



***WELCOME TO***  
**Pocono Mountain School District**

*PO Box 200 • Swiftwater, PA 18370-0200 • 570-839-7121*

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**STUDENT  
REGISTRATION  
PACKET**

**DRIVING DIRECTIONS TO STUDENT REGISTRATION CENTER**

**From Route 611 (South of Mount Pocono, North of Tannersville)**

**Turn onto Swiftwater Road (by Sanofi Pasteur and Exxon gas station)**

**Stay LEFT at the Y in the road**

**Take the first LEFT onto Pocono Mountain School Road**

**Take first LEFT (after the Administration Building)**

**Turn RIGHT at the 2<sup>nd</sup> stop sign by the Bus Garage**

**Building is straight ahead**

**Parking and Entrance are to the Right**

**For any questions please call 570-839-7121 EXT 40400  
or email [centralreg@pmsd.org](mailto:centralreg@pmsd.org)**

# POCONO MOUNTAIN SCHOOL DISTRICT REQUIRED DOCUMENTS

## REQUIRED DOCUMENTS FOR ALL CHILDREN

All applications for registration of students must contain the following:

1. **Proof of Age** [24 P.S. §13-1304]
  - Original or certified official birth certificate or original or certified baptismal certificate
2. **Immunization Records** [24 P.S. §13-1303a]
  - Certificate of immunization issued in accordance with the rules and regulations of the Pennsylvania Secretary of Health and the Advisory Health Board
  - Students who are not immunized as required by the Pennsylvania Department of Health, or who are not medically or religiously exempt may not be admitted to school.
3. **Proof of Residence** [24 P.S. §13-1302 and Pocono Mountain School District Policy 200]
  - Application for registration must be accompanied by **two** proofs of residency from the list below:
    1. A recorded deed indicating address of residence, and name(s) of property owner(s) for an improved property within the district
    2. A mortgage settlement document(s) indicating address of residence and name(s) of property owner(s)
    3. Payment, or proof of liability for payment, of municipal and/or school district taxes for an improved property within the district for the current or immediately preceding tax year
    4. A signed lease agreement providing for occupancy of a residence or residential unit within the district
    5. A signed agreement of sale for the purchase of a residence or residential unit within the district
    6. A signed contract for the construction of a residence within the district, together with a copy of the building permit and/or other applicable permits
  - 7. Pennsylvania Driver's License indicating an address within the district
  - 8. Pennsylvania identification card indicating an address within the district
  - 9. Pennsylvania automobile registration indicating an address within the district
  - 10. Utility or insurance bills indicating payment of utilities due to occupancy of a residence within the district
  - 11. Signed income tax return filed for the current or immediately preceding tax year indicating an address within the district
  - 12. Current check stubs from wages, public assistance, social security or other source of income indicating an address within the district
  - 13. Occupancy permit issued by the local municipality for the residence in question
4. **Parent Registration Statement** [24 P.S. §13-1304a]
  - Parent Registration Statement attesting to whether the student has been or is suspended or expelled for offenses involving drugs or alcohol, weapons or violence. This form is available for download.
5. **Home Language Survey**
  - This is a requirement of the U.S. Department of Education's Office for Civil Rights. The form is available for download.

## ADDITIONAL REQUIRED DOCUMENTS FOR CHILDREN, NOT ONE'S OWN

Applications for registration of students not residing with their parent or guardian must contain the following in addition to all other required documents:

1. **Foster Children** [24 P.S. §13-1305]
  - Original letter from the court, association, agency or institution indicating compensated placement with the resident, and the resident school district of the natural parent(s) and;
  - Signed form from the foster parent indicating that the child has been placed by a bona fide agency in the home of the resident with compensation
2. **Other Children, Not One's Own** [24 P.S. §13-1302]
  - Appropriate legal documentation to show dependency/guardianship
  - Signed sworn statement that the child is being supported gratis and the resident will continuously assume all personal obligations for the child relative to school

**A child shall be considered a resident of the school district in which his parents or the guardian of his person resides, and will be enrolled in the school building he/she would normally attend in accordance with established school district attendance areas.**

# 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.



**pennsylvania**  
DEPARTMENT OF HEALTH

POCONO MOUNTAIN SCHOOL DISTRICT  
**STUDENT REGISTRATION FORM**

**Student Biographical Information**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
(Last) (First) (Middle) (mm) (dd) (yyyy)

Gender ☐M ☐F

Grade Entering \_\_\_\_\_

Proof of Age Documentation attached ☐Y ☐N

Name of Last School Attended \_\_\_\_\_

Address of Last School Attended \_\_\_\_\_ Last School's Phone # \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code) Last School's Fax # \_\_\_\_\_

Has student ever been retained in a grade? ☐Y ☐N If yes, which grade \_\_\_\_\_

Has student ever attended in this school district? ☐Y ☐N If yes, which school \_\_\_\_\_

Has student ever attended another school in PA? ☐Y ☐N If yes, list school and grade \_\_\_\_\_

Did student ever attend school outside of the United States? ☐Y ☐N If yes, where \_\_\_\_\_

If yes, what year did student first attend a school in the United States? \_\_\_\_\_

*The following two questions are for federal and state reporting purposes only:*

**Is the student of Hispanic/Latino Ethnicity? YES or NO**

**Race (check all that apply):** ☐Asian ☐Black/African American ☐Caucasian/White ☐Multi-Racial  
☐American Indian/Alaskan Native ☐Native Hawaiian or Other Pacific Islander

**Student Miscellaneous Information**

Student's Native Language \_\_\_\_\_

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

Is there a Court Order involving this student? ☐Y ☐N If YES, please provide a copy to the school office, otherwise we are unable to abide by its contents.

Is this student in the custody of someone other than a parent? ☐Y ☐N If yes, what is the relationship \_\_\_\_\_

**FOR OFFICE USE ONLY**

Student ID# \_\_\_\_\_ Date Entered/Reentered \_\_\_\_\_ Entry Code \_\_\_\_\_

Building Attending \_\_\_\_\_ Home Building \_\_\_\_\_

**Special transportation needs?** ☐NONE ☐Wheel chair ☐Seat Belt ☐Lift ☐Harness ☐Aide ☐Door-to-Door ☐Other

Institutionalized Child (1306) ☐Y ☐N (If yes, complete PDE-4605 and submit to child accounting)

Foster Child (1305) ☐Y ☐N (If yes, attach 1305 – Affidavit)

Data Entry/Secretary's Initials \_\_\_\_\_

### Address of Adult Resident(s) with whom student resides

(Mailing Address of Residence)

(City)

(State)

(Zip Code)

(Physical Address of Residence)

(City)

(State)

(Zip Code)

#### Exact Directions to Residence:

Name of Development/Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_

Name of property owner/landlord if other than resident: \_\_\_\_\_

### Adult Resident(s) with whom student resides

#### Primary Guardian

Name \_\_\_\_\_ Mr./Mrs./Ms./Dr.  
( Last ) ( First ) ( Middle ) (circle one)

Relationship to Child \_\_\_\_\_

Primary Phone Numbers:

Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_; Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name \_\_\_\_\_ Mr./Mrs./Ms./Dr.  
( Last ) ( First ) ( Middle ) (circle one)

Relationship to Child \_\_\_\_\_ ☐ Has Custody ☐ Can Pick Up Student

Primary Phone Numbers:

Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_; Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Educational Services

#### Check ALL services that your child is currently receiving:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Individualized Education Plan<br>(Special Education Services) | <input type="checkbox"/> Gifted Individualized Education Plan<br>(Gifted Education Services) | <input type="checkbox"/> Section 504/Chapter 15 Service Agreement<br>(Special Accommodations for Health/Physical needs) |
| <input type="checkbox"/> ESL (English as a Second Language)                            | <input type="checkbox"/> Speech/Language Support   | <input type="checkbox"/> Early Intervention Program   |
| <input type="checkbox"/> Remedial Math (Extra Help)                                    | <input type="checkbox"/> Remedial Reading (Extra Help)                                       | <input type="checkbox"/> IST (Instructional Support Team)   |



### Additional Household Information

Will the student be riding the bus from somewhere other than your residence? ☐Y ☐N ☐Pick Up ☐Drop Off ☐Both

If yes, from where ☐ Day Care Day Care name, location and phone number \_\_\_\_\_

☐ Babysitter Babysitter name, location and phone number \_\_\_\_\_

☐ Other Name, location and phone number \_\_\_\_\_

Does the student's parent/guardian currently serve in any branch of the *US Armed Forces*? ☐Y ☐N

Do you live on federal property or work for the federal government? ☐Y ☐N

Are you a migrant farm worker? ☐Y ☐N If yes, please complete a CHILDREN OF MIGRANT WORKERS Form

Other children living at this address:

1.) Full Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

2.) Full Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

3.) Full Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

### Second Parent Information (Parent student does NOT reside with if applicable)

Name \_\_\_\_\_ Mr./Mrs./Ms./Dr.  
( Last ) ( First ) ( Middle ) (circle one)

Relationship to Child \_\_\_\_\_

☐ Has Custody ☐ Can Pick Up Student ☐ Receives Mail ☐ Emergency Contact Only

Mailing Address: \_\_\_\_\_

Primary Phone Numbers:

Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Emergency Contact Information

Who shall be the local contacts if parent/guardian cannot be reached?

First Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

☐ Emergency Contact Only ☐ Can Pick Up Student

Second Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

☐ Emergency Contact Only ☐ Can Pick Up Student

In case of an accident or illness requiring emergency care, I request the school to contact me. If the school is unable to reach me immediately, I hereby authorize the school to call the physician indicated below and follow his/her instructions. If it is impossible to contact the physician immediately, I hereby authorize the school authorities to make whatever arrangements that they deem necessary under the circumstances for treatment. In emergency situations where a student needs transportation via ambulance to a hospital, the student will be transported to the nearest hospital within the ambulance service area.

Physician's Name and Address: \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Dental Insurance Provider: \_\_\_\_\_

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

# Pocono Mountain School District

## PARENTAL REGISTRATION STATEMENT

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 this 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 (check one) ☐was/☐was not previously suspended or expelled, or (check one) ☐is/☐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 for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. § 13-1304-A (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 the following:

- Name of the school from which student was suspended or expelled -

\_\_\_\_\_

- Dates of suspension or expulsion

\_\_\_\_\_

- Reason for suspension/expulsion (optional)

\_\_\_\_\_

(Provide additional schools and dates of expulsion or suspension on the back of this sheet if necessary.)

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**Any willful false statement made above shall be a misdemeanor of the third degree.  
This form shall be maintained as part of the student's disciplinary record.**



# Pocono Mountain School District

PO Box 200 • Swiftwater, PA 18370 • 570-839-7121

## Consent for Release of Records

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

Name of Last School Attended: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Information Requested:** Pocono Mountain School District may have a copy of or access to the following school records for the above named student.

☒ Official Administrative Record  
(Name, Address, Birth Date, Grade Level  
Completed, Grades, Class Standing, Attendance  
Record)  
☒ Standardized Achievement Test Scores  
☒ Intelligence and Aptitude Test Scores  
☒ Personality and Interest Test Scores

☒ Teacher and Counselor Observations  
and ratings  
☒ Act 26 Records  
☒ Family Background Data  
☒ Health Records  
☒ Psychological Records – to include  
Individualized Education Program (IEP) and  
Evaluation Report (ER)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

**Please forward records to the Pocono Mountain SD at the address circled below:**

Pocono Mountain East H.S. PO Box 200 231 Pocono Mountain School Rd Swiftwater, PA 18370 Fax: 570-839-7164	Pocono Mountain West H.S. 181 Panther Lane Swiftwater, PA 18370 Fax: 570-839-5782	Pocono Mountain Cyber 180 Panther Lane Pocono Summit, PA 18346 Fax: 570-839-2836
Pocono Mountain East Jr H.S. PO Box 200 125 Center Court Swiftwater, PA 18370 Fax: 570-839-3242	Pocono Mountain West Jr H.S. 180 Panther Lane Pocono Summit, PA 18346 Fax: 570-839-6831	Pocono Mountain School District Student Registration PO Box 200 Swiftwater, PA 18370 Fax: 570-839-5945
Swiftwater Intermediate School PO Box 200 208 Campus Drive Swiftwater, PA 18370 Fax: 570-839-7820	Clear Run Intermediate School 780 Route 611 Tobyhanna, PA 18466 Fax: 570-839-1286	Tobyhanna Elementary Center 398 Old Route 940 Pocono Pines, PA 18350 Fax: 570-646-6147
Swiftwater Elementary Center PO Box 200 135 Academic Drive Swiftwater, PA 18370 Fax: 570-839-5935	Clear Run Elementary Center 780 Route 611 Tobyhanna, PA 18466 Fax: 570-894-1286	<b>Student's Anticipated Start Date:</b>  _____





# 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



# POCONO MOUNTAIN SCHOOL DISTRICT

## STUDENT HEALTH HISTORY

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

1. List any **MEDICAL CONDITIONS** your child has:

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2. List all **MEDICATIONS** that your child is currently taking:

Daily \_\_\_\_\_

As needed \_\_\_\_\_

3. List any **ALLERGIES** your child has. (Food, insect, medications, other)

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Type of reaction \_\_\_\_\_

4. Does your child have any **PHYSICAL LIMITATIONS**?

Please list \_\_\_\_\_

5. Does your child use/wear:

a. Glasses/contacts Yes \_\_\_\_\_ No \_\_\_\_\_

b. Hearing aid Yes \_\_\_\_\_ No \_\_\_\_\_

6. Has your child had the **CHICKENPOX DISEASE**?

If yes, date of disease \_\_\_\_\_

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

# Pocono Mountain School District

## Dental Screening Permission

Grades K, 2, 3, 4, 5, or 7



Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Written permission is required for your child to be given the periodic dental screening and other dental services required by state statute, during the years he/she is enrolled as a student in the district. You will be notified in advance of the dates and times of any screening or services and you have the right to be present if you so desire. There is no financial obligation on your part for these services.

**In the event that you do not give your permission for these dental screening and services, the school will not provide these services and you will be required to have the services provided by a private dentist and reports provided to the district.**

### Please Check One:

\_\_\_\_\_ Yes (Permission Granted)

\_\_\_\_\_ No (Permission Denied) **Report from your private dentist will be required**

Does your child have dental insurance? \_\_\_\_\_ Yes or \_\_\_\_\_ No

If yes, name of insurance provider: \_\_\_\_\_

If MEDICAID/CHIP - Circle one - Medicaid, Gateway, United Healthcare, Keystone First, AmeriHealth Caritas, UPMC, Health Partners, Geisinger CHIP, Aetna, United Concordia Chip, Coventry Cares, Kidz Partners, Blue Cross CHIP, or Other \_\_\_\_\_

Does your child have a dentist? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Name of dentist: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

\_\_\_\_\_  
Date