



**MUNCY SCHOOL DISTRICT  
206 SHERMAN STREET  
MUNCY, PA 17756  
570-546-3125**



Muncy Jr/Sr High School  
200 West Penn Street  
Muncy, PA 17756  
570-546-3127 FAX: 570-546-7688

Ward L. Myers Elementary School  
125 New Street  
Muncy, PA 17756  
570-547-3129 FAX: 570-546-7744

**STUDENT REGISTRATION FORM**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Student's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnic Group (Please circle): White Black Hispanic Asian Am. Indian Multi-Racial

Grade: \_\_\_\_\_ Gender: M or F Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

**Last School Attended\*** \_\_\_\_\_  
(Include complete address) \_\_\_\_\_  
Date of Last Attendance: \_\_\_\_\_ Present Grade : \_\_\_\_\_

**\*Please provide the student's report card from the most recent educational placement.**

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Step-Parent/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Step-Parent/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child lives with:

Father\_\_\_ Mother\_\_\_ Step-Father\_\_\_ Step-Mother\_\_\_ Guardian \_\_\_ Other: \_\_\_\_\_

Are you the student's natural parent? Yes \_\_\_ No \_\_\_ If no, what is your relationship? \_\_\_\_\_

**If the student is living with a resident adult other than a parent, please ask for Attachment C.**

If a court or dependency order or custody agreement is used as the basis for enrolling the child, a copy of said document must be provided.

If the student is under court order, please provide the following information from the court order:

Custody \_\_\_\_\_

Guardianship \_\_\_\_\_

Ed. Rights \_\_\_\_\_

Is the student court ordered into?

Foster Care (1305) \_\_\_ Group Home (1306) \_\_\_

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

Contact Person: \_\_\_\_\_

Name/Address of Natural Parent(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the student in a non-court ordered emergency shelter care? Yes \_\_\_ No \_\_\_

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

Contact Person: \_\_\_\_\_

## ENROLLMENT REQUIREMENTS:

### 1. Proof of the child's age.

Any one of the following constitutes acceptable documentation: birth certificate; notarized copy of 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; a valid passport; a prior school record indicating the date of birth.

### 2. Immunizations required by law.

Acceptable documentation includes: either the child's immunization record, a written statement from the former school district or from a medical office that the required immunizations have been administered, or that a required series is in progress, or verbal assurances from the former school district or a medical office that the required immunizations have been completed, with records to follow.

### 3. Proof of residency.

Acceptable documentation includes: a deed, a lease, current utility bill, current credit card bill, property tax bill, vehicle registration, driver's license, DOT identification card. A district may require that more than one form of residency confirmation be provided. However, school districts and charter schools should be flexible in verifying residency, and should consider what information is reasonable in light of the family's situation.

### 4. Parent Registration Statement.

Complete Attachment A

### 5. Home Language Survey.

All students seeking first time enrollment in a school shall be given a home language survey in according with requirements of the U.S. Department of Education's Office for Civil Rights. Complete Attachment B.

**SPECIAL EDUCATION SERVICES:**

Yes \_\_\_ No \_\_\_ 504 Service Agreement \_\_\_ I.E.P. \_\_\_  
ESL \_\_\_ Gifted \_\_\_ Hearing Impaired \_\_\_ Speech \_\_\_

Was the student in the process of an evaluation for Special Education services prior to transferring to Muncy?  
Yes \_\_\_ No \_\_\_

Has the student repeated any grades? Yes \_\_\_ No \_\_\_ If yes, what grade? \_\_\_\_\_

**PRIOR TREATMENT OR SUPPORT SERVICES:**

Has the student received any of the following services/treatments within the last two years:

	<u>Agency</u>	<u>Date</u>
___ Inpatient Hospitalization	_____	_____
___ Outpatient Counseling	_____	_____
___ Drug & Alcohol Treatment	_____	_____
___ Vocational Rehabilitation	_____	_____
___ Residential Placements	_____	_____
___ Group Home Services	_____	_____
___ Other	_____	_____

Has the student been involved with any of the following agencies within the last two years:

	<u>Current</u>	<u>Past</u>	<u>Contact Person</u>
___ Children & Youth	_____	_____	_____
___ MH/MR	_____	_____	_____
___ Probation	_____	_____	_____
___ Drug & Alcohol	_____	_____	_____
___ Other	_____	_____	_____

Is the student currently on medication? Yes \_\_\_ No \_\_\_ If yes, please list medication(s), dosage and name of the doctor monitoring medication(s). \_\_\_\_\_

Has the student been on medication within the past 2 years? Yes \_\_\_ No \_\_\_

Does the student have any medication allergies? If yes, please list the medication and explain.  
\_\_\_\_\_

Does the student have any medical conditions the school should know about (e.g., heart condition, asthma, etc.)? If yes, please describe. \_\_\_\_\_

Does the student have any physical disabilities which require special consideration? If yes, please describe.  
\_\_\_\_\_

**CONTACT INFORMATION:**

<u>Relationship</u>	<u>Name</u>	<u>Employer</u>	<u>Work #</u>	<u>Cell#</u>	<u>Email</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

To whom may the student be released? \_\_\_\_\_

<u>Siblings' Names</u>	<u>Birth Date</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

By my signature, I affirm that the information provided on this application is true and accurate. I acknowledge this registration is not complete until approved by the District Administration.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Attachment A -Parental Registration Statement**  
Muncy School District

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

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 action of offense involving a weapon, 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 \_\_\_\_\_ was not \_\_\_\_\_ previously suspended or expelled , or 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:

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 on back of this sheet.)

Reason for suspension/expulsion (optional) \_\_\_\_\_

\_\_\_\_\_  
(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.

**Attachment B  
HOME LANGUAGE SURVEY\***

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

**School District: Muncy School District**  
**School: Ward L. Myers Elementary School**

**Date:**

**Student's Name:**

**Grade:**

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English?  
(Do not include languages learned in school.)

Yes  No

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime?

Yes  No

If yes, complete the following:

Name of School	State	Dates Attended
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_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

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

**Parent/Guardian signature:**

\*The school district/charter school/full day AVTS 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/full day AVTS 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/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

**Attachment C - SWORN STATEMENT BY RESIDENT UNDER §13-1302  
TO BE COMPLETED BY RESIDENT ONLY**

Instructions: Please complete the following statement. If the potential student is living, or will be living, in a household with more than one resident adult who will assume responsibility for the student, all such adult residents must complete and sign this statement.

**This is a legal document. You may ask to see a copy of 24 P.S. §13-1302 prior to signing this document, and consult with an attorney if you have any questions or do not understand any portion of this document.**

1. Your Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Work Number \_\_\_\_\_
  
2. Do you live in the school district and does the child live with you? Yes \_\_\_ No \_\_\_
  
3. Child's Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Name & Address of Last School Attended \_\_\_\_\_  
\_\_\_\_\_  
Date child began/will begin to reside in your home \_\_\_\_\_
  
4. Are you supporting this child gratis (without personal compensation or gain)?  
Yes \_\_\_ No \_\_\_
  
5. Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent-teacher conferences, or attending meetings/hearings concerning discipline? Yes \_\_\_ No \_\_\_
  
6. Do you intend to keep and support the child continuously and not merely through the school term?  
Yes \_\_\_ No \_\_\_

Through my notarized signature, I/We understand that the school district, pursuant to guidelines issued by the Department of Education and their own written policy, may require other reasonable information to be submitted to confirm this sworn statement.

Signed by resident(s) and notarized \_\_\_\_\_

Per 24 P.S. §13-1302, a person who knowingly provides false information in the above statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with §2561 during the period of enrollment.