

Registration Procedures

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

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

Hours of registration are 8:30 am to 2:00 pm, Monday thru Friday, excluding emergency closures, summer hours or holidays. You must schedule an appointment to enroll your student. To schedule an enrollment appointment, please contact Ms. Estabrook in the elementary school at 570-434-8433 for K-6 registration and Mrs. Benedict in the high school at 570-434-8525 for 7-12 registration. The process takes about an hour. To speed up the process, we recommend downloading the enrollment packets below, requesting a packet to be mailed to you, or picking up the packet in advance. Please use the following guidelines to make sure you have all the necessary documents.

What to bring when you during your enrollment appointment:

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

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

A parent/adoptive parent, guardian, foster parent or a district resident having care or charge of a child may enroll a student in MVSD and the parent/guardian/resident must come into the office in person to complete the enrollment process. If a resident of the District requests that a student be enrolled whose parent(s) live outside the District, an Affidavit must be completed.

- **Proof of Guardianship**

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

- **Proof of Age**

Birth certificate, notarized copy of birth certificate, baptismal certificate or record of baptism (notarized or duly certified) showing date of birth, valid passport, and paper from parent or relative signed in front of a notary (affidavit) showing date of birth or previous school record indicating date of birth.

- **Record of Immunizations Required by Law**

State law requires that a complete record of immunizations be provided. You can get a copy of your child's health records from the school you are withdrawing from. Immunization records are also available from your doctor's office. Your former district or medical office can also provide a written statement regarding required immunizations or required series are in progress, with records to follow.

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

K-6 Enrollment packet should be available to download here.

7-12 Enrollment packet forms should be available below.

Chromebook Forms

Junior Senior High School Enrollment Data Information Sheet

Junior Senior High School Registration Packet

Junior Senior High School Health Office Forms

CHROMEBOOK PROGRAM – Grades K-12

Revised 5-29-2024



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

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.
- I will not try to circumvent the District security measures that attempt to keep me and the schools safe.

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

FOR INTERNAL USE ONLY

Date _____ Recorded by _____

Check # _____ MO _____ FREE / REDUCED _____

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

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 Technology Protection Plan, no cost for accidental damage.</p> <p>Without the Technology Protection Plan, cost of repair or replacement will be assessed.</p>
Accidental Damage (2nd Instance and subsequent instances) More than one (1) occurrence of loss, theft or damage in a school year.	<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 Technology 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>	<p>Up to replacement cost.</p>
Loss / Theft Unless person(s) responsible for a theft	<p>A report must be made immediately to administration - In the event of theft or non-return, a police report will be filed.</p>	<p>Replacement cost</p>

CHROMEBOOK PROGRAM – Grades K-12

are identified, the incident will be considered a loss.		
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.

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 damages 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 documented by the Business Office.
 - f. Record of damages will be added to 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

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.
- I will not try to circumvent the District security measures.

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

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. Any charges not cleared within 60 days may be referred to collections and subject to additional fees and may be filed with the magistrate. 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 Protection Plan that will cover one accidental incident (see details on the Technology Protection 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 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: _____

Parent/Guardian Agreement:

CHROMEBOOK PROGRAM – Grades K-12

Agreement will continue as long as student remains enrolled at MVSD

Unless major revisions are necessary or privileges are revoked

2024-2025 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 withdrawals. 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 \$330. Costs are subject to change.

Examples: Screen-\$50, Keyboard-\$60, Top Cover-\$30, Case-\$40

Parent/Guardian Signature

Date



Mountain View School District
11748 State Route 106
Kingsley, PA 18826

Registration Procedures

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

Registration packets can be picked up in advance at the guidance office (high school) or the main office (elementary). Or you it can be downloaded from the district webpage at www.mvsgd.net.

Hours of registration are 8:30 am to 2:00 pm, Monday thru Friday, excluding emergency closures or holidays. Please use the following guidelines to make sure you have all the necessary documents.

What to bring when you register your child:

- **Two Proofs of Residency in the Mountain View School District**

Proof of residency acceptable documentation includes: a deed, a lease, current utility bill, current credit card bill, property tax bill, vehicle registration, driver's license, DOT identification card. A district may require that more than one form of residency confirmation be provided. However, school districts and charter schools should be flexible in verifying residency and should consider what information is reasonable in light of the family's situation. See the paragraph on Homeless Students for guidance in that situation.

A parent/adoptive parent, guardian, foster parent or a district resident having care or charge of a child may enroll a student in MVSD and the parent/guardian/resident must come into the office in person to complete the enrollment process. If a resident of the District requests that a student be enrolled whose parent(s) live outside the District, an Affidavit must be completed.

- **Proof of Guardianship**

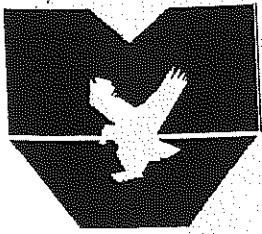
Legal custody agreement (if applicable) a copy to be placed in the student's file.

- **Proof of Age**

Birth certificate, notarized copy of birth certificate, baptismal certificate or record of baptism (notarized or duly certified) showing date of birth, valid passport, and paper from parent or relative signed in front of a notary (affidavit) showing date of birth or previous school record indicating date of birth.

- **Record of Immunizations Required by Law**

State law requires that a complete record of immunizations be provided. You can get a copy of your child's health records from the school you are withdrawing from. Immunization records are also available from your doctor's office. Your former district or medical office can also provide a written statement regarding required immunizations or required series are in progress, with records to follow.



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

- 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

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

Parental Registration Statement

- Discipline Records, upon request as per Act 26.

Proof of Guardianship, If Applicable

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

I have read and I understand the information listed above.

Parent/Guardian Signature

Date



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

Authorization to Release School Records

To Whom It May Concern:

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

Student Name: _____

Student Date of Birth: _____ Grade Level: _____

Signature of Parent/Guardian

Date

Request For Health And School Records

Please send the following information:

PA Secure ID _____

Transcript of Grades

Grades At Time Of Withdrawal

Report Card

Cumulative Records

Discipline Records

Attendance History

Date Last Attended

Copy of Birth Certificate

9th Grade Enrollment Date _____

Standardized Testing

Health Record

Psychological Testing/Special Education Records

Please Send Records To:

____ Mountain View Jr Sr High School

Attn: Guidance

11749 State Route 106

Kingsley, PA 18826

Ph: 570-434-8525

Fax: 570-434-2265

____ Mountain View Elementary School

Attn: Elementary Office Secretary

11748 State Route 106

Kingsley, PA 18826

Ph: 570-434-8433

Fax: 570-434-2755



Mountain View School District
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 herby swear or affirm that my child was _____ was not _____ previously suspended or expelled, or is _____ is not _____ presently suspended or expelled form 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: _____

☐ 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

(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: ☐



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

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

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

*Birth Information:

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

*Birth Verification (Birth Certificate) ☐ Yes ☐ No

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

School Entry Date*: _____ Guardian Relationship*: _____

Citizenship Information: (this information is required if student was NOT born in the U.S)

First Date Enrolled in State: _____ First Date Enrolled in US: _____

US Entrance Date: _____

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

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

*PIMS Assessment Participation: _____ (Testing codes for grade levels)

Codes for Keystone Testing: Keystone testing (winter) _____ Keystone testing (spring) _____

Elementary Bldg. & Summer: Z Code

Signature of Principal: _____ Date: _____

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>

Pennsylvania Migrant Education Program

Family Survey



Versión en español al otro lado de la hoja

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

Child's Name: _____

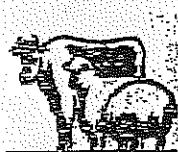
Birthdate: _____ Grade: _____ School: _____

1. In the past three years, has your family lived in another Pennsylvania school district, another state, and/or another country?

Yes _____ (continue to #2)

No _____ (stop here)

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



Livestock

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



Eggs



Chickens



Crops

wheat, corn, soybeans, etc.



Vegetables



Dairy



Nursery, Sod, Greenhouse



Fruits



Hay



Trees, Timbers, Plants, Flowers



Soil Preparation



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

Parents' Names: _____

Address: _____

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

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

me	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:



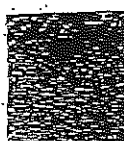
Ganados, Ovejas,
Cerdos, Vaquería



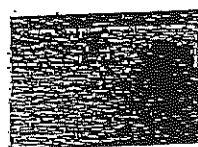
Huevos



Gallinas



Trigo, Maíz, Frijoles



Verduras



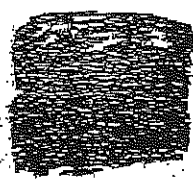
Lechera



Semillero, Césped,
Invernadero,



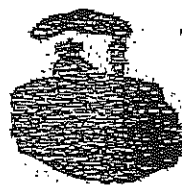
Frutas



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
2025-2026 Data Packet Information Sheet

Name: _____

Grade: HR: _____

ALL FORMS IN THIS PACKET MUST BE COMPLETED AND RETURNED TO HOMEROOM TEACHERS
BY _____ **2025.**

Please DO NOT separate this Data Packet.

Student Data Information Sheet – The printed information is currently what is on file. The blank lines are for any changes (use the **furthest** left hand column as your guide).

Parent/Guardian Information - The first contact person must be the legal guardian of the student. They will receive all pertinent material and mailings concerning the child. In the event of an emergency, if the parent/guardian cannot be reached, the next contact(s) will be called.

Students Full Legal Name & General Demographic Data – Please review and make any changes necessary.
Note: Student suffixes do not show up on the data sheet but are in the computer system.

Student Address – This is the students' physical address. You may add a rural mailbox or a PO Box for mailings.
Please list other siblings (with their age) who live with you and reside in the District.

Parent/Guardian is in the ACTIVE Military Service. ☐ Yes ☐ No

I give permission for the school to take my child's photo. ☐ Yes ☐ No

I understand the internet guidelines, and my student may borrow electronic equipment. ☐ Yes ☐ No

I understand the Student Handbook is posted ONLINE on the MVSD website. ☐ Yes ☐ No

I have read the Student Handbook and understand that all Mountain View Policies related to **academics, attendance, discipline, bullying and internet access** are on the website (mvsd.net). ☐ Yes ☐ No

I understand Google Workspace for Education Plus productivity tools are used at Mountain View School District to complete assignments and communicate with teachers. I understand that the Google Workspace for Education Plus Terms of Service can found on the Mountain View School District website under Departments, Information Technology Links. ☐ Yes ☐ No

I request a hard copy of the 2024-2025 Student Handbook. ☐ Yes ☐ No

Please NOTE: Only one mailing will be sent to the person(s) residing at the same address. If your address is a PO Box, the data sheet will reflect that address as receiving mailers not the parent/guardian.

Please notify the school(s) of any changes during the school year.

Parent/Guardian signature required.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

***Parent/Guardian MUST sign the back page of the Student Contact Information Sheet (included).**



2024-2025

Mountain View Jr/Sr High School Health Services

Phone (570)434-8552 / Fax (570)434-9582

Dear Parents/Guardians,

Please review this health information related to grades 7 through 12. Please read the information carefully and complete the required forms and signatures. We ask that the completed forms be returned to school at the 7th grade orientation or at the start of the new school year in August.

State Required Health Screenings:

Grade 7	Dental* , Scoliosis* , Hearing, Body Mass Index (BMI), Height, Weight & Vision. <u>Tdap & MCV4 vaccines are due by the first Day of school (if not already provided to the school nurse)</u>
Grade 8	BMI, Height, Weight & Vision
Grade 9	BMI, Height, Weight & Vision
Grade 10	BMI, Height, Weight & Vision
Grade 11	BMI, Height, Weight, Vision, Hearing & Physical Exam*
Grade 12	BMI, Height, Weight & Vision <u>Proof of 2nd Meningitis Vaccine Due by the first day of 12th grade (if not already provided to the school nurse)</u>

Dental, Scoliosis and Physical Exams** may be performed by your private physician, if desired, but the forms must be provided to the school nurse in August. The school nurse accepts all forms completed by your physician and/or dentist, or you may use the forms provided in this packet. Sports physical exams will also be accepted. ***The school nurse will complete your child's BMI, Height, Weight, Vision, Hearing & Scoliosis exam unless evidence of these exams are provided to the school nurse or you notify the school nurse that you do not want these screenings completed at school. The School nurse will notify you if your child does not pass their vision or hearing exam.

Thank you,

Storm Talluto, RN, BSN, CSN, MSED
Certified School Nurse

Mountain View High School

Student Medical Information

Student Name _____ Date of Birth _____ Grade _____
(please print)

Physician Name _____

Physician Address _____

Physician Phone Number () _____

In case of emergency, list choice of hospital _____

Medical or Psychological concerns/diagnoses:

Medications (Names/doses):

Allergies: _____

By signing my name below, I consent that I have read and understand all of the information provided. I understand that if I object to the school nurse completing my child's state mandated health screenings, I must notify the school nurse and I will be responsible to have the exams/screenings completed at my own expense. I understand that the information I provide to the school nurse is important to help promote the health and education of my child and the information I provide may be shared with other professionals in the school only when the school nurse and/or physician believe that it is necessary for my child's health and education. I understand that if my child transfers to another school district, my child's health records will be sent to that school.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

MOUNTAIN VIEW SCHOOL DISTRICT

AUTHORIZATION FOR MEDICATION SCHOOL YEAR 2024-2025

Date_____

Grade_____

My child (please print first & last name), _____, may/must receive the following prescribed or over the counter medication during school hours, and school sponsored activities in order to maintain sufficient health to participate in the educational process. I will provide the medicine in an appropriately labeled, original, pharmacy container.

Physician/Provider, please complete form below:

Name of medication _____

Dosage _____

Time schedule _____

Diagnosis _____

Side effects of medication _____

The student is capable of self-carrying and administering the following medications, if ordered (please circle):

INHALER YES NO

EPINEPHRINE YES NO

Physician name (please print) _____

Physician phone number: _____

Pharmacy _____ Pharmacy phone number _____

****I do hereby release, discharge & hold harmless, the Mountain View School District, its agents & employees, from any and all liability and claims whatsoever in connection with the administration of the above medication to my child.****

Signature of Parent/Guardian

Signature of Physician

MOUNTAIN VIEW SCHOOL DISTRICT

ACETAMINOPHEN/IBUPROFEN ADMINISTRATION SCHOOL YEAR 2024-2025

Date _____

Grade _____

Pennsylvania State law allows for the administration of acetaminophen (Tylenol) and/or ibuprofen (Advil/Motrin) at school. The medication dosage will be based on your child's weight and be administered by the School Nurse in accordance with the established protocols developed by the school physician. In order for your child to receive this medication at school, this form must be completed and signed each school year. ***NO VERBAL PERMISSION WILL BE ACCEPTED.*** If you do not want the school nurse to administer acetaminophen or ibuprofen to your child you may leave this form blank without your signature.

Please note: Only one dose will be given per school day. If you anticipate that your child may require a different dose to achieve analgesic relief or may require acetaminophen or ibuprofen more frequently, then you must obtain an order from your child's physician (see Authorization for Medication).

Name of Student (PLEASE PRINT): _____

Date of Birth: _____

I give permission for my child: _____

to receive the following medicine(s) at school (circle one/both):

Acetaminophen (Tylenol)

Ibuprofen (Advil/Motrin)

I understand that a generic equivalent of the medication may be used. I understand that the dosage administered will be a weight-based dose in accordance with the established protocols developed by the school physician and in accordance with the Mountain View School District medication policy. I understand that a maximum of one dose can be given per school day.

Parent Signature _____

Date _____