



# BLUE MOUNTAIN SCHOOL DISTRICT

Dear Parent/Guardian:

Welcome to the Blue Mountain School District. Please read the registration forms carefully and be sure to include the required documents that are listed below to complete the registration. Note that the person registering the student (signing the forms) must reside in the District and the Proof of Residency needs to be in that person's name. (See below for more information.)

## **BIRTH CERTIFICATE**

- Original Birth Certificate
- Baptismal certificate
- Copy of the record of baptism-notarized or duly certified and showing the date of birth
- Notarized statement from the parents or another relative indicating the date of birth
- Valid passport

## **PROOF OF RESIDENCY** “ONE” of the following:

- Copy of deed
- Copy of lease
- Copy of property tax bill
- Construction Contract (90 days after which the parent/guardian must be inhabiting)

If none of the above forms are available, “TWO” of the following documentation forms will be accepted:

- Copy of valid vehicle registration
  - Copy of valid driver's license
  - Copy of utility bill (TV/cable, electric, phone, etc.) [**within the last 30 days**]
  - Copy of credit card bill (**within the last 30 days**)
  - Copy of DOT identification card
- NOT ACCEPTED** – Junk mail or photocopies of a mailing envelope received from a utility company, credit card or vehicle registration.

All of the above forms must confirm the address provided on the enrollment forms. The only other option to confirm residency is for the BMSD resident to complete and have notarized a Residency Affidavit.

## **ANY COURT DOCUMENTATION**

- Custody Order

## **PHOTO ID OF THE PARENT OR GUARDIAN**

## **CHILD'S IMMUNIZATION RECORDS**

In most states, children are required to have all recommended immunizations **PRIOR** to entering school. In Pennsylvania, regulations will allow for a **5 day** provisional grace period. Students must be fully immunized within 5 days of starting kindergarten.

Please make note of the following:

- Students who are not compliant may be excluded from school until requirements are met.
- Parents may still request exemption based on a religious or philosophical belief or provide a medical exemption due to a health condition.

## **AUTOMATED SCHOOL ALERTS**

The Blue Mountain School District utilizes an automated notification system, SchoolMessenger, to notify parents/guardians of important information regarding your child/children's school including: school delays, closing, emergencies, absences, etc. If you are listing a work number on the enrollment form, the system cannot dial extensions or transfer from a switchboard.

In addition to SchoolMessenger we have a separate notification system called Eagle Express. Parents/guardians, family members, etc. are encouraged to subscribe through the District's website ([www.bmsd.org](http://www.bmsd.org)) to receive emails from your child's specific school building related to events going on within the building, from the District (emails related to entire district), and Community (emails of events within the community).

If during the course of the school term it is necessary to close school, announcements will be made via the SchoolMessenger Alert System (phone/text/email messaging), Eagle Express, the District's Facebook account and broadcast over local TV stations listed below. When adverse weather conditions develop during school hours, the stations will be advised and will announce the time of dismissals.

### **TV Stations**

WNEP – Channel 16 (Wilkes-Barre/Scranton)

WBRE – Channel 28 (Wilkes-Barre/Scranton)

Parents are urged to devise and discuss a plan of action for young children when no one is home during early dismissals, delays or closings.

## **POWERSCHOOL**

Parent portal gives parents/guardians access to real-time student information including attendance, grades and detailed assignment descriptions, school bulletins, transportation and even personal messages from the teacher. The parent portal can be accessed via the mobile app from any Android or iOS device.

## **KINDERGARTEN REGISTRATION & PREVIOUSLY HOME SCHOOLED STUDENTS**

The School Health Law requires that a current physical examination (well child visit with your doctor) and a current dental examination be completed prior to entry into school. You may choose to have these examinations done privately or through the school Physician and Dentist free of charge. We strongly recommend, however, that these examinations be done by your family Physician and Dentist, since they can best evaluate your child's health and assist you in obtaining any necessary treatments and corrections.

Should you choose to have these examinations done privately, I have attached the necessary forms for completion. The examinations should take place no sooner than **one year** prior to the start of school in August. Please return the completed forms as soon as possible.

If you choose to have these examinations completed in school, you will be notified of the date and you will be required to sign a permission slip.

## **STUDENT HANDBOOK – BUILDING SPECIFICS**

Please refer to each building's webpage for specifics regarding that building's dress code, drop off and pick up times, bell schedule, etc.

# SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

## FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis\* (1 dose on or after the 4th birthday)
  - 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)\*\*
  - 2 doses of measles, mumps, rubella\*\*\*
  - 3 doses of hepatitis B
  - 2 doses of varicella (chickenpox) or evidence of immunity
- \*Usually given as DTP or DTaP or if medically advisable, DT or Td*  
*\*\* A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*  
*\*\*\*Usually given as MMR*



**ON THE FIRST DAY OF SCHOOL**, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

## FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

**ON THE FIRST DAY OF 7TH GRADE**, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

## FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

**ON THE FIRST DAY OF 12TH GRADE**, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

**The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.**

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



# STUDENT REGISTRATION QUESTIONNAIRE

Completed by Parent / Guardian

Student's **LEGAL** Name, according to birth certificate or other court record

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Jr, Sr, III, etc.)

Current Grade \_\_\_\_\_ Gender Female Male Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Birth City and State \_\_\_\_\_ Country \_\_\_\_\_

Biological Mother's Name \_\_\_\_\_

Biological Father's Name \_\_\_\_\_

Is the student Hispanic or Latino? Yes No

Race (check all that apply) Asian American Indian/Alaskan Native White  
Black or African American Native Hawaiian/Other Pacific Islander

## Physical Primary Residence

Student Resides With: Both parents Mother Only Father Only Guardian

Student's primary residence:

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Please indicate primary & secondary number to be called:

Please indicate primary & secondary number to be called:

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Does student have a secondary residence? Yes No

If yes, please provide information \_\_\_\_\_

\_\_\_\_\_

**Sibling Information (school age and younger)**

Name	Grade/Age	Birthdate	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

**Custody Information** (complete only when student does not reside in same household with biological parents)

**A COPY OF THE ORDER IS TO BE SUPPLIED TO THE SCHOOL**

Do you, as custodial parent/guardian, have **LEGAL** custody through a court order?  Yes  No  Pending

If pending, date finalization is expected \_\_\_\_\_ (please inform school when finalized)

If yes, does the court order restrict who the student can be released to?  Yes  No

If yes, does the court order limit access to school records?  Yes  No

Any additional information regarding custody of which the school should be aware? \_\_\_\_\_

Additional parent mailing requested for non-custodial parent?  Yes  No

**Military**

Is the student's parent and/or guardian an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including full-time Reserve or National Guard duty?

Yes  No

**Technology**

Our 1:1 electronic device program is for all students in grades Kindergarten through 12. Devices and internet are used for homework, flexible instruction days, etc. Do you currently have internet at your residence?

Yes  No

If No, is internet coverage available at your residence?  Yes  No, please explain \_\_\_\_\_

### School Messenger

Blue Mountain School District utilizes an automated notification system to notify parents/guardians of important information regarding your child/children's school including: school delays, closing, emergencies, absences, etc. If you are listing a work number, the system cannot dial extensions or transfer from a switchboard. In order to receive a text message, please opt-in by texting the word "YES" to 68453 from each wireless device listed that you wish to receive texts on.

SchoolMessenger Number \_\_\_\_\_

SchoolMessenger Number \_\_\_\_\_

SchoolMessenger Number \_\_\_\_\_

SchoolMessenger Number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### School History

Previous School Attended \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ Grade Level(s) Attended \_\_\_\_\_

Street Address, City, State and Zip \_\_\_\_\_

Other School(s) Attended \_\_\_\_\_ Dates and Grades \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Support Services

Has your child received any of these support services within the past two years? If yes, check all that apply:

Title I Math Services  Title I Reading Services  English as a Second Language  Homeless Services

### Special Education Support Services

Has your child received any of these special education services within the past two years? If yes, check all that apply:

Services through a Gifted Individualized Education Plan (GIEP)  Services through a 504 Plan

Special Education Services through an IEP

Do you have copies of your child's IEP, Evaluation, Re-evaluation, Reports or other records?  Yes  No

## Transportation

Bus routes are developed based on the number of students living in a specified area and on counts of students who have previously ridden the bus from that area. If students who do not live in a bus route area ride the bus, the result may be over crowding of a bus or under utilization of a bus in another area. Kindergarten and first grade students cannot be dropped off if there is not a parent or guardian seen to be waiting at the bus stop. If a parent cannot be reached, our policy is to return the student to the sending school.

If you need to adjust a bus stop at any time during the school year, please email transportation at [mrkanger@bmsd.org](mailto:mrkanger@bmsd.org) or call 570-366-0515 ext 1027 as soon as possible. Please allow 24 to 48 hours for the transportation change.

Does your student attend a daycare?  Yes  No

If Yes, please provide the name and location of the daycare.

Name \_\_\_\_\_

Location \_\_\_\_\_

Do biological parents reside in the same household?  Yes  No

If Yes, please provide bus location below. Note, AM & PM bus stops do not need to be the same.

AM Location \_\_\_\_\_

PM Location \_\_\_\_\_

If No, please provide bus location below. Note, split families allow for Mother and Father to each have an AM & PM bus stop which do not need to be the same. Also please indicate which day of the week this location is to be used.

Primary Custody AM Location \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday

Primary Custody PM Location \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday

Secondary Custody AM Location \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday

Secondary Custody PM Location \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday

## Parental Registration Statement

Pennsylvania School Code 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of 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."

### Please complete the following:

I hereby swear or affirm that my child \_\_\_\_ Was or \_\_\_\_ Was Not previously suspended or expelled, \_\_\_\_ or is not presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. 13 - I 304A(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)

Reason for suspension/expulsion \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Any willful false statement made above shall be misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record. Any false statement made above shall be reported to the Superintendent of School with a recommendation of removal from Blue Mountain School District. 24 P.S. 13-131 7.2

Name of Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_

PLEASE PRINT

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Date of District Entry	Date of School Entry	Date of Entry to PA	Date of Entry to US
Entry Grade in BMSD	School	Date of Entry to 9 <sup>th</sup> Grade	Homeroom/Teacher
Verification of Residency:	<input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Real Estate Tax Bill <input type="checkbox"/> Other _____	<input type="checkbox"/> Deed/Property Sale Agreement <input type="checkbox"/> Income Tax Form	
Verification of Birth Date:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Certificate	<input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport <input type="checkbox"/> Other _____
BMSD Student ID Number		PA Secure ID Number	
Bus Information (not necessary for BMSD Virtual Academy Students):			
Bus Stop _____	Bus Number _____	Special Transportation Concerns _____	





## PARENT/STUDENT RELEASE FORM

### Photograph, Video, Digitized Image, Voice Recording & Artwork

As part of the Blue Mountain School District's promotion of school activities or recognition of student achievement, district staff members or the news media may photograph or video individual students or groups of students, while they are engaged in school activities not normally open to the public. Your child's photographic image, digital/digitized image (meaning any scanned images of art or other work, digital photographic images, sound/voice or computer generated files) may appear in district publications, presentations, social media and/or the internet. All digital images, productions and content published on the internet become the property of the Blue Mountain School District. I understand any photographs of my child appearing on the official Blue Mountain website will not identify my child by his/her full name.

If this form is not completed, signed and returned to your child's school, your child's image will not be published.

**If you decline to have your child's photograph published, your child's picture will NOT be published in any Memory Book or Yearbook.**

Please check your preference in the following applicable statement for student:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Yes No My child's image (photograph or video) may be reproduced on district publications, newspapers or newscasts.

Yes No My child's image (photograph or video) may be reproduced on district social media (Facebook, Twitter, etc.).

Yes No My child's first and last name may be used to identify his/her photograph or video.

Yes No My child's voice recording may be published on district publications or newscasts.

Yes No My child's artwork may be published in district publications, newspapers or newscasts.

N/A Yes No I, the student identified below, am 18 years of age or older and give consent for the release of photographs, video, voice recordings or artwork of/by me by the district staff or the news media to publicize district activities not normally open to the public or to recognize student achievement.

# Device Protection Plan

## 2024-2025 School Year

Students are issued a device and charger to be used during class, virtual learning and/or summer credit recovery program. The Blue Mountain School District Acceptable Use Policy is available on the District website under policy #815.

Student and/or Parent should inspect device and charger upon initial receipt of the items and notify the school right away of any physical damage or problems found. For example, cracked iPad or laptop screen, charger doesn't consistently charge device when plugged in, headphone jack not working, etc. Purchasing a generic charger (wire and block) for use with my BMSD given device is not permitted.

The plan covers repairs to the device, case, or charger. Items that are lost or maliciously broken are not covered under the plan. The plan is evaluated on a yearly basis and subject to change. You must be registered in the plan prior to an incident for the repair to be covered by the plan. The Plan does not have to be purchased the first day of school; must be purchased prior to first repair.

Please sign and return with payment if you want to purchase the Student Device Protection Plan at your earliest convenience. However, it will not be honored post damage.

2024-2025 Non-refundable Student Device Protection Plan cost is \$30.

Please pay via cash, check, or money order. Credit cards are **NOT** accepted.  
Checks are made payable to: Blue Mountain School District  
All checks should have the student's name(s) written on them in the memo.

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Protection Plan not purchased:

- Damages are billed at cost. Please refer to the cost sheet for pricing.

Protection plan details:

- 1st incident of accidental damage - no charge for covered device
- 2nd incident of accidental damage - \$50 (unless the cost of the repair is less)
- 3rd incident of accidental damage and beyond - full cost of repair
- Theft or lost – full replacement cost

**NOTE: Any damage determined to be caused by misuse, neglect, intentional damage, as well as lost/stolen devices, the full cost of the actual repair or replacement of the device will be billed even if the Student Device Protection Plan has been purchased.**

# 2024-2025 COST SHEET

## Grades 3 through 8 - Chromebooks

<b>If Student Device Protection Plan was purchased:</b>	
# incident needing non-warranty repair during the same school year	Amount
First incident of accidental damage (including charger)	No charge
Second incident of accidental damage	\$50 (unless repair is less)
Third incident of accidental damage and beyond	Cost of repair
Total loss due to extensive damage, loss, or theft	\$350
<b>If Student Device Protection Plan was not purchased, non-warranty repairs will be charged as follows:</b>	
Screen	\$50
Screen Hinge Set	\$20
Screen Bezel	\$25
Entire Screen Assembly	\$115
Camera	\$20
Keyboard Only	\$25
Touchpad Only	\$20
Palm Rest Top Cover Assembly	\$90
Replace Motherboard (drop, liquid, or other non-warranty cause)	\$220
Charging Port Damage	\$200
Back Cover	\$30
Bottom Cover	\$30
Protective Case	\$30
Battery	\$50
Device Replacement	\$350
A/C Adapter Replacement	\$35

***Note: For any damage determined to be misuse, neglect, intentional damage, or lost/stolen device, the cost of the actual repair or replacement of the device will be billed at cost even if Student Device Protection Plan is purchased.***

**BLUE MOUNTAIN SCHOOL DISTRICT HEALTH SERVICES  
EMERGENCY CARE INFORMATION  
PLEASE FILL OUT IN BLUE OR BLACK INK**

It is parent/guardian's responsibility to provide transportation from the school for any child who becomes ill or suffers an injury in school.

Please circle one: Male/Female

Grade/Homeroom \_\_\_\_\_

Student's Name: Last First Middle Birthdate

Address Home Phone Number

Biological Father's Name: Last First Contact Number Email

Address if different from student: \_\_\_\_\_

Biological Mother's Name: Last First Contact Number Email

Address if different from student: \_\_\_\_\_

Does student live in the same residence with both biological parents? YES / NO **If NO**, is there a custody court order available. YES/ NO

Student Resides with: (IF SAME AS ABOVE, SKIP THIS SECTION)

Name Relationship to student Contact Number Email

Name Relationship to student Contact Number Email

**PLEASE PROVIDE WORK CONTACT INFORMATION FOR PARENT/GUARDIAN WITH WHOM STUDENT LEGALLY RESIDES**

Mother/Guardian Place of Employment \_\_\_\_\_

Working Hours: From \_\_\_\_\_ to \_\_\_\_\_ Employer Telephone No. \_\_\_\_\_

Father/Guardian Place of Employment \_\_\_\_\_

Working Hours: From \_\_\_\_\_ to \_\_\_\_\_ Employer Telephone No. \_\_\_\_\_

Give names/grades siblings in school: \_\_\_\_\_

**\*\*List names of other people to be contacted who have the authority to assume the responsibility for the welfare of a child if parent/guardian cannot be contacted. It is desirable to list relatives or friends who are available to pick up the student from school if necessary.**

1. \_\_\_\_\_  
NAME Relationship to Student Contact Number

2. \_\_\_\_\_  
NAME Relationship to Student Contact Number

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(PLEASE DO NOT PRINT)

**PLEASE TURN OVER AND COMPLETE THE OTHER SIDE**

\*\*\*If it should be necessary to summon a physician before parent/guardian can be contacted, please provide the following:

Physician \_\_\_\_\_ Telephone No. \_\_\_\_\_

\*\*\* If emergency services are initiated, your child will be transported to the closest available facility deemed appropriate by EMS.

**PARENT AUTHORIZATION FOR ADMINISTERING  
FIRST AID and TYLENOL  
By AUTHORIZED SCHOOL PERSONNEL**

I, the parent/guardian of \_\_\_\_\_ authorize the Blue Mountain School District to **provide first aid services to my child** as stated in the Standing Orders as prescribed by the Blue Mountain School District school physician and in accordance with the Blue Mountain School District Policy.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign below if you wish to have a standing order for your child to have Tylenol (acetaminophen) as prescribed by the school physician in the Blue Mountain School District Standing Orders.**

My son/daughter \_\_\_\_\_ **may have Tylenol**, the dosage to be determined by the child's age /weight as stated in the Blue Mountain School District Standing Orders.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Health History Information: If yes, please explain.**

Yes	No	
_____	_____	Prematurity, Low Birth Weight, Other Problems at Birth _____
_____	_____	Serious Operations/Accidents _____
_____	_____	Seizures/Convulsions _____
_____	_____	Asthma _____
_____	_____	Diabetes _____
_____	_____	Heart (cardiac) Problems _____
_____	_____	Behavioral/Psychological Diagnoses (AD/HD, ODD, Autism, etc.) _____
_____	_____	Migraine Headaches _____
_____	_____	Food or Drug Allergy _____ Benadryl or Epi-Pen
_____	_____	Bee Sting Allergy _____ Benadryl or Epi-Pen
_____	_____	Dog Allergy _____ Benadryl or Epi-Pen
_____	_____	Physical Therapy/Occupational Therapy _____
_____	_____	Speech Therapy _____
_____	_____	Glasses/Contacts/Other Vision Problems _____
_____	_____	History of Hearing Loss/Tubes _____
_____	_____	Condition Limiting Physical Education _____
_____	_____	Any other Activity Restrictions _____
_____	_____	Any other Chronic/Recurrent Conditions _____
_____	_____	Presently Taking Medications - Please List _____

**\*\*Any parent/guardian desiring to see a copy of the Blue Mountain School District Standing Orders should consult their child's school nurse.**



## PARENT VERIFICATION FOR STUDENT RELEASE

School Year \_\_\_\_\_

***FOR THE SAFETY OF YOUR CHILD, ALL PERSONS PICKING UP CHILDREN DURING THE SCHOOL DAY MUST REPORT TO THE OFFICE. PLEASE BE PREPARED TO SHOW PICTURE IDENTIFICATION.***

\_\_\_\_\_  
**Student's Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Homerom**

The following people have my permission to pick up my child for appointments, at the end of the school day, or for emergencies. (PLEASE LIST YOURSELF!). If this changes in any way, it is my responsibility to inform the school.

<u>Name</u>	<u>Relationship</u>	<u>Home Ph #</u>	<u>Cell Ph #</u>	<u>Work Ph#</u>
Parent/Guardian				
Parent/Guardian				

(If applicable ...) The following people, for legal or custody reasons, **MAY NOT** under any circumstances pick my child up at school:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



# BLUE MOUNTAIN SCHOOL DISTRICT

## REQUEST FOR INFORMATION

I hereby authorize the Blue Mountain School District to receive information concerning

\_\_\_\_\_, \_\_\_\_\_ from \_\_\_\_\_  
(Student's Name) (Grade) (Previous School or Agency)

The following information is requested (please check all that apply):

- School Records (including transcript/grades at time of withdrawal)
- Discipline Records
- PA Secure ID (Pennsylvania schools only)
- Medical Records
- Dental Records
- Custody Information
- Special Education Records: IEP, Evaluation Report, Re-Eval Report, NOREP, Progress Reports, 504 Plan, GIEP, Psychological Report, and Neurological Report

\_\_\_\_\_  
(Signature of Parent / Guardian)

\_\_\_\_\_  
(Date)

Send all information to: Ms. Jackie Hoffman  
Blue Mountain Middle School  
685 Red Dale Road  
Orwigsburg, PA 17961  
Email: [jmhoffman@bmsd.org](mailto:jmhoffman@bmsd.org)  
Fax #: (570) 366-2513

685 Red Dale Road, Orwigsburg, Pennsylvania 17961

☎ 570-366-0515 🌐 [www.bmsd.org](http://www.bmsd.org)

An Equal Opportunity Employer



# HOME LANGUAGE SURVEY

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

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

Child's first name: \_\_\_\_\_

Child's family name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

## Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home?  No  Yes (language) \_\_\_\_\_
2. Does your child communicate in a language other than English?  No  Yes (language) \_\_\_\_\_
3. What is the language that your child first learned to speak? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Provided  No  Yes



## **EARNED INCOME TAX INFORMATION FOR RESIDENTS OF THE BLUE MOUNTAIN SCHOOL DISTRICT**

As you may know, school districts in Pennsylvania have tax revenue sources other than real estate taxes from which they may obtain funds to support schools and education. Authority for levying these additional taxes was granted to local school districts and municipalities by the Pennsylvania General Assembly in 1965 through passage of the Local Tax Enabling Act (LTEA) commonly referred to as "Act 511". The earned income tax or "wage tax" is usually a tax of one percent 1% on gross wages and/or net profits from a business or profession. In Home Rule communities, the tax rate may vary and can even be higher than one percent (1%). Typically, individuals who receive "earned income" including salaries, wages, commissions, bonuses, incentive payments, fees, tips and /or other compensation for services rendered whether in cash or property are subject to the tax. In addition, those who conduct businesses, professions, and other activities for profit **MUST** pay tax on the net profit derived from their operation after deductions have been made of all costs and expenses incurred in conducting said businesses.

Berkheimer Tax Administrator, Inc. (Berkheimer) is the appointed earned income tax officer for the Blue Mountain School District and the municipalities which compromise the school district. As the appointed earned income tax collector, Berkheimer is charged with the duty of administering the school districts, townships and/or boroughs taxes. This includes collecting the tax, establishing rules and regulations to fairly enforce such tax and creating accurate tax records and accounts for each taxpayer.

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

Most resident taxpayers will have this deducted by their employers. However, if you work in a jurisdiction where it is NOT WITHHELD, or you are self-employed, you will have to **PAY THE TAX DIRECTLY TO BERKHEIMER**. Your completed registration form will be forwarded to BERKHEIMER, who will create an accurate tax account reflecting your correct reporting status and send you the necessary tax forms.

We appreciate your cooperation in completing the registration form. If you have any questions, you may contact Berkheimer directly at 1-866-701-7206 or 570-752-4878.

## BLUE MOUNTAIN SCHOOL DISTRICT EARNED INCOME TAX REGISTRATION FORM

Your Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Your Social Security No: \_\_\_\_\_ Your Social Security No: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Resident Municipality (please check the Borough or Township in which you reside)

Borough:

- Auburn     
  Cressona     
  Deer Lake     
  New Ringgold     
  Orwigsburg

Township:

- East Brunswick     
  North Manheim     
  Wayne     
  West Brunswick

List <b>ALL</b> Residents 18 Years and Over	Sex M/F	Date of Birth Month/Day/Year	Employer's Name and Address	Withheld From Pay? Y/N	Other*

\*If you have no earned income please indicate reason why: retired, homemaker, temporarily unemployed, disabled, student, minor

Date you moved to above address: \_\_\_\_\_

Did you move here from another Pennsylvania location?  Yes  No

If yes, please list the previous address and resident school district: \_\_\_\_\_

\_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# BLUE MOUNTAIN SCHOOL DISTRICT

## TRANSPORTATION INFORMATION

Dear Parent/Guardian:

When you enroll your child, you automatically register them for transportation. Please encourage your child to ride the bus during the first week of school so that they can become familiar with the bus procedures and their driver. Be assured that Blue Mountain School District is committed to providing safe, efficient and reliable transportation services for your children.

If you think your child's bus is late or has arrived early, call the Transportation office. They can radio the driver and check on the location of the bus. If your child loses an item on the bus, concerns about bus and driver safety should all be directed to the Transportation office.

### **Bus Stop Basics**

All students are assigned to a centrally located bus stop that efficiently accommodates all students within the allotted time. District policy allows for a maximum walking distance of a 1/2 mile to a bus stop. Students should be at the bus stop at least 5-10 minutes before the bus is scheduled to arrive and stay off the road when waiting so the driver has room to stop. Please bear in mind that adverse weather conditions, traffic or occasional mechanical problems can delay buses.

Children are picked up and dropped off at the same bus stop. Students may not ride another bus route to or from school with another student for any reason. If they are to be dropped off at an alternate location (i.e., daycare center), please notify the Transportation Coordinator. School bus drivers do not have authority to change bus routes or student stops. A parent or other designated adult must meet kindergarten and first grade students upon arrival at the bus stop at the end of the day. A designated adult is someone selected by you and placed on file with the school and/or bus driver. If circumstances dictate that another person pick up your child on a given day, you must notify the school in writing. Drivers are instructed not to release kindergarten or first grade students if no designated individual is at the stop. In the event this happens, the school will attempt to contact the parent/guardian. If necessary, the driver will return the child to their assigned school building.

In the event of an emergency situation, a student may be granted permission to get off the bus at an alternate location on the same bus route. In this case, the Transportation office must be contacted prior to the time of the occurrence with an explanation of the emergency.

### **Conduct**

The school day begins and ends at the bus stop, therefore the same rules and expectations for behaving in a safe, responsible and respectful manner apply on the bus. Audio/Video recorders may be placed on board school vehicles to be a deterrent against acts of misconduct, thus providing a safer environment for students and drivers. Inappropriate behavior on the bus will result in logical consequences that may include suspension from the bus. Repeated behavioral infractions will be reported to school principals who will determine what actions will be taken. Recorded audio/video recordings capturing misbehavior may be used at conferences with parents/guardians as evidence for disciplinary action.

Mrs. Missy Kanger, Transportation Coordinator  
Phone: (570) 968-1709 Email: [mrkanger@bmsd.org](mailto:mrkanger@bmsd.org)



# BLUE MOUNTAIN SCHOOL DISTRICT

## MEMORANDUM

To: 7<sup>th</sup> Grade through 12<sup>th</sup> Grade Enrolling into the Blue Mountain School District

From: Blue Mountain School District Administration

Date: March 24, 2017

Subject: Application of Policy #227.1 on Drug Testing

In December 2016, the Blue Mountain School District approved Policy #227.1. This policy requires all students involved in extra-curricular activities, sports, and elective school activities to participate in random drug testing. The elective activities also include prom, driving/parking on campus during the school day, and numerous other activities. The names of students participating in random drug testing are placed into periodic drawings. Students whose names are randomly drawn will be required to provide a sample for drug analysis screening on the day of the drawing. Students will be informed through a phone call, and they will have a specified numbers of hours to report to the school.

If you are interested in playing Blue Mountain sports, participating in any of the listed Blue Mountain activities, or participating in extra-curricular activities in Blue Mountain School District, you will need to complete and return the attached consent authorization form. **These forms need to be returned to the Middle School or High School office.**

Blue Mountain Middle School  
685 Red Dale Road  
Orwigsburg, PA 17961

Blue Mountain High School  
1076 West Market Street  
Schuylkill Haven, PA 17972

Thank you.

**BLUE MOUNTAIN SCHOOL DISTRICT  
 CONSENT TO MANDATORY DRUG TESTING OF SAMPLES AND  
 AUTHORIZATION FOR RELEASE OF INFORMATION  
 (Minor)**

I hereby acknowledge that I have received a copy of the Blue Mountain School District Drug Testing Policy. I further acknowledge that I have read the policy and that I fully understand the provisions of the drug testing program and agree to comply with the terms and conditions set forth by the policy.

I hereby consent and authorize the School District to collect a testing sample from my child-student and to have such sample tested for the presence of certain drugs and substances in accordance with the provisions of the policy. I further authorize the Superintendent of the School District or his/her designee to release the results of the drug testing of my child-student's sample in accordance with the policy, only when necessary, to the school principal, Athletic Director, head coach and/or advisor of any extracurricular/cocurricular activity in which my child-student participates and/or members of the Student Assistance Program.

I hereby acknowledge that this Consent shall remain valid unless and until I notify the Blue Mountain School District, by the completion of the proper forms, of my desire to remove my child-student from the School District's drug testing program.

I hereby release and discharge, for myself and my child-student, the School District and its directors, administrators, officers, employees, and agents from and of all claims, rights, expenses, debts, demands, costs, contracts, liability, obligations, actions, and causes of action of every nature, known or unknown, whether in law or equity, which I or my child-student had, now has, or may have which is in any way connected with, or arises out of the drug testing process of this policy. I understand that this waiver shall not apply with respect to claims that may arise out of the School District's failure to abide by the terms and conditions of the policy or applicable law.

\_\_\_\_\_  
 Printed Student Name

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Parent/Guardian Name

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

Parent/Guardian Contact Number \_\_\_\_\_

\_\_\_\_\_  
 Extracurricular/Cocurricular Activities

**BLUE MOUNTAIN SCHOOL DISTRICT  
 CONSENT TO VOLUNTARY DRUG TESTING AND AUTHORIZATION FOR  
 RELEASE OF INFORMATION  
 (Minor)**

I hereby acknowledge that I have received a copy of the Blue Mountain School District Drug Testing Policy. I further acknowledge that I have read the policy and that I fully understand the provisions of the drug testing program and agree to voluntarily comply with the terms and conditions set forth by the policy.

I hereby consent and authorize the School District to collect a urine testing sample from my child-student and to have such sample tested for the presence of certain drugs and substances in accordance with the provisions of the policy. I further authorize the Superintendent of the School District or his/her designee to release the results of the drug testing of my child-student in accordance with the policy, only when necessary, to the school principal, Athletic Director, extracurricular and/or cocurricular head coach/advisor and/or members of the Student Assistance Program.

I hereby acknowledge that this voluntary Consent shall remain valid unless and until I notify the Blue Mountain School District, by completion of the proper forms, of my desire to remove my child-student from the School District's drug testing program.

I hereby release and discharge, for myself and my child-student, the School District and its administrators, directors, officers, employees, and agents from and of all claims, rights, expenses, debts, demands, costs, contracts, liability, obligations, actions, and causes of action of every nature, known or unknown, whether in law or equity, which I or my child-student had, now has, or may have which is in any way connected with, or arises out of the drug testing process of the policy. I understand that this waiver shall not apply with respect to claims that may arise out of the School District's failure to abide by the terms and conditions of the policy or applicable law.

Printed Student Name	Student Signature	Date
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Printed Parent/Guardian Name	Parent/Guardian Signature	Date
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Parent/Guardian Contact Number \_\_\_\_\_

\_\_\_\_\_  
 Extracurricular/Cocurricular Activities



# BLUE MOUNTAIN SCHOOL DISTRICT

## INTEGRATED PEST MANAGEMENT NOTICE

The Blue Mountain School District uses an Integrated Pest Management (IPM) approach for managing insects, rodents and weeds. Our goal is to protect every student and/or employee from pesticide exposure by using an IPM approach to pest management. Our IPM approach focuses on making the school building and grounds an unfavorable habitat for these pests by removing food and water sources and eliminating their hiding and breeding places. We accomplish this through routine cleaning and maintenance. We routinely monitor the school building and grounds to detect any pests that are present. 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.

From time to time, it may be necessary to use appropriately labeled, EPA approved materials to manage a pest problem. These materials will only be used when necessary, and will not be routinely applied. These scheduled applications will be made only after normal school hours. Notices will be posted in these areas 72 hours prior to application and for two days following the application.

Parents or guardians of students enrolled in the school or employees of the school may request prior notification of these scheduled applications. To receive notification you must be placed on the school notification registry. If you would like to be placed on the registry, please notify the district by letter. Please include your email address if you would like to be notified electronically. All letters should be sent to: IPM Coordinator, Blue Mountain School District, PO Box 188 685 Red Dale Road, Orwigsburg, PA 17961.

If unscheduled applications must be made to control an emergency pest problem (eg. Stinging insects), persons on this registry will be notified as soon as possible after the emergency application.

Exemptions to notification include disinfectants and anti-microbial products; self-contained baits placed in areas not accessible to students, and gel type baits placed in cracks, crevices or voids; and swimming pool maintenance materials.

Each year the district will prepare a new notification registry.