

MOSHANNON VALLEY SCHOOL DISTRICT
EMERGENCY CARD (2017-2018) STUDENT NAME: _____

GRADE: _____ DATE OF BIRTH: _____

PARENTS'/GUARDIANS' NAME(S): _____

HOME PHONE: _____

STREET ADDRESS: _____

PO BOX _____

CITY, ZIP: _____

EMAIL: _____

FATHER'S WORK: (NAME) _____

PHONE: _____

(ADDRESS) _____

CELL #: _____

MOTHER'S WORK: (NAME) _____

PHONE: _____

(ADDRESS) _____

CELL#: _____

ALTERNATE PERSONS TO BE NOTIFIED IF PARENT/GUARDIAN CANNOT BE REACHED:

1) _____

PHONE: _____

2) _____

PHONE: _____

3) _____

PHONE: _____

NAME OF PHYSICIAN: _____ PHONE: _____

PHYSICAL CONDITIONS YOU WOULD LIKE SCHOOL TO KNOW ABOUT: _____

IF EMERGENCY TREATMENT IS REQUIRED, SCHOOL AUTHORITIES WILL USE THEIR OWN JUDGEMENT IN SENDING THE CHILD TO THE HOSPITAL.

PARENTS'/GUARDIANS' ARE RESPONSIBLE FOR THEIR CHILD'S TRANSPORTATION FROM SCHOOL WHEN THEY ARE ILL.

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

DATE



MOSHANNON VALLEY SCHOOL DISTRICT

JUNIOR-SENIOR HIGH SCHOOL

Dr. John W. Zesiger, Superintendent
Kristofer M. Albright, High School Principal
Justin B. Fye, Assistant High School Principal

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 SCHOOL DISTRICT

JUNIOR-SENIOR HIGH SCHOOL

Guidance Department

Jayne Kitko – Guidance Counselor
Phone 814-378-7616

Kimberly Campbell – Guidance Secretary
Fax 814-378-5205

TO: _____
(former school district) _____

FROM: Moshannon Valley High School Guidance Department

DATE: _____ / _____ /20_____

RE: Student: _____
Birth-date: _____ / _____ / _____
Grade: _____

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

Moshannon Valley Guidance Department, ATTN: Kimberly Campbell
4934 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: _____

Date: _____

Sincerely,

_____ Jayne Kitko, Guidance Counselor

_____ Kimberly Campbell, Guidance Secretary

records



Moshannon Valley School District

Student Enrollment Form

Student Information:

Last Name: _____ Gender: *(check one)*
 First Name: _____ Female
 Middle Name: _____ Male
 Name Suffix: Jr. III Other: _____

Date of Birth: _____ Place of Birth: _____
 _____ City _____ State
 Age: _____ Current Grade: _____

9th Grade Entry Date: _____ (only if currently enrolled and/or previously completed 9th grade)

Ethnicity: *(check one)* Home Language: *(check one)*
 Hispanic/Latino English
 Non-Hispanic/Latino _____
 _____ Other: _____

Race: *(check one)*
 American Indian/Alaskan Native (1)
 Black or African American (3)
 Hispanic (4)
 White (5)
 Multi-Racial (6)
 Asian (9)
 Native Hawaiian or Pacific Islander (10)

School Enrollment Information:

1. Is this the first public school the student has been enrolled in?
 Yes
 No

OFFICE USE ONLY
PA Secure ID #: _____
<i>(10 Digits)</i>

2. Has the student previously been enrolled in the Moshannon Valley School District?
 Yes Year(s): _____
 No / Not Applicable

3. Has the student been previously enrolled in a public school in the state of PA?
 Yes School(s): _____
 No / Not Applicable

4. Has the student been previously enrolled in a public school in another state (excluding PA)?
 Yes State(s): _____
 No / Not Applicable

Special Education Services:

- 1. Has the student received Special education services while attending a PA public school?
 Yes: IEP 504 Plan Gifted IEP
 No

- 2. Has the student ever recieved Special Education services while attending a public school in another state (excluding PA)?
 Yes State(s): _____
 No / Not Applicable

Student Residency & Parent/Guardian Information:

Home Address: _____ (Street Address)
_____ (City, State, Zip Code)

Mailing Address: *(only if different than home address)*
_____ (P.O. Box / Rural Delivery Route)
_____ (City, State, Zip Code)

Parent/Guardian #1:

Name: _____ Home #: _____
Relationship: _____ Cell #: _____
Address: *(List home/mailling address only if different)* E-Mail: _____

_____ Work #: _____
_____ Employer: _____

Parent/Guardian #2:

Name: _____ Home #: _____
Relationship: _____ Cell #: _____
Address: *(List home/mailling address only if different)* E-Mail: _____

_____ Work #: _____
_____ Employer: _____

Primary Student Residence:

Both Parents Father only Mother only
 Other: _____

Student Siblings: *(please include name and age)*

Homeless / Foster Child Information:

- 1. Would the student enrolling currently be considered homeless due to any circumstances?
 Yes; currently living with _____
(name & relationship to student)
 No

2. Is the student enrolling currently a foster child?

Yes (please provide biological parent residency information)

Address: _____

School District: _____

Building: _____

No

Custodial Arrangements: (please explain in detail and provide necessary court documentation)

1. Are there any issues that the district needs to be aware of with regards to the student?

(please include information with regards to legal custody, parental visitation/pick-up rights, protection from abuse orders, and/or other issues that the school district should be aware of)

Emergency Contact(s) Information:

Emergency Contact #1:

Name: _____

Home #: _____

Relationship: _____

Cell #: _____

Work #: _____

Emergency Contact #2:

Name: _____

Home #: _____

Relationship: _____

Cell #: _____

Work #: _____

Emergency Contact #3:

Name: _____

Home #: _____

Relationship: _____

Cell #: _____

Work #: _____

Federal Economic Status / Food Program Information:

1. Has the student ever received free or reduced-price for school food service programs?

Yes: Free Reduced Price

(Please note that free/reduced applications need completed and renewed yearly.)

No / Not Applicable

Parent / School District Signature:

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

School District Secretary Signature

Date

School Building Principal Signature

Date

School Building Counselor Signature

Date

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: _____



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... (Please check):
Glasses _____ Hearing Aid _____
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)

Moshannon Valley High School
4934 Green Acre Road
Houtzdale, PA 16651
814-378-7616

SEPARATIONS - DIVORCES

It is the intent of the Moshannon Valley School District to remain neutral toward families split by divorce or separation. We do not want to take sides with one parent against the other where there may be possible conflict over children attending school in this district. If you have a court decree, which established you as legal guardian, you will want to provide the district a copy of such document for attachment to your child's permanent record. We will use this as a legal base for working with the custodial parent.

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

The Moshannon Valley School District wants to protect all children from emotionally upsetting situations. Whatever the parents can settle outside the school to forestall any confrontations should be pursued.

I have read and discussed the above with a representative of the Moshannon Valley School District.

Parent/Guardian Signature

Address

Name of Student

Date

Office Use:
Legal document on file
Yes _____
No _____
Date _____

Integrated Pest Management at Mo Valley

The Moshannon Valley School District uses an Integrated Pest Management (IPM) approach for managing insects, rodents and weeds. Our goal is to protect every student from pesticide exposure by using an IPM approach to pest management. Our IPM approach focuses on controlling pests, by using prevention methods such as removing food and water sources and eliminating pest hiding and breeding places, through routine cleaning and maintenance. We routinely monitor the school building and grounds to detect any pests that are present. The pest monitoring team consists of our building maintenance, office and teaching staff and includes our students. Pest sightings are reported to our IPM coordinator who evaluates the "pest problem" and determines the appropriate pest management techniques to address the problem. The techniques can include increased sanitation, modifying storage practices, sealing entry points, physically removing the pest, etc.

The IPM program reduces the use of chemicals to manage pests. Chemicals will only be used when necessary and will not be routinely applied. When chemicals are used, the school will try to use the least toxic products when possible. Applications will be made only when unauthorized persons do not have access to the area(s) being treated. Notices will be posted in these areas 72 hours prior to application and for two days following the application.



Parents or guardians of students in the school may request prior notification of specific pesticide applications made at the school. To receive notification, you must be placed on the school's notification registry. If you would like to be placed on this registry, please notify the district in writing. Please include your child's name, grade, your address and phone number. Include your email address if you would like to be notified electronically. The notification registry will be updated annually.

If a chemical application must be made to control an emergency pest problem, notice will be provided by telephone to any parent or guardian who has requested such notification in writing. Exemptions to this notification include disinfectants and antimicrobial products; self-contained baits placed in areas not accessible to students and gel type baits placed in cracks, crevices or voids.

This letter conforms to the requirements to the IPM Act 35 of 2002 and assures parents and guardians of our commitment to continue to provide the safest atmosphere possible for our students.

SAFETY FIRST!



MOSHANNON VALLEY HIGH SCHOOL

4934 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: Junior-Senior High School

Student's Name: _____

Grade: _____

1. What is 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 Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, 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.

Kristofer M. Albright
High School Principal
(814) 378-7616
(814) 378-5205 FAX

EQUAL OPPORTUNITY EMPLOYER

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
No _____ firearm, cutting tool, munchaku, or implement capable of inflicting serious bodily injury.

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,
No _____ cutting tool, munchaku, or implement capable of serious bodily injury.

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
No _____ on school property.

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
No _____ on school property.

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 P.S. 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

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.

Some internet sites contain information that is illegal, defamatory, inaccurate, sexually oriented, violent in nature, or otherwise controversial. These sites appear and disappear on a daily basis. Even with filtering, some of these sites may be accessed. The requester, his/her parents/guardians, or adults are warned that the ultimate responsibility for a user's actions is the user.

IV. Additional Rules

Additional rules and restrictions may be added at any time. Users are responsible for reading and following these rules.

V. Monitoring

Users of the Moshannon Valley Computer Network are warned that the District's Administration or their designees who operate the system may monitor, by whatever means they deem appropriate, the use and content of email and/or other communications or activities on the District's Computer Network.

VI. Waiver

The Moshannon Valley School District makes no warranty of any kind, implied or expressed with respect to the Computer Network, and it specifically assumes no responsibility for:

- The content of any advice or information received by a user including any cost or charge incurred as a result of acquiring, attempting to acquire, viewing, or receiving such advice or information;
- Any cost, liability, or damages caused by the manner of use that a user chooses when utilizing the Moshannon Valley Computer Network;
- Any consequences resulting from interruptions, disruptions, or changes in the Computer Network regardless of the source of the interruption, disruption or change;
- Guaranteeing the privacy of electronic mail or communications on Moshannon Valley's Computer Network;
- Any damages resulting from delays, service interruptions, loss of data, inaccurate information, or other errors caused by district negligence or the error/omissions of others.

**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	Admininstrator (Signature)	Date Issued