



MOSHANNON VALLEY SCHOOL DISTRICT
ELEMENTARY SCHOOL
Tracie Tomasko, Elementary Principal
Dr. John Zesiger, Superintendent
(814) 378-7683 ext. 3102

TO: _____
(former
school
district) _____

FROM: Moshannon Valley Elementary School

DATE: _____ / _____ /20_____

RE: Student: _____

Birth-date: _____ / _____ / _____

Grade: _____

The above named student has enrolled at Moshannon Valley Elementary School. The student claims attendance at your school. Please send school, special education, health, disciplinary records, **PA Secure ID and Career Readiness Artifacts**, if applicable, to:

Moshannon Valley Guidance Department,
ATTN: Korinn Clarkson
5026 Green Acre Road, Houtzdale, PA 16651.

The Family Educational Rights and Privacy Act of 1974 permits release of records without parental consent to officials of the school.

“Out of state enrollees only”

Please release the health, disciplinary, special education and school records of my child to Moshannon Valley School District at the above listed address.

Parent Signature: _____



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Requirements for registering students in Moshannon Valley School District:

Proof of Residency and Student Documents

1. Lease Agreement, Settlement Papers or Deed to Property; **OR One** bill that comes to the home with your name and address imprinted;
2. Birth Certificate of Student
3. Immunization Records of Student from prior school or recent physicians report;
4. Report card and /or Transcript (**UNOFFICIAL**) as well as any test scores (standardized test from prior school) and;
5. IEP if student is designated as a special education/gifted student in the current school.



MOSHANNON VALLEY ELEMENTARY SCHOOL
STUDENT REGISTRATION FORM

STUDENT'S NAME _____ BIRTHDATE _____
Last First Middle
GENDER: MALE _____ FEMALE _____ PLACE OF BIRTH _____ CITY _____ STATE _____
PHYSICAL ADDRESS _____
MAILING ADDRESS _____ PRIMARY PHONE # _____

Race Ethnicity Questionnaire:

Ethnicity: Choose 1 - Hispanic/Latino Not Hispanic/Latino Home Language: _____ English _____ Other: _____
Race: Choose 1 regardless of Ethnicity - American Indian or Alaska Native(1) Hispanic (4) Multi-Racial (6)
 Black or African American (3) White(5) Asian (9) Native Hawaiian or Pacific Islander (10)

PARENT/GUARDIAN #1 NAME _____ Relationship _____ PRIMARY PHONE # _____
First Last
MOBILE PHONE # _____ EMPLOYMENT _____ EMP. PHONE # _____ Email _____
Address (If different than above address) _____

PARENT/GUARDIAN #2 NAME _____ Relationship _____ PRIMARY PHONE # _____
First Last
MOBILE PHONE # _____ EMPLOYMENT _____ EMP. PHONE # _____ Email _____
Address (If different than above address) _____

MOTHER'S MAIDEN NAME _____

WHO DOES CHILD LIVE WITH: BOTH PARENTS _____ OTHER _____
FATHER _____ MOTHER _____

SIBLINGS: _____

DOES YOUR CHILD CURRENTLY RECEIVE ANY SPECIAL EDUCATION SERVICE? _____ Yes: Which State: _____
_____ No _____
_____ IEP _____ 504 Plan _____ Gifted IEP

ALTERNATE CONTACTS FOR PICK UP OR CALLS WHEN ILL:

1. _____ 2. _____ 3. _____
Name Phone 1 Name Phone 1 Name Phone 1
Phone 2 Phone 2 Phone 2

Homeless/Foster Child information:

Is the student enrolling currently a foster child? _____ Yes _____ No

Custody:

Are there any custodial agreements that the district needs to be aware of? _____
CUSTODY ORDER WILL NEED SUBMITTED

Federal Economic Status / Food Program Information:

Has the student ever received free or reduced price for school food service programs?
_____ Yes: _____ Free _____ Reduced Price
_____ No/not applicable

Military information:

Is the student's parent and/or guardian an active duty member of a branch of the armed forces: If Yes Circle the branch: **Army, Navy, Air Force, Marines, Coast Guard, Reserves, National Guard** or No? _____

SIGNATURE OF PARENT _____ **DATE:** _____

MOSHANNON VALLEY ELEMENTARY SCHOOL



5026 Green Acre Road
Houtzdale, PA 16651

HOME LANGUAGE SURVEY

The Civil Rights Act of 1964 Title VI, Language Minority Compliance Procedures requires school districts/charter schools to identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: Moshannon Valley

Date: _____

School: Elementary

Student's Name: _____

Grade: _____

1. What was the student's first language? _____
2. Does the student speak a language other than English? _____
If yes, specify language _____.
(Do not include languages learned in school.)
3. What language(s) is/are spoken in your home? _____

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

Parent/Guardian signature: _____

(Required)

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

Tracie Tomasko
Elementary Principal
(814) 378-7683
(814) 378-5988 FAX
EQUAL OPPORTUNITY EMPLOYER

MOSHANNON VALLEY ELEMENTARY SCHOOL



5026 Green Acre Road
Houtzdale, PA 16651

PERMISSION TO PHOTOGRAPH

I give my permission for my child _____

to be photographed and/or video recorded for use in newspaper or television or internet (no names included on internet sites) for school related activities at Moshannon Valley School District.

I understand that this permission will remain in effect until my child leaves the elementary school. If, at any time, I wish to rescind permission I must send in a written note.

Signature Parent / Guardian


Date

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Student Residency Questionnaire

The McKinney-Vento, as amended by the No child Left behind Act of 2001, defines homelessness and outlines the rights homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of you child(ren). Thank you for your cooperation.

1. Student name: _____ Birth Date: _____
2. Person Completing form: _____
Relationship to child: _____
3. In what type of setting is the student living now? Please check one box below:

Section A	Section B
<p>_____ In an emergency or transitional shelter</p> <p>_____ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p>_____ In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p>_____ In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p>_____ Other places not designed for, or ordinarily used as a regular sleeping accommodations for human beings</p> <p>CONTINUE to question 4 if you checked any box in SECTION A</p>	<p>_____ None of the choices in Section A apply to my family.</p> <div style="text-align: center;">  </div> <p>If you checked this section, you do not need to complete the remainder of this form. Submit this form to school personnel.</p> <p>Thank you</p>

4. The student lives with: Check all that apply

_____ Parent (s) or legal guardian	_____ Relative, friend(s), or other adults(s)
_____ Alone	_____ Other: _____

The staff person who is helping you register will contact the Homeless Liaison/Homeless Coordinator to review the information provided. If homelessness is verified, additional information will follow to assist your child(ren). You will be contacted by the Homeless Liaison or Homeless Coordinator for additional information.

Signature Parent/Legal Guardian: _____ Date: _____

MV Homeless Liason: Mrs. Jayne Kitko

MOSHANNON VALLEY SCHOOL DISTRICT



SCHOOL NURSING SERVICE

NAME OF STUDENT _____ DATE: _____
 (Last) (First) (Middle)

Date of Birth _____

Address _____

Telephone _____

Grade/Teacher _____

ARE PARENTS:

Father _____
 (Last) (First) (Middle)

Married _____ Divorced _____

Mother _____
 (Last) (First) (Maiden)

Separated _____ Deceased _____

Does child live with: Mother _____ Father _____ Both _____ Other _____?

Immunization record attached? : Yes _____ No _____

Past Medical History	YES	NO	DATE
Chicken Pox			
Measles			
Mumps			
German Measles			
Scarlet Fever			
Rheumatic Fever			
Heart Condition			
Kidney Disease			
Epilepsy			
**Allergies			
Mononucleosis			
Pneumonia			
Diabetes			
Tonsillitis			
Ear Infection			
**Injuries			
**Operations			

**Any allergies? Please list: _____

**Please list type of injury or operation: _____

Is your child receiving medical treatment now? Yes _____ No _____

If so, for what condition? _____

Does your child take medication for any specific condition? Yes _____ No _____

If so, what medication and for what condition? _____

Does your child wear... Glasses _____ Hearing Aid _____
(Please check): Dentures _____ Other _____

Does your child have any physical restrictions? _____

List any illnesses or health problem(s) which you or your health care provider
feel should be known to school authorities: _____

List all other children living in your household: _____

Your signature here gives permission for the above medical information to be shared with school district
personnel who may come in contact with your child.

(Signature of Parent/Guardian)

COMPUTER & NETWORK REGULATIONS

of the

MOSHANNON VALLEY SCHOOL DISTRICT

The Moshannon Valley School District has installed computers, local area networks (LAN), a wide area network and a broadband connection to the internet for the students and staff to use. This system is referenced in this document as the Computer Network. Users, students and adults, of the Moshannon Valley Computer Network are responsible for their individual actions and/or activities. Access is a privilege and may be restricted or revoked by the District at any time.

I. Acceptable Use

The purpose of the Computer Network is to provide support for the educational mission and objectives of the Moshannon Valley School District. Computer technology and telecommunication opportunities made available through the Computer Network, provide access to local, national, and international resources that are important to the learning and intellectual inquiry. Use of the Moshannon Valley Computer Network is limited to activities that directly support learning, inquiry, and intellectual achievement consistent with the District's educational mission and objectives. These activities include but are not limited to the following: classroom activities, research activities, peer review of assigned work, and the exchange of project-related ideas, opinions and questions via email, message boards, and other means.

Network users are expected to act in a responsible, ethical and legal manner consistent with the District's mission, educational objectives and policies.

Student use of the Internet is contingent upon parent/guardian permission in the form of a signed copy of the application included with this information. Parents/Guardians may revoke approval at any time.

Network users must respect resource limits and must remain within their allotted storage space. Users are responsible for deleting outdated emails and materials and other files that may take up excessive amounts of storage space.

Material created and/or stored on the system is not guaranteed to be private. Network administrators may review the system from time to time to ensure that the system is being used properly. For this reason, users should expect emails, material placed on personal web pages, and other material created on the network to be viewed by a third party.

All users must log on to the network using a proper user name and password. Users must keep their passwords private. Accounts and/or passwords may not be shared.

Student users are expected to adhere to all policy and safety guidelines.

II. Student Email

Moshannon Valley School District is able to offer student email accounts. Parents/Guardians may restrict this service for their child without declining other Computer Network uses. Other email accounts are restricted. Please indicate on the application form by initialing the appropriate box, whether your child should have email or not.

III. Filtering

Moshannon Valley School District uses filtering devices that comply with the Children's Internet Protection Act and other appropriate legislation. However, it should be noted that no filtering devices are completely effective.

**MOSHANNON VALLEY SCHOOL DISTRICT COMPUTER NETWORK
STUDENT ACCOUNT APPLICATION**

Please complete this form by completing all the information below and return to the guidance office.

Student Name: (first) _____ (last) _____

Date: _____ Grade: _____

Assurance: I have read, understand, and agree to abide by the rules, regulations, and acceptable uses for the Moshannon Valley Computer Network that are contained in this document, the student handbook (which can be found on www.movalley.org) and district policy. I further understand that violation of these rules, regulations and acceptable uses will constitute a breach of school rules and may constitute disciplinary action and/or a criminal violation. Should I commit any violation, my access privileges may be revoked; school disciplinary action may be taken and/or legal action. Furthermore, I understand that my use of the Computer Network may be monitored by school administration and or their designee(s) who operate the system.

Student Signature: _____

Parent/Guardian Name: _____

Internet Access: Please Initial One of the Following

_____ I give permission for my child to have internet access.

_____ I do not want my child to have any form of internet access.

Email Access: Please Initial One of the Following

_____ I give permission for my child to have a school sponsored email account (when available).

_____ I do not want my child to have any form of school sponsored email.

Assurance: As a parent or guardian of a student enrolled in the Moshannon Valley School District, I have read, understand, and agree to abide by the rules, regulations, and acceptable uses for the Moshannon Valley Computer Network that are contained in this document, the student handbook (which can be found on www.movalley.org) and district policy. I understand that this access is a privilege and not a right designed for educational purposes consistent with the District's mission. Furthermore, I understand that Moshannon Valley has taken precautions to eliminate or restrict controversial material, however, I also recognize it is impossible for the District to restrict access to all controversial material and will not hold the district responsible for materials this student may acquire on the Computer Network. Further, I accept full responsibility for supervision if and when my child's use of this account is not in the school setting. I hereby give my permission to issue and account for the student named above and certify the information contained on this form is correct. This permission will remain in effect until the following school year or is revoked by the parents or the district.

Parent/Guardian (Printed Name)	Parent/Guardian (Signature)	Date Signed
FOR DISTRICT USE ONLY	Administrator (Signature)	Date Issued

New Student Registration Form
For Keystone Collections Group
EIT Tax Collections

DATE: _____

STUDENT'S NAME: _____

ADDRESS: _____

FATHER'S NAME: _____

ADDRESS (if different from above): _____

COUNTY: _____

SCHOOL DISTRICT: _____

MUNICIPALITY: _____

PHONE NUMBER: _____

EMPLOYER: _____

MOTHER'S NAME: _____

ADDRESS (if different from above): _____

COUNTY: _____

SCHOOL DISTRICT: _____

MUNICIPALITY: _____

PHONE NUMBER: _____

EMPLOYER: _____

THIS FORM MUST BE NOTARIZED!
SWORN AFFIDAVIT

I, _____ the undersigned parent/guardian of _____ a student

Who seeks admission into the Moshannon Valley School District, do hereby swear, under penalty of law, that the information provided below is true and correct.

Please check either "yes" or "no" for each statement.

Yes _____ 1. My son/daughter/ or the above-named child has been suspended from a public or private school System, anywhere in the United States, for an act or offense involving weapons, defined as any type of firearm, cutting tool, nunchaku, or implement capable of inflicting serious bodily injury.
No _____

Yes _____ 2. My son/daughter/or the above-named child has been expelled from a public or private school system, anywhere in the United States, for an act or offense involving weapons, defined as any type of firearm, cutting tool, nunchaku, or implement capable of serious bodily injury.
No _____

Yes _____ 3. My son/daughter/ or above-named child has been suspended from a public or private school anywhere in the United States, for an act or offense involving alcohol or drugs.
No _____

Yes _____ 4. My son/daughter/ or above-named child has been expelled from a public or private school anywhere in the United States, for an act or offense involving alcohol or drugs.
No _____

Yes _____ 5. My son/daughter/ or the above-named child has been suspended from a public or private school anywhere in the United States, for the willful infliction of injury to another person and/or for any act of violence committed on school property.
No _____

Yes _____ 5. My son/daughter/ or the above-named child has been expelled from a public or private school anywhere in the United States, for the willful infliction of injury to another person and/or for any act of violence committed on school property.
No _____

If any of the above statements are marked "yes," indicate the question number, the approximate date of suspension/expulsion, a brief explanation of the incident which led to the suspension/expulsion, and the name and address of the school from which the student was suspended or expelled.

Mark "X" here if additional sheet attached: _____

I understand that any willful false statement I have included on this form is a misdemeanor of the third degree, punishable pursuant of 24 PA. SAT. 13-1304-A and 18 C S A 4904, relating to sworn falsification to authorities.

Parent/Guardian

Address

Telephone Number

State of Pennsylvania
County of: Clearfield

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public

Printed Name

Commission Expiration Date

You may have this notarized anywhere you choose, however, Mrs. Elsie Harchak (MVSD Business Manager) will notarize. You must present form and id.