org/registration

STUDENT NAME: GRADE ENTERING: TODAY'S DATE:

STUDENT PRIMARY HOUSEHOLD INFORMATION:

Primary Phone: Voice: Yes/No Text (SMS): Yes/No Private: Yes/No
Primary Home Address:

Parent in this Household – Primary contact:

First Name: Middle Name: Last Name:
Suffix: Birth Date: Gender:
Cell phone: Work phone:
Email: Secondary Email:
Relationship to student? If Guardian, provide Court or Custody Order:
Is Parent/Guardian to receive (Y/N): Mailings Portal Access Messenger Notifications

Parent/Guardian in Military?

Yes: No: (this parent is NOT a member of the military)
Military Branch?
Current Military Status?
Start date of Current Status?

Parent in this Household:

First Name: Middle Name: Last Name:
Suffix: Birth Date: Gender:
Cell phone: Work phone:
Email: Secondary Email:
Relationship to student? If Guardian, provide Court or Custody Order:
Is Parent/Guardian to receive district: (Y/N) Mailings Portal Access Messenger Notifications

Parent/Guardian in Military?

Yes: No: (this parent is NOT a member of the military)
Military Branch?
Current Military Status?
Start date of Current Status?

Please complete Secondary Household Information if applicable – see next page

STUDENT SECONDARY HOUSEHOLD INFORMATION:

Phone: (____) _____ Voice: Yes/No Text (SMS): Yes/No Private: Yes/No
Home Address: _____

Secondary Parent:

First Name: _____ Middle Name: _____ Last Name: _____
Suffix: _____ Birth Date: _____ Gender: _____
Cell phone: (____) _____ Work phone: (____) _____
Email: _____ Secondary Email: _____
Relationship to student? _____ If Guardian, provide Court or Custody Order: _____
Is Parent/Guardian to receive (Y/N): Mailings _____ Portal Access _____ Messenger Notifications _____

Parent/Guardian in Military?

Yes: _____ No: _____ (this parent is NOT a member of the military)
Military Branch? _____
Current Military Status? _____
Start date of Current Status? _____

EMERGENCY CONTACTS (other than the person(s) listed above):

Contact 1:

First Name: _____ Middle Name: _____ Last Name: _____
Suffix: _____ Birth Date: _____ Gender: _____
Check if the person lives at the address listed above:
Relationship to student? _____
Cell phone: (____) _____ Email: _____
Address: _____

Contact 2:

First Name: _____ Middle Name: _____ Last Name: _____
Suffix: _____ Birth Date: _____ Gender: _____
Relationship to student? _____
Check if the person lives at the address listed above:
Cell phone: (____) _____ Email: _____
Address: _____

Child Development/Early Learning: If you are interested in our Before/After Care program, please call the Child Development office at 814.835.6091

STUDENT INFORMATION: Enter the student's name EXACTLY as it appears on the Birth Certificate.

Demographics:

First Name: _____ Gender: _____ Grade: _____
Middle Name: _____ Birth Date: _____
Last Name: _____ Date Entered US: _____
Suffix: ___ Nickname: _____ Date Entered US School: _____

UPLOAD BIRTH CERT AND CUSTODY

Race/Ethnicity:

Is the student Hispanic or Latino? Yes/No _____
American Indian or Alaska Native _____ Asian _____ Black or African American _____
Native Hawaiian or Other Pacific Islander _____ White (Non-Hispanic) _____

Athletic Participation:

Did the student participate in any interscholastic sport in grade 7-12 at their previous school? Yes/No: _____
If Yes, list the sport(s): _____

Student Support Services:

Does your student have a current IEP? Yes/No: _____ If Yes, check below:
Autistic Support: _____ Emotional Support: _____ Learning Support: _____
Life Skills Support: _____ Speech Support: _____ Hearing/Vision Support: _____
Has your student previously received Gifted/Talented services? Yes/No _____
Early Intervention Program _____ Does your child have a current 504 plan? Yes/No _____
Was your child in the process of a 504, Special Education or Gifted Eval at previous school? Yes/No _____

UPLOAD SPECIAL EDUCATION DOCS

Language Information:

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 _____
Is the language your child first learned to speak other than English, list language? _____
Does your child currently receive English as a Second Language (ESL/ELL) services? Yes/No _____

UPLOAD HOME LANGUAGE SURVEY

Previous School Forms provided (grades 1 – 12 only)

UPLOAD SCHOOL FORMS

Health Services – Emergency Information:

Please provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications.

Primary Care Provider: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

Does your child have a medical condition? Yes/No: _____

If yes, explain: _____

Is your child under a doctor’s care? Yes/No: _____

If yes, explain: _____

Has your child received the COVID-19 vaccine 1? Yes/No: _____ Date? _____

Has your child received the COVID-19 vaccine 2? Yes/No: _____ Date? _____

Manufacturer? _____

Note: This form does not constitute an authorization for medication to be administered. Any medications that will need to be administered by the school nurse will need to have an authorization for medication form turned into the school nurse.

List any medications that have been prescribed to the student by a doctor (do not include over-the-counter medications):

Are these medications taken: At home: _____ At school: _____ Both: _____

Parent Required Documents (provide on paper or upload to the Online Application)

All documentation must be current and include the name and physical address of the parent/guardian registering the child.

_____ Child’s Birth Certificate

_____ Immunization or Shot Record (fax to 814.835.5308)

_____ Custody/Court Order if applicable

Proofs of Address (must provide three – see below)

1. Proof of Identification:

_____ PA Driver’s License, US Passport, Military ID or PA State ID

_____ *Provide additional proof of address IF license is not current. **Must have photo ID.**

2. Proof of Public Utility:

_____ Gas, Electric or Water Bill

3. Proof of Residence:

_____ **Rentals** - current Lease including signatures of landlord and tenant.

_____ **Homeowners** – School or Property Tax Bill or Deed or Closing Disclosure

Note: Sale of Agreement accepted until final closing

If Living with another Millcreek Resident (homeowner) provide:

_____ Notarized Residency Affidavit (see form online or request from Central Registration)

Note: Arrangements are made out of necessity and not for the convenience of the child or parent. Renewed yearly.

_____ Additional forms included in this packet (completed)

Your child's registration is only considered complete if ALL forms are submitted and you have provided the documents required. If you are missing any items, your child's registration is NOT considered complete until documents are received.

_____ Date

_____ Parent/Guardian Signature

2/16/23



HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____

(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? No Yes (language) _____

2. Does your child communicate in a language other than English? No Yes (language) _____

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

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes



Millcreek Township School District
 Earned Income Tax Form
 Completed by Residents of Millcreek Twp.
 Version 20

The Earned Income Tax or 'Wage Tax' is usually a tax of one percent (1%) on gross wages and/or net profits from a business or profession. Berkheimer Associates is the appointed earned income tax officer for MTSD and the municipalities which comprise the School District. As the appointed earned income tax collector, Berkheimer Associates is charged with the duty of administering the school district's, township's, and/or borough's taxes. This includes collecting the tax, establishing rules and regulations to fairly enforce such tax and creating accurate tax records and accounts for each taxpayer.

Below is an Earned Income Tax Form. A completed form will fulfill your registration requirements under the Earned Income Tax rules and regulations adopted by the MTSD and your resident municipality. More importantly, this information will ensure that your tax dollars are sent to your home taxing jurisdiction. All residents should complete this form, regardless of employment status (unemployed, retired, college student, military personnel, or homemaker). If you have recently moved, please give your current and former address.

Most resident taxpayers will have this tax deducted by their employer. However, if you work in a jurisdiction where it is not withheld, or you are self-employed, you will have to pay the tax directly to Berkheimer Associates. Your completed form will be forwarded to Berkheimer Associates who will create an accurate tax account reflecting your correct reporting status and send you the necessary tax forms. General questions and answers about the Earned Income Tax are located on the back of this form.

Money being withheld from your paycheck goes back to MTSD to help educate your child.

Your Name: _____ **Spouse's Name:** _____

Social Security #: _____ Spouse's Social Security #: _____

Address/City/ST/Zip: _____

Resident Municipality: Millcreek Township Date you moved to this address: _____

Did you move here from another PA location: _____ If yes, list previous address below:

Address/City/ST/Zip: _____

Previous School District: _____

Your Employer: _____ **Spouse's Employer:** _____

Working Jurisdiction (Twp/Boro/City): _____ **Working Jurisdiction (Twp/Boro/City):** _____

Earned Income Tax withheld from your pay? _____ **Earned Income Tax withheld from your pay?** _____

Are you self-employed? _____ Are you self-employed? _____

If you have no Earned Income, please check one below: **If you have no Earned Income, please check one below:**

Temporarily Unemployed: _____ Temporarily Unemployed: _____

Retired: _____ Homemaker: _____ Retired: _____ Homemaker: _____

Disabled: _____ Other: _____ Disabled: _____ Other: _____

Minor or Student? _____ Age: _____ Minor or Student? _____ Age: _____

Signature: _____ Date: _____

MORE QUESTIONS? Call Berkheimer Tax Administrators 814 - 833 - 4870 or go to www.hab-inc.com/content/



Millcreek Township School District

3740 West 26th Street Erie, PA 16506

(814) – 835 – 5312

Parent Registration Statement

Suspension and Expulsion Notification

Completed by Parent or Legal Guardian

Version 20

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

Child's Full Legal Name: _____ Birth Date: _____ Grade Entering: _____
(First/Middle/Last)

Parent/Guardian Name: _____ Primary Phone: _____

Address: _____

Please complete the following statement:

I hereby swear or affirm that my child was _____ or was not _____ previously suspended or expelled, or is _____ or is not _____ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or 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. §13-1304A(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 School from which student was suspended or expelled: _____

Address of School: _____

School Phone: _____ Fax: _____ Email: _____

Dates of Suspension/Expulsion1: _____ Reason1: _____

Dates of Suspension/Expulsion2: _____ Reason2: _____

Name of Parent, Guardian or Assigned Representative

Date

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



Millcreek Township School District
3740 West 26th Street Erie, PA 16506
(814) – 835 – 5312

Authorization for Exchange & Release of Records
Completed by Parent/Legal Guardian
Version 20

Child's Full Legal Name: _____
(First/Middle/Last)

Grade Entering: _____ Birth Date: _____

PREVIOUS SCHOOLS:

List School Name, starting with most recent FIRST:

1. School Name: _____ City/State: _____

Phone #: _____ Fax #: _____

All grades attended at this school: _____ Dates attended at this school: _____

2. School Name: _____ City/State: _____

Phone #: _____ Fax #: _____

All grades attended at this school: _____ Dates attended at this school: _____

SCHOOL OFFICE ONLY-DO NOT WRITE BELOW THIS LINE

Please release the following information:

- Permanent Record, Transcripts, Grading Scale, Immunizations/Health Records, 339 or Career Readiness Plan, Custody Papers, Report Cards, Attendance Records, Discipline Records, Withdrawal/In-progress grades, Special Education Documentation, Keystone or other State Mandated testing, Other:

Please return the above information to:

Date requested: _____

Date received: _____



Student Education Records:

Upon enrollment, MTSD will contact the student's former school for a copy of the student's education records. The former school district or charter school, if within this Commonwealth, is required to respond by forwarding the records within ten (10) business days of the date upon which a student's records are required by another Commonwealth school district or charter school. School districts shall enroll students within five (5) business days regardless of receipt of records from the previous district. 22 Pa. Code §11.11(b).

According to the final regulations- Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, and Act 26 of the Pennsylvania School Code, 1995, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST

MILLCREEK TOWNSHIP SCHOOL DISTRICT
ANNUAL NOTICE OF PARENTAL CONSENT AND RELEASE AGREEMENTS

The policies and notifications listed below are detailed on our website: www.mtsd.org. PLEASE REVIEW and return the Parent Consent Form and Release Agreements to Central Registration.

I have read and understand the current Annual Notifications as it applies to my student(s) who attend the Millcreek Township School District ("MTSD").

Annual Notifications include, but are not limited to:

1. Annual Notice of Pest and Weed Management
2. Annual Notice of Asbestos-Containing Material
3. USDA Non-Discrimination Statement
4. Notice of Non-Discrimination
5. Statements regarding ADA, IDEA, and Gifted Education
6. Chapter 15/Section 504 Annual Notice
7. Notice regarding Retention and Destruction of Special Education Records
8. Section 504 Complaint Procedure
9. Notification of Rights under the PPRA
10. Notification of Privacy Practices

I hereby aver that I have read and understand the notifications regarding the disclosure of directory information under the Family Educational Rights and Privacy Act ("FERPA"). I hereby:

Consent to MTSD's disclosure of my student(s)' directory information in accordance with FERPA and its accompanying regulations.

Do not consent to MTSD's disclosure of my student(s)' directory information in accordance with FERPA and its accompanying regulations.

PARENT/GUARDIAN AND STUDENT CONSENT FORM FOR STUDENT CODE OF CONDUCT

I hereby understand and consent to the application of the disciplinary provisions contained within the Student Code of Conduct to my student(s) during the current academic year. The student(s) identified below have read, understand, and consent to the current Annual Student Code of Conduct and understand that it may be applied to them in disciplinary and non-disciplinary circumstances.

Student Code of Conduct can be found at: MTSD.org > [parents](#) > [resources](#) > [district documents for students](#)

PERSONAL AND MOBILE DEVICE (BYOD) POLICY #237.1

The Millcreek Township School District Board of Directors support and encourage the use of student-owned and/or district-provided mobile and Wi-Fi enabled devices for educational purposes. However, such devices are only to be used for said purposes with the Terms and Conditions of this policy and with the permission of the building faculty and/or administration. Moreover, such devices must not interfere with the operation of the school or proper performance and security of the district network. This agreement applies to all district students who access district information resources directly or remotely via personal mobile and Wi-Fi enabled devices. These devices include, but are not limited to: cellular devices, digital cameras, music/voice players and/or recorders, e-readers, laptop computers, and digital tablets.

I have reviewed this link. <https://go.boarddocs.com/pa.mtsd/Board.nst>

ACCEPTABLE USE OF INTERNET, COMPUTERS AND NETWORK RESOURCES:

In addition, MTSD may utilize and install certain applications on my student's Chromebook computer that will be issued during the current academic year. Students will be permitted to download MTSD-approved applications on the Chromebooks, will be permitted to use the internet on the computers, and will be consenting to the applicable Terms of Service in order to permit such use. Pursuant to the Children's Online Privacy Act ("COPPA"), the Family Educational Rights and Privacy Act ("FERPA") and any applicable Terms of Service, the verifiable consent of parents/guardians for students under the age of eighteen (18) is necessary to permit MTSD students to use the internet and these applications. I understand and consent to my students' use of internet resources and consent to my students' download of MTSD-approved applications for educational purposes. I understand and consent to third-party providers collecting certain directory information (name, email address, age, etc.) from my student and certain network data from my students' Chromebook (IP address, location data, etc.) in connection with the use of the Chromebook computer. I hereby agree that by executing below, I have given verifiable parental consent for the collection and distribution of this student information pursuant to COPPA, FERPA, and any applicable terms of service.

In reference to Policy #815 – Acceptable Use of Internet, Computers and Network Resources Link

- I have read and agree to the Annual Notifications, Student Code of Conduct, and Acceptable Use of Internet, Computers and Network Policy.

MEDIA RELEASE CONSENT:

I am aware that my child may be asked a variety of questions concerning school and school related activities and programs, and that the contents of the interview may be published or aired publicly. I understand that my child will be under the supervision of a school staff member during the interview or photo session. There may not be school staff supervision, however, if the photographs or video or voice recordings are part of a general background scene in which my child is not identified. My child reserves the right to refuse to answer any questions or participate in any discussions that make him/her feel uncomfortable or embarrassed. Additionally, my child and/or the supervising school agent reserves the right to terminate the interview, photo or video session at any time for any reason. I understand that neither the Millcreek Township School District (MTSD), nor the news media, has any obligation to air or publish the image, photos, videotape and or voice of my child. I also understand that neither I nor my child will receive any monetary compensation for the rights granted herein. And I understand that my child's appearance or the use of his/her voice in any publication, photo, internet or televised form does not confer any ownership rights on me or my child. I understand that MTSD will not willingly distribute images, photos, videotapes, or the voice of my child to third parties on social media platforms. However, I understand and agree that third parties may gain access and distribute the same without the consent of MTSD. I hereby indemnify and hold harmless MTSD, its staff, Board of Education, its licensees, and assignees from liability regarding third party distribution of my child's images, photos, videotapes, or voice on social media platforms. If by reason of my child's statements and actions in the interview, photos, images, videotape and/or voice recording, or the materials furnished to my child by anyone other than MTSD for the same, there is any claim or litigation involving any charge by third parties of violation or infringement of their right, I agree to indemnify and hold harmless MTSD, its staff, Board of Education and its licensees, and assignees from liability, loss or expenses arising from such claim or litigation. MTSD may from time-to-time wish to utilize a child's photograph, voice, or name, in official releases from MTSD.

I hereby:

- Consent to MTSD's use of my child's photograph, voice and/or name in various media projects.
- Do not consent to MTS D's use of my child's photograph, voice and/or name in various media projects.

MEDICAL EXAMINATION CONSENT:

In accordance with the Pennsylvania Public School Code of 1949 and associated regulations, a physical must be on record upon entry into school and in grades 6 and 11; and a dental exam in grades K, 3, and 7. Your private physician and dentist can perform this exam anytime up to one year prior to the start date of the current school year to be counted as a grade appropriate exam. The completed physical form should be returned to your school nurse. If the private exam form has not been returned, your child may be scheduled for a free screening exam.

I hereby:

- Consent to MTSD's school physician and dentist performing exams on my student(s).
- I do NOT consent to MTSD's school physician and dentist performing exams on my student(s).

OVER THE COUNTER MEDICATIONS CONSENT:

In accordance with Pennsylvania Public School Code of 1949 and associated regulations, the Commonwealth of Pennsylvania requires that all medications given in schools, including prescribed and Over the Counter ("OTC") medications, have both a physician's order and parental/guardian consent. Prescribed medications require a completed MTSD medication form in accordance with MTSD Policy 210. Standing Orders from the MTSD physician are written for the following OTC medications:

Analgesics Topical:

Anbesol, Bactine, Blistex, Burn Gel, Caladryl, Carmex, Chloraseptic Throat Spray, Sting Swabs).

Analgesics Oral: Acetaminophen, Ibuprofen, Midol.

Antibiotics Topical: Bacitracin, Neosporin.

Antihistamine: Benadryl

Anti-Inflammatory: Hydrocortisone cream, Ibuprofen.

Ophthalmic: Contact lens solution, eye wash, Visine.

Gastrointestinal: Lactose intolerance medications, Tums

I hereby:

- Consent to MTSD's medical professionals providing my student(s) OTC medications at MTSD when necessary.
- I do NOT consent to MTSD's medical professionals providing my student(s) OTC medications at MTSD when necessary.

SHARING OF MEDICAL INFORMATION CONSENT:

In certain situations, MTSD administration may wish to share medical information with other MTSD staff and faculty to protect the health and safety of your student(s).

I hereby:

- Consent to MTSD sharing my student(s) information with faculty and staff to protect the health and safety of my student(s).
- I do NOT consent to MTSD sharing my student(s) information with faculty and staff to protect the health and safety of my student(s).

PARENT SIGNATURE:

Please be advised that both you and your student(s) will have to sign to complete the Annual Notice Parental Consent and Release Agreement. By executing your name below, you formally attest that you are the individual authorized to execute this document on behalf of your student(s). Your signature verifies that the information you entered on this document is true and accurate to the best of your knowledge. Your signature and your student(s) signature(s) shall on associated documentation be legally binding. Please execute all relevant signatures below:

Parent/Guardian Signature

Date

Student Signature

Date

Student Signature

Date

Student Signature

Date

Student Signature

Date