

# Moniteau School District

1810 West Sunbury Road, West Sunbury, PA 16061  
Phone: 724-637-2117 Fax: 724-637-3862

## NEW STUDENT REGISTRATION

**(District Use) Student ID No.** \_\_\_\_\_ **Student Start Date:** \_\_\_\_\_

### Student Information:

Name: \_\_\_\_\_  
(Last) (First) (Middle)  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Twp: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
(City and State)

**Student Lives With:** Both Parents \_\_\_\_\_ Father/Stepmother \_\_\_\_\_ Mother/Stepfather \_\_\_\_\_  
Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_  
Legal Guardian \_\_\_\_\_ Foster Parents \_\_\_\_\_ (Please Provide Documentation)

### Special Custodial Court Instructions:

No \_\_\_\_\_ Yes \_\_\_\_\_ (If Yes, Please Provide a Copy of Court Order)

Father/Step Father Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Mother/Step Mother Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address \_\_\_\_\_

### **If The Student Is Not Living With Parents, Please Complete This Section and Provide Paperwork**

Guardian or Foster Parent's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Former School Information:**

Name of Former School \_\_\_\_\_  
Address of Former School \_\_\_\_\_  
Phone / Fax number of Former School \_\_\_\_\_  
Withdrawal Date \_\_\_\_\_  
Date student started 9<sup>th</sup> grade (if applicable) \_\_\_\_\_  
Has student previously been enrolled in the Moniteau School District? \_\_\_\_\_  
Is student currently attending a Vocational Technical Program? \_\_\_\_\_

**Special Services** *Does your child currently receive any Special Services?* No \_\_\_\_\_ Yes \_\_\_\_\_ *please mark*

Has IEP \_\_\_\_\_ Has GIEP \_\_\_\_\_ Speech & Language \_\_\_\_\_  
Chapter 15/504 \_\_\_\_\_ Other \_\_\_\_\_

**Ethnicity/Race:** The district is required to collect ethnicity/race data in order to satisfy US Department of Education audit requirements

Ethnicity (Choose one)  
\_\_\_\_\_ Hispanic / Latino  
\_\_\_\_\_ Not Hispanic / Latino

Race (Choose all that apply)  
\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Pacific Islander  
\_\_\_\_\_ White

**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.

**Home Language Survey:**

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: \_\_\_\_\_

Is the student's parent/guardian an active duty member of a branch of the United States Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have internet access?** Yes \_\_\_\_\_ No \_\_\_\_\_

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## REQUEST FOR RELEASE OF STUDENT RECORDS

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Previous School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Please release the following records:

- Final grades or current marking period grades
- Attendance Records
- Disciplinary Records
- Health Records
- Standardized Test Records
- PA secure ID
- Career Readiness Portfolio
- Psychological Records
- Special Education Records including current IEP / RR **-If you use IEP Writer, please transfer within the IEP Writer System**
- Other \_\_\_\_\_

### For students in grades 7-12 send records to:

Moniteau Jr / Sr High School  
1810 West Sunbury Road  
West Sunbury, PA 16061  
Fax: 724-637-3878  
Phone: 724-637-2091  
Email: [hsrecords@moniteau.org](mailto:hsrecords@moniteau.org)

### For students in grades K-6 send records to:

Dassa McKinney Elementary School  
391 Hooker Road  
West Sunbury, PA 16061  
Fax: 724-637-3877  
Phone: 724-637-2321  
Email: [elemrecords@moniteau.org](mailto:elemrecords@moniteau.org)

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

\_\_\_\_\_  
Date

Pursuant to Federal Law 99-31, parent's signature is NOT required for education records to be sent to another educational agency.



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## SAFE SCHOOLS AFFIDAVIT

*Commonwealth of Pennsylvania*

*County of Butler*

**THIS DOCUMENT MUST BE NOTARIZED**

Before me, the undersigned authority personally appeared:

Parent / Guardian Name (print): \_\_\_\_\_,

Parent / Guardian of (print): \_\_\_\_\_,

who being sworn according to law, deposes and says that his/her/their son/daughter, who is enrolled or who is seeking enrollment within the Moniteau School District, has never been suspended or expelled from any public or private school within the Commonwealth of Pennsylvania or any other state for an act or offense involving a weapon, alcohol, or drugs, willful infliction of injury to another person or for an act of violence committed on school property, or other offense that would require such discipline.

False statements made within this affidavit shall constitute an offense equal to a misdemeanor in the third degree.

This affidavit is submitted to the Moniteau School District pursuant to Title 24, 1301-A et seq., of the Pennsylvania School Code.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public



MONITEAU SCHOOL DISTRICT  
CONFIDENTIAL EMERGENCY HEALTH INFORMATION FORM

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Email Address: \_\_\_\_\_

Student Lives With: \_\_\_\_\_

Please list name(s) and grade(s) of sibling(s) who attend Moniteau School District:

1) \_\_\_\_\_ Gr. \_\_\_\_\_ 2) \_\_\_\_\_ Gr. \_\_\_\_\_ 3) \_\_\_\_\_ Gr. \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

\*In case of an illness and the school nurse is unable to reach the contacts listed above, please call the following contacts who will assume responsibility/transportation for my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

\*\*If there is someone your child should not be dismissed to, note here \_\_\_\_\_

Does your child have health insurance? \_\_\_ No \_\_\_ Yes

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I understand that in a life threatening situation, the school district is required by law to transport my child to the nearest hospital.

Physician's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

I give the school nurse permission to give my child the following medication, if needed, during school hours. (Please check) If these are not checked and signed by parent/guardian, the medications will not be administered to your child.

\_\_\_ Tylenol \_\_\_ Ibuprofen \_\_\_ Benadryl \_\_\_ TUMS \_\_\_ Eye Drops \_\_\_ Pepto-Bismol

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\*\*\* Please turn over and complete the reverse side of this form. \*\*\*

**MONITEAU SCHOOL DISTRICT  
HEALTH HISTORY FOR SCHOOL NURSE**

TO HELP ME KNOW YOUR CHILD BETTER AND PROVIDE NECESSARY CARE, PLEASE COMPLETE THE FOLLOWING:

PLEASE CHECK THE FOLLOWING CONDITIONS THAT PERTAIN TO YOUR CHILD:

\_\_\_ Asthma  
\_\_\_ Inhaler: \_\_\_\_\_  
(Name of inhaler)

\_\_\_ ADD / ADHD  
\_\_\_ Medication: \_\_\_\_\_

\_\_\_ Allergy:  
\_\_\_ Food: \_\_\_\_\_  
\_\_\_ Medication: \_\_\_\_\_  
\_\_\_ Insect: \_\_\_\_\_  
EPI-PEN Required: \_\_\_ yes \_\_\_ no

\_\_\_ Celiac Disease / IBS (circle)  
\_\_\_ Convulsions / Epilepsy / Seizures (circle)

\_\_\_ Diabetes

\_\_\_ Head injury/concussion  
Date: \_\_\_\_\_

\_\_\_ Hearing Defect  
\_\_\_ Hearing aids

\_\_\_ Heart Condition  
\_\_\_\_\_

\_\_\_ Hospitalization  
Date(s) : \_\_\_\_\_  
Reason: \_\_\_\_\_

\_\_\_ Migraines  
Rx Medication: \_\_\_\_\_

\_\_\_ Orthopedic Problems  
\_\_\_\_\_

\_\_\_ Psychological Problems (depression, anxiety)  
\_\_\_\_\_

\_\_\_ Vision Deficit (Distance / Reading)  
\_\_\_ Glasses  
\_\_\_ Contacts

\_\_\_ Other  
\_\_\_\_\_  
\_\_\_\_\_

1. Does your child have a condition that requires regular medication? \_\_\_ Yes \_\_\_ No  
If yes, please list all daily medication(s) and time taken: \_\_\_\_\_  
\_\_\_\_\_
2. Is your child presently under the care of a physician? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
3. Are there any restrictions of activities? \_\_\_\_\_  
\_\_\_\_\_

\* If your child has a condition or health issue that is not mentioned on this form, please attach a separate piece of paper to this form explaining details. This side of the form is confidential and will remain in the Nurse's Office.

\*\*\* Please turn over and complete the reverse side of this form. \*\*\*



# SCHOOL DISTRICT STUDENT RESIDENCY QUESTIONNAIRE

Dear Parent or Guardian,



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

1. Student name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. In what type of setting is the student living now?

Check one box below –

SECTION A	SECTION B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings</p> <p>CONTINUE to Question 2  if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</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 the form to school personnel now.</p>

3. Contact number for person completing the form: \_\_\_\_\_

Address where student is now living: \_\_\_\_\_

4. The student lives with:

Check all that apply

- Parent(s) or legal guardian
- Relative, friend(s), or other adult(s)
- Alone
- Other: \_\_\_\_\_

5. School student attended last : \_\_\_\_\_

Address of school: \_\_\_\_\_

Telephone number of school: \_\_\_\_\_

Contact person at school (if known): \_\_\_\_\_

6. Does the student have an IEP or a Chapter 15/504 agreement?

NO

YES. Please explain: \_\_\_\_\_

The staff person who is helping you register will contact the homelessness coordinator to review the information provided. If homelessness is verified, additional information will be needed to complete enrollment. The Homelessness Coordinator will contact you by the end of the next school day (or sooner) to share the determination regarding homeless status, to gather additional information and to discuss the plans for placement.

Signature of Parent/Legal Guardian:

\_\_\_\_\_

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

**NOTE TO STAFF: All forms with a checked box in Section A are to be faxed *immediately* to the Homeless Liaison to eliminate any delay.**

Moniteau School District  
Network and Internet Access

## STUDENT CONSENT AND WAIVER

The following form must be read by the student and signed by the student and his/her parent or legal guardian.

By signing this Consent and Waiver form, I agree to abide by the following restrictions. I have discussed these rights and responsibilities with my parent/guardian.

Further, my parent/guardian and I have been advised that the district does not have control of the information on the Internet, although it attempts to provide prudent and available barriers. Other sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate or potentially offensive to some people. While the district's intent is to make Internet access available to further its educational goals and objectives, account holders may have the ability to access other materials as well.

The district believes that the benefits to educators and students from access to the Internet, in the form of information, resources and opportunities for collaboration, far exceed any disadvantages of access. Ultimately, the parent/guardian of minors is responsible for setting and conveying the standards that their student should follow. To that end, the district supports and respects each family's right to decide whether or not to apply for Moniteau district network access.

Any questions should be directed to the building principal.

The student and his/her parent/guardian must understand that student access to the district network exists to support the district's educational responsibilities and mission. The specific conditions and services that are offered will change from time to time. In addition, the district makes no warranties with respect to the district network service, and it specifically assumes no responsibilities for:

1. The content of any advice or information received by a student from a source outside the district, or any costs or charges incurred as a result of seeing or accepting such advice.
2. Any costs, liability or damages caused by the way the student chooses to use his/her district network access.
3. Any consequences of service interruptions or changes, even if the disruptions arise from circumstances under the control of the district.
4. Electronic mail (email) will be provided to every student/staff in the District. These accounts are District owned accounts and are for educational purposes only. The email account issued to the student/staff will be the only email account allowed to be accessed on the District's network.
5. With a multitude of wireless devices available, the District will not guarantee that all devices will work on the BYOD network and will take no responsibility for devices that are not compatible.
6. All devices must be registered with the Technology Department prior to accessing the network. Students/staff may have up to three devices registered at any given time.
7. The district or its employees shall not be liable for the loss, damage, misuse, theft of any personally owned device brought to school. This includes any financial charges that my results from overages to the student's/family's wireless data plan.

8. Students have no expectations of privacy in anything they create, store, send, receive or display on or over the district's Wi-Fi network.

By signing this form, I agree to the following terms:

1. My use of the Moniteau School District's network must be consistent with the Moniteau School District's primary goals.
2. I will not use the Moniteau School District network for illegal purposes of any kind.
3. I will not use the Moniteau School District network to transmit threatening, obscene, or harassing materials. The district will not be held responsible if I participate in such activities.
4. I will not use the Moniteau School District network to interfere with or disrupt network users, services or equipment. Disruptions include, but are not limited to, distribution of unsolicited advertising, propagation of computer viruses and using the network to make unauthorized entry to any other machine accessible via the network. I will print only to my local printer or to the printer designated by the teacher/school official.
5. It is assumed that information and resources accessible via the Moniteau School District network are private to the individuals and organizations which own or hold rights to those resources and information unless specifically stated otherwise by the owners or holders of rights. Therefore, I will not use the Moniteau School District network to access information or resources unless permission to do so has been granted by the owners or holders of rights to those resources or information.
6. The district or its employees shall not be liable for the loss, damage, misuse, theft of any personally owned device brought to school. This includes any financial charges that may result from overages to the student's/family's wireless data plan.
7. Students have no expectation of privacy in anything they create, store, send, receive or display on or over the district's Wi-Fi network.

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
(Please Print Full Name)

Student Signature: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

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