Mercer Area Elementary School Registration
301 Lamor Road, Mercer, PA 16137

Today's Date_____ Entering Grade _____

Student's (Legal) Last Name First Middle ☐ Male ☐ Female

Home Address – **Proof of Residency (2 Required)** Age Birth Date

City State Zip code Place of Birth – City/State/Country

Pennsylvania Entry Date: _____

Legal Residence/Township:
- ☐ Mercer Borough
- ☐ Coolspring
- ☐ East Lackawannock
- ☐ Findley
- ☐ Jefferson

Ethnicity of Student (check all that apply):
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black (Non-Hispanic)
- ☐ Hispanic
- ☐ Native Hawaiian/Pacific Islander
- ☐ White (Non-Hispanic)

Child Resides With (check):
- ☐ Both Parents
- ☐ Mother*
- ☐ Father*
- ☐ Other* - _____

Provide Custody Agreement or proof of Guardianship

Mother's Name	Father's Name
Mother's Mailing Address	Father's Mailing Address
City/State/Zip Code	City/State/Zip Code
Home Phone/Cell Phone	Home Phone/Cell Phone
Mother's Work Place/Phone (extension or department)	Father's Work Place/Phone (extension or department)
Mother's Email Address	Father's Email Address

Emergency Contact (Other than parent)	Phone Number	Relationship to the Child

List all children residing at this address:

First Name	Last Name	Birth Date

Previous School (including preschool): _____

Complete Address - _____

Is the student's parent/guardian an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp. and Coast Guard) including full-time National Guard? ☐ YES ☐ NO

pennsylvania
DEPARTMENT OF EDUCATION

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 Date 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

MERCER AREA SCHOOL DISTRICT

Census Enumeration

Student Last Name _____ Township or Boro _____

Address _____ Phone Number _____ Date _____

Names of **all adult** residents living in this household	Relation to Student	Date of Birth	Occupation/Place of Employment	Years of Residence	Years of Education

Names of **all siblings** in MASD, including siblings under school age	Sex	Date of Birth	Grade Last Attended	Living in Household		Remarks
				Yes	No	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	

MERCER AREA ELEMENTARY SCHOOL

301 Lamor Road
Mercer, PA 16137

Phone: 724-662-5102 Fax: 724-662-5103

The Leaders of Tomorrow are Learning Here Today

Mr. Gregory R. Acre
Principal
gacre@mercer.k12.pa.us
Ext. 3010

Mrs. Kristen Sansone
Dean of Students
ksansone@mercer.k12.pa.us
Ext. 3011

Mrs. Allyson Rust
School Counselor
arust@mercer.k12.pa.us
Ext. 3020

Information Release Authorization

RE: _____

(Student Name)

Date of Birth: _____

I hereby authorize Mercer Area Elementary School to Release information to and/or obtain information from:

_____

(Name of Preschool)

The purpose of this release authorization is to aid in the assessment and coordination of service delivery. Information to include the following:

__X__ **School Records/Reports** __X__ **Verbal Communications**

__X__ **Progress Notes/Reports** ____ **Other:** _____

This release will be valid for the period: 3/23/2026 to 3/22/2027

A photocopy of this authorization will be considered valid. All information will be held in strict confidence as protected by law. My signature below indicates that I understand the nature of this release.

☐ Yes, I authorize this Release of Information

Parent/Guardian: _____ Date: _____

OR

☐ No, I do not authorize this Release of Information.

Parent/Guardian: _____ **Date:** _____

School Representative: _____ **Date:** _____

The Mercer Area School District does not discriminate on the basis of race, sex, color, creed, age, handicaps, or national origin in administration of its education or employment policies.

Mercer Elementary School Parent Questionnaire
Kindergarten Registration

Today's Date _____

Child's Full Name_____ Birth Date_____

Name to be used in school_____

Parent's Full Name(s) _____

1. Child resides with(circle): Mother/Father, Mother, Father, Grandparents, Foster Parents, Other
2. Siblings (Names/Ages) _____

Address_____

Home Phone_____ Cell Phone_____

Pre-School History

3. Circle Preschools attended and indicate number of years attended:

Check Pre-School(s)	*List number of years*
Jumpstart Child Care	_____
☐ Son-Shine Preschool	_____
☐ Mercer County Career Center	_____
☐ Pre – K Counts at Mercer Elementary	_____
☐ Head Start at Mercer Elementary	_____
☐ Other _____	_____

Early Intervention- Does your child receive special services through IU-4? Yes☐ No☐
Please describe special services here:

Guidance and/or Counseling Services- Does your child receive any mental health services (i.e. individual counseling, wrap around/TSS, mobile therapy or other)? Yes☐ No ☐

If yes, Agency's name - _____

We would like to know a little more about your child before Kindergarten starts. Please help us by answering these questions. If you would like to add more information or clarify answers, please do so.

My Child:

- Can put on (and take off) his/her own shoes, coat, etc. ◯ **YES** ◯ **NO**
- Can use bathroom without help ◯ **YES** ◯ **NO**
- Can follow directions ◯ **YES** ◯ **NO**
- Can obey rules ◯ **YES** ◯ **NO**
- Can play and get along with others ◯ **YES** ◯ **NO**
- Can communicate needs ◯ **YES** ◯ **NO**
- Can easily separate from parents without becoming upset ◯ **YES** ◯ **NO**
- Can count to 10 ◯ **YES** ◯ **NO**
- Can name basic colors ◯ **YES** ◯ **NO**
- Can recognize own name in print ◯ **YES** ◯ **NO**
- Can listen to stories read to him/her ◯ **YES** ◯ **NO**
- Can hold a pencil / crayon and write or color ◯ **YES** ◯ **NO**

My child's strengths are: _____

My child may need extra help with: _____

Additional comments or questions are always welcome. We appreciate your willingness to share information with us.

Dear Parents/Guardians,

Attached you will find the 2026-2027 Registration Card **and** 2026-2027 Pony Express Dismissal List. It is very important for us to have these forms on file for a new school year, new teachers, and to ensure your child's safety. Please read the following information carefully and fill out both sections as completely as you can. Thank you!

Registration Card

Please clearly fill out the information on the Registration card. Be sure to mark who the child resides with. If the child resides with both parents, please check the bubble for both parents. If your family has custody paperwork, please make sure that the Front Office has the most up to date paperwork. We can make copies for you if needed.

Pony Express Card

To ensure a safe and efficient dismissal for our students, we ask all parents to fill out a Pony Express form. **THIS DOES NOT MEAN THAT PONY EXPRESS IS YOUR CHILD'S FORM OF DISMISSAL.** Even if you plan for your child to ride the bus every day, please fill out the information so we have it on file.

Each child must return a completed form. Please make sure to include people on the form who are **ALWAYS** permitted to pick up your child for dismissal.

Also, please do not forget to include parent/guardian names and sign the bottom.

Information about our dismissal procedure…

- **If you will pick up your child every day, please send a note/email to your child's teacher on or before the first day of school. Any student WITHOUT a note will be put on the bus.**
- **If your child normally rides the bus, please send a note with your child on days they will be picked up. Any student WITHOUT a note will be put on the bus.**
- Dismissal for Pony Express Riders (parent pick-ups) will be at 3:00 PM using the main office entrance. If you arrive early, please **wait in the soccer field lot until the buses have left**, and then drive or walk over to the front doors.
- **PLEASE REMEMBER AND/OR REMIND** THE PICK-UP PERSON TO BRING A FORM OF **PHOTO I.D.**
- To ensure student safety and clarify some confusion, you are giving the people listed on the Pony Express card permission to pick your child up at **DISMISSAL**. Those individuals are not able to come in or call in and request your child leave early for any reason. That permission can **ONLY** be given by the child's legal guardian(s). If you do wish to have someone pick up your child early for an appointment or other reason, you would need to send a note to school with your child, giving your permission for the person to pick up early. Please make sure to sign the note. You may also call the front office and give the same information.

2026-2027 Mercer School District Registration

Student's Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Gender:_____ Grade/Teacher: _____ Bus #:_____

PARENT/GUARDIAN INFORMATION

Parent/Guardian A	Parent/Guardian B
Name:_____	Name:_____
Street:_____	Street:_____
City, State, Zip:_____	City, State, Zip:_____
Home Phone:_____	Home Phone:_____
Cell Phone:_____	Cell Phone:_____
Work Phone:_____	Work Phone:_____
E-mail:_____	E-mail:_____
o **Child Resides With – Please Check**	o **Child Resides With – Please Check**

Emergency Contact – Other Than Parents:

Name:_____ Phone:_____
Name:_____ Phone:_____
Name:_____ Phone:_____

Pony Express 2026-2027

Student's Name: _____ Grade: _____
Last, First

Name:	Relationship:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, give Mercer Area School District permission to dismiss my child to those listed above for the 2026-27 school year. I will contact the elementary office should any changes need to be made.

Parent Signature: _____ Date: _____

MERCER AREA SCHOOL DISTRICT

Request for Transportation

Mr. Mark Roman, Transportation Director
724-662-5100 ext. 40

Student Name(s):	Grade		Home Address:
			Street Apt. #
			City State ZIP
Parent/Guardians Name(s)	Relationship		Telephone Number:
Today's Date _____		Reason for Request:	Kindergarten Registration

☐ **HOME (Address listed above)**		☐ **HOME (Address listed above)**
Requested PICK-UP Address		**Requested DROP OFF Address**
Street Apt. #		Street Apt. #
City		City

PLEASE DO NOT WRITE BELOW THIS LINE–TRANSPORTATION DEPT. ONLY

NEW: AM BUS# _____ TIME: _____ PARENT _____ _____

NEW: PM BUS# _____ TIME: _____ SCHOOL _____ _____

EFFECTIVE DATE: _____ BUS _____ _____

Mooooooosetracks _____ _____

Speech & Hearing
Screening Form for Kindergarten Registration

Name of Child:_____

Has / or is your child enrolled in a speech and/or language program? ◯Yes ◯No

*If yes, please list the name of the program:*_____

Has your child had difficulties with hearing in the past? ◯Yes ◯No

Does your child have difficulties with hearing at this time? ◯Yes ◯No

Has your child had tubes in his / her ears in the past? ◯Yes ◯No

Does your child have tubes in his / her ears at this time? ◯Yes ◯No

Is your child currently under a doctor's care for any of the above? ◯Yes ◯No

*If yes, please list the name of the doctor:*_____

To be completed by Screening Personnel

	Passed	Recheck	Comments
Vision	_____	_____	_____
Speech	_____	_____	_____
Hearing	_____	_____	_____

	250	500	1000	2000	4000	8000
Right Ear						
Left Ear						

Mercer Elementary School
Initial Health History Form

Name _____ Date of birth _____ Sex ☐ ☐
Last First Middle Male Female

Mother's Name_____ Father's Name_____
Parents are: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed
Child is living with: ☐ Both ☐ Mother ☐ Father ☐ Guardian
If living with guardian, list name and relationship:_____
Please list information for others living in the home:

Name	Date of birth	Name	Date of birth

Please complete the health history chart, check all that apply.

☐	ADD/ ADHD	☐	Headaches (frequent)
☐	Arthritis/Rheumatic Disease	☐	Headaches (migraine)
	Asthma	☐	Hearing loss/hearing aid
	Bleeding disorder/Cooley's Anemia	☐	Heart defect/disease
☐	Bone/joint disease	☐	Kidney disorder
☐	Cerebral Palsy	☐	Life-Threatening Food Related Allergy
☐	Chicken Pox date:	☐	Life-Threatening Allergy-(example:Bees/Latex)
	Chronic constipation	☐	Nosebleeds (severe)
	Eczema	☐	Psychiatric disorder
☐	Cancer	☐	Sickle Cell Disease
☐	Cystic Fibrosis	☐	Spina Bifida
☐	Convulsions/seizures	☐	Tourettes's Syndrome
☐	Depression	☐	Vision loss (uncorrectable)
☐	Ear infections	☐	Visual problem/glasses
☐	Diabetes	☐	Other:
☐	Emotional/behavior		
☐	Epilepsy/other seizure disorders	☐	Operations:
☐	Fainting spells		

Please explain in detail any above condition_____
_____

List any allergies (not life threatening) your child may have, what type of reaction and what treatment is necessary:
_____

List medications that your child is currently taking

Medication	Dose	Time Given	Diagnosis/Why Given

If your child is required to take medications during the school day the school's medication policy must be followed. A medication policy/consent form is available from the school nurse, the office or on the school website.

Turn to the other side…

Does your child have any bowel or bladder control issues? Please explain_____
_____

Is there anything else you would like us to know about your child?_____
_____
_____

MANDATED SCHOOL HEALTH SERVICES

Every child of school age attending or who should attend a public or private/non public school within the Commonwealth of Pennsylvania must receive the following health services.

Service	K	1	2	3	4	5	6	7	8	9	10	11	12
Dental Examination	**X**			**X**				**X**					
Growth Screen	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing Screen	X	X	X	X				X				X	
Immunization Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X
Maintenance of Health Record	X	X	X	X	X	X	X	X	X	X	X	X	X
Medical Examination	**X**						**X**					**X**	
School Nurse Services	X	X	X	X	X	X	X	X	X	X	X	X	X
Scoliosis Screen							X	X					
Tuberculin Test (Unless approved to discontinue)	X									X			
Vision Screen	X	X	X	X	X	X	X	X	X	X	X	X	X

§ 23.84. Exemption from immunization. This code allows for the medical, religious and conscientious exemptions to immunizations as condition for school attendance, provides as follows:
(a) *Medical exemption.* Children need not be immunized if a physician or the physician's designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.
(b) *Religious exemption.* Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.

Information that is health related and may affect your child during the school day will be shared with appropriate school personnel in a confidential manner.

Parent/Guardian signature_____Date_____

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