



Mid Valley School District

52 Underwood Rd.

Throop, Pa 18512

Phone: (570) 307-1150 • fax: (570) 307-2193

REGISTRATION AND ADMISSION PROCEDURES

(Registrations Will Not Be Accepted Without Providing the Required Forms and Documents)

Welcome to Mid Valley School District, where we put your child's needs first. Students entering Mid Valley School District must have the following information completed and approved by the Central Registration office before they are admitted:

REGISTRATION FORMS

The following forms are required to successfully register your child and can be downloaded or obtained from the Central Registration office in the Secondary Center:

- Student Registration Form
- Custody Information Statement
- Request for Student Records
- Affirmation of Prior Discipline Record
- School Health Services
- Medical History Report
- Authorization for Medication During School Hours
- Home Language Survey
- Transportation Form
- Family Survey

PLEASE NOTE: When there is a change of address within the district, it is necessary to show your new proof of residence to the school of attendance within a week of moving.

PROOF OF BIRTH DATE

Documentation of age requirement for admission may be satisfied by

- Original birth certificate or duly attested transcript of the birth certificate.
- Original Baptismal certificate or transcript of the record of Baptism – duly certified and showing the date of birth.
- Written statement from your family physician on their letterhead attesting to the chronological age of the child.

REQUIRED HEALTH FORMS

Pennsylvania law requires that proof of immunization must be provided before a child can be admitted into any public, private, or parochial school. The following forms can be downloaded from Mid Valley's website or obtained from the Central Registration office in the Secondary Center:

- Immunization Record
- Medical Health History
- School Health Services

PLEASE PROVIDE THE FOLLOWING FOR PROOF OF RESIDENCY

Under the authority of Sections 1301 and 1302 of the Pennsylvania School Code, you are requested to provide Mid Valley School District with acceptable proofs of current address before the enrollment of a student can occur. You must also supply the name and mailing address of previous school.

Parents of students entering Mid Valley School District under **multiple occupancy or guardianship** must complete the following forms before they are admitted:

Multiple occupant packets are available at Central Registry office and on the website. The form must be completed and returned to Central Registration with the registration packet. When registering as a multiple occupant family, the homeowner and multiple occupants must each provide proof of residency in Mid Valley School District. Should the homeowner not accompany the parent/guardian to registration, the form must be notarized.

The owning of the property and property taxes within the Mid Valley School District does not automatically fulfill the residency clause as stated in the Pennsylvania School Code.

MID VALLEY SCHOOL DISTRICT'S ACCEPTABLE PROOF OF RESIDENCY

HOME OWNERS OR HOME RENTERS MUST PROVIDE

- 1** Two separate current utility bills dated within 30 days of registration and must include your name and address. (Any one of the following will suffice: Energy, water, sewer, gas, oil, and cable).

- 2** Two of the following personal identification items with your name and address listed
 - Driver's license
 - Car registration
 - Car insurance
 - Copy of deed, mortgage, or lease agreement
 - Copy of motor vehicle registration
 - Voter registration
 - Tax statements
 - Check stubs from employment, public assistance, social security, or other verifiable forms of income showing address
 - Sworn affidavit of parent, legal guardian, host resident or custodian declaring residence in a form duly authorized and provided by the District

IF YOU ARE IN THE PROCESS OF PURCHASING A HOME YOU MUST PROVIDE

1. A signed sales agreement with the settlement date that is within 60 days of registration.

NOTE: 10 days after settlement date you will be required to provide a current utility bill and 2 personal ID's with new address.

APARTMENT DWELLERS MUST PROVIDE

- 1 Current lease with all occupants in the apartment listed. The lease must be dated within 30 days of registration and signed by the management, or a letter from the apartment management on its letterhead stating THE LEASE HOLDER AND ALL OCCUPANTS OF THE APARTMENT. This letter must be signed and dated within 30 days of registration.

- 2** Two of the following personal identification items with your name and address listed
 - Driver's license
 - Car registration
 - Car insurance
 - Voter registration
 - Tax statements
 - Check stubs from employment, public assistance, social security, or other verifiable forms of income showing address
 - Sworn affidavit of parent, legal guardian, host resident or custodian declaring residence in a form duly authorized and provided by the District

MOBILE HOME OWNERS MUST PROVIDE

- 1 Current utility bill dated within 30 days of registration and must include your name, address and date. (Any one of the following will suffice: Energy, water, sewer, gas, oil, and cable).
- 2 **Two** of the following personal identification items with your name and address listed:
 - Driver's license
 - Car registration
 - Car insurance
 - Voter registration
 - Tax statements
 - Check stubs from employment, public assistance, social security, or other verifiable forms of income showing address
 - Sworn affidavit of parent, legal guardian, host resident or custodian declaring residence in a form duly authorized and provided by the District

MOBILE HOME RENTERS MUST PROVIDE

- 1 A letter from the mobile park management on its letterhead stating all occupants of the home. This letter must be signed and dated within 30 days of registration.
- 2 Current utility bill dated within 30 days of registration and must include your name, address and date. (Any one of the following will suffice: Energy, water, sewer, gas, oil, cable)
- 3 **Two** of the following personal identification items with your name and address listed:
 - Driver's license
 - Car registration
 - Car insurance
 - Voter registration
 - Tax statements
 - Check stubs from employment, public assistance, social security, or other verifiable forms of income showing address
 - Sworn affidavit of parent, legal guardian, host resident or custodian declaring residence in a form duly authorized and provided by the District

We will not accept anything other than what is listed as proof of residency!

FOR OFFICE USE ONLY

Mid Valley School District

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STUDENT REGISTRATION

ELIGIBLE
 INELIGIBLE

Registration Date _____ Student Number _____ Grade _____ PaSecureID _____ First Day of Attendance _____

Affidavit 1305 Tuition Homebound Custody Issue

Male Female
 Asian Hispanic Multi-Racial White, Non-Hispanic
 Black, Non-Hispanic American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Date of Birth Place of Birth (State) Birth Certificate Number

Student's Last Name, First Name, Middle Initial _____

Street Address _____ Apt or Lot# _____ City _____ Zip Code _____ Primary Phone # _____

Do you own or rent your house? _____ If renting, in whose name is it rented? _____

Do you live in Mid Valley School District? YES NO If no, on what date do you expect to move into the district? _____

Is or has your child ever received any of these services? YES NO IEP (past or present) Speech/Language 504

Name of Previous School _____ Address of Previous School _____ Phone # _____

PA ENTRY DATE: _____ US ENTRY DATE: _____ 9th GRADE ENTRY DATE: _____

PARENT INFORMATION

Number of Parents in Household (please choose one): 1 2 Years of Education _____ Marital Status _____ Occupation _____ Lives With _____ Release To _____

Father's Name: _____ _____ _____ _____

Mother's Name: _____ _____ _____ _____

Guardian's Name: _____ _____ _____ _____

Emergency Contact (other than parent) - Name: _____ Phone#: _____

Father's Phone #: _____ Father's Cell Phone #: _____ Father's Email: _____

Mother's Phone #: _____ Mother's Cell Phone #: _____ Mother's Email: _____

Guardian's Phone #: _____ Guardian's Cell Phone #: _____ Guardian's Email: _____

EMPLOYMENT INFORMATION

Employers Address _____ Phone # _____

Father's Employer: _____ _____ _____

Mother's Employer: _____ _____ _____

Guardian's Employer: _____ _____ _____

1305 INFORMATION ONLY

FOR OFFICE USE ONLY

Name of Placing Agency: _____ Phone: _____ Social Worker: _____

Address: _____

School District of Natural Parents: _____

Parent or Guardian Signature _____ Date _____



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CUSTODY INFORMATION STATEMENT

NAME OF STUDENT: _____

Do both parents reside in the home? YES NO

If no, please provide the name and the address of the natural parent and stepparent who the child does **NOT** reside with.

If both natural parents do not reside together, has a Court Order been entered with regard to the custody of the child(ren)? YES NO

If yes, describe the custody arrangement and provide a copy of agreement for our records.

If no, describe the shared custody agreement.

Are there any restrictions on who picks up the child(ren) from school? YES NO

If yes, are these restrictions supported by a Court Order? YES NO

Parent or Guardian Signature

Date



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REQUEST FOR STUDENT RECORDS

NAME OF STUDENT: _____

DOB: _____ Grade: _____ Enrollment Date: _____

Withdrawal date from previous school: _____

Previous School Name: _____

Previous School Address: _____

Previous School Phone: _____ Previous School Fax: _____

The above student is now enrolled in Mid Valley School District. Please send the student's following:

- Academic Records (including exit grades and most recent standardized test scores)
- Student PaSecureID
- Health and Dental Records
- Disciplinary Records
- Personal Health History
- Psychological Records
- IEPs if Applicable
- ESL Information if Applicable

Please Send To:

Central Registration Office
52 Underwood Road
Throop, Pa 18512
Fax: (570) 307-2193

Special Education records are to be sent to:

Sue Hughes
52 Underwood Rd
Throop, PA 18512
Email: hughess@mvsd.us fax: 570-307-2167

Parent or Guardian Signature

Date

School Official Signature

Date



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AFFIRMATION OF PRIOR DISCIPLINE RECORD

Pennsylvania School Code §13-1304-A

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.

I have read the above paragraph and I affirm that

Student's Name: _____ Date of Birth: _____

Please check the appropriate box:

Has **NOT** been suspended or expelled.

Has been suspended or expelled.

Please complete this section if student has been or is presently suspended or expelled from another school.

Name of school from which student was suspended or expelled:

Dates of suspension or expulsion (please provide additional schools and dates of suspension/expulsion):

Reason for suspension / expulsion:

Parent or Guardian Signature _____

Date _____



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SCHOOL HEALTH SERVICES

Student's Name: _____ Date of Birth: _____

THE NATURE AND PURPOSE OF THE HEALTH RECORD

I understand that the information I give to the School Nurse is important for the school staff to understand and help the health and education of my child.

I understand that this information will be kept confidential by the school health staff. It will be shared with other professionals in the school and in other institutions only when the School Nurse and/or the School Physician believe it is in the best interest of my child's health and education.

Copies of my child's health record will be sent to other agencies when requested only with my written consent.

MANDATED SCREENINGS

The Pennsylvania School Code requires health screenings for all school age children. Mid Valley School District will provide the following screenings for students in specific grades as mandated by the state:

- Height, weight and BMI
- Vision
- Hearing
- Scoliosis

PERMISSION FOR PHYSICAL AND DENTAL EXAMINATIONS

The Pennsylvania School Code requires physical and dental examinations at specific grade levels. Parents / guardians are notified and given private examination forms prior to school examinations. The physical includes the examination of skin, eyes, ears, nose, throat, teeth, gums, heart, lungs, abdomen, neuromuscular system, skeletal system, nutritional and emotional status, blood pressure and pulse. **If the private physical / dental forms are not returned within six weeks, the school nurse will schedule the examination by the school physician, practitioner or dentist.** Parents / guardians are notified of the date of the scheduled examinations. Those who wish to be present during school examinations need to notify the school nurse.

This signed permission will remain valid as long as my child attends Mid Valley School District.

Parent or Guardian Signature

Date

Date received in Health Office: _____

Nurse Initials: _____



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MEDICAL HISTORY REPORT

Student's Name: _____ Gender: _____ Date of Birth: _____

Address: _____ Grade: _____

Contact Information (LIST IN ORDER OF CALL PRIORITY)

1st _____, _____ Phone: (h) _____ (c) _____ (w) _____
 (Name) (Relationship)

2nd _____, _____ Phone: (h) _____ (c) _____ (w) _____
 (Name) (Relationship)

3rd _____, _____ Phone: (h) _____ (c) _____ (w) _____
 (Name) (Relationship)

4th _____, _____ Phone: (h) _____ (c) _____ (w) _____
 (Name) (Relationship)

Does your child have a health problem? (Check all that are appropriate)

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Vision Problem |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Lung Problem | <input type="checkbox"/> Hearing Problem |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Urinary Problem | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Orthopedic Problem | <input type="checkbox"/> Developmental Problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal Problem | <input type="checkbox"/> Psychiatric Problem |
| <input type="checkbox"/> Chicken Pox – Date: _____ | | |

Other (please explain): _____

Is your child on any medications? YES NO If yes, name of medication: _____

Reason for medication: _____ Prescribing Doctor: _____

Will he/she need to take it during the school day? YES NO At what time? _____

Has your child been hospitalized for any reason since birth? YES NO

If yes, please explain: _____

Has your child had any major injuries? YES NO If yes, please explain: _____

Does your child have any physical limitations? YES NO If yes, please explain: _____

Will he/she need any special considerations in school? YES NO If yes, please explain: _____

PLEASE CHECK YOUR CHOICE OF DOCTOR AND DENTIST BELOW.

I would like my family doctor or school doctor to examine my child.

I would like my family dentist or school dentist to examine my child.

Parent or Guardian Signature _____

Date _____

Mid Valley Secondary Center

52 Underwood Road * Throop, PA 18512



Chad Vinansky, Supervisor of Student Services

(570) 307-1150

Authorization for Medication During School Hours

Important notice to Parents/Guardians:

Please remember, as per State law, no medication of any kind can be dispensed or self-administered by your child at school without a written physician's order. Unfortunately, written permission slips from parents cannot be accepted. Thank you for your cooperation.

Physician Authorization

Medication must be packaged in the original or properly labeled pharmacy container with no more than a two-week supply.

Student Name: _____ Age: _____ Grade: _____

Homeroom Teacher: _____

Medication: _____ Dose: _____

Form of Medication/Treatment: *(check below)*

Tablet/Capsules

Liquid

Inhaler

Injection

Nebulizer

Other: _____

Time Schedule: _____ Storage Requirements: _____ None _____ Refrigerate

Duration (day, weeks, school term) _____ Diagnosis: _____

This student is both capable and responsible for self-administering this medication:

NO

Yes, with supervision

Yes, unsupervised, student may carry medication

Special instructions/Conditions to observe: _____

Restrictions and/or important side effects:

NONE anticipated

Yes, please describe:



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Physician's Name (PRINTED): _____

Physical address of Physician's office: _____

Physician Signature: _____ Date: _____

Office Phone Number: _____

PLEASE INDICATE IF YOU HAVE PROVIDED ADDITIONAL INFORMATION:

On the back side of the form

As an attachment

Parent Signature: _____ Date: _____

Parent/Guardian Authorization

I authorize the Mid Valley School District to administer/or monitor the self-administration of the medication as prescribed above. I do hereby release, discharge and hold harmless the Mid Valley School District, its agents and employees, from any and all liability and claims whatsoever for medication administration/or the supervision of self-administration. I understand that the Mid Valley School District will not assume responsibility for the medication that is lost, stolen or left at home.

Signature of Parent/Guardian: _____ Date: _____

Signature of Certified School Nurse: _____

Reviewed by Certified School Nurse on _____

Information About Emergency Epinephrine Administration

Dear Parents/Guardians:

In accordance with the Pennsylvania Public School Code provisions on “School Access to Emergency Epinephrine” and Board Policy 210.1, the Mid Valley School District maintains a stock supply of epinephrine auto-injectors in each school building (stock epinephrine auto-injectors). An auto-injector prefilled with epinephrine is the drug of choice used for the emergency treatment of severe allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs, and other allergens. If your child has been diagnosed with an allergy or health condition that requires use of epinephrine, it is still your responsibility to provide your child’s prescribed medication to the school nurse.

The law and Board Policy 210.1 give trained school employees the authority to administer epinephrine to any student whom they believe in good faith is experiencing anaphylaxis. In the event that a student who does not have epinephrine is experiencing an anaphylactic reaction, a trained school employee may use the stock epinephrine auto-injector in accordance with the standing order issued by the school physician or provide the student with a stock epinephrine auto-injector for self-administration.

By law, the Mid Valley School District is required to notify parents/guardians of their ability to exempt their children from emergency administration of stock epinephrine auto-injectors.

Please complete the attached form (Refusal to Permit Administration of Stock Epinephrine for Emergency First Aid) and return it to your child’s school, if you **DO NOT** want a trained school employee to:

- Administer a stock epinephrine auto-injector to your child if s/he is believed to be experiencing a life-threatening allergic reaction (anaphylaxis); or
- Provide a stock epinephrine auto-injector for self-administration if your child is authorized to self-administer.

The refusal is valid for the _____ school year. If you change your mind after submitting the attached form, you must submit a written request notifying the school nurse that your prior refusal to permit administration of stock epinephrine for emergency first aid is revoked.

If you have questions or concerns, please contact _____.



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HOME LANGUAGE SURVEY

Student's Name: _____ Gender: _____ Date of Birth: _____

Address: _____ Phone: _____

Previous School Attended: _____

Did the student attend ESL at his/her previous school? YES NO

If yes, how many years of ESL has the student received? _____

1) What language did the student learn first?

English Spanish Other (please specify): _____

2) What language is spoken in your home most of the time?

English Spanish Other (please specify): _____

3) What language does the student speak most of the time?

English Spanish Other (please specify): _____

4) Which language does the student use most often when he/she speaks to his/her friends?

English Spanish Other (please specify): _____

5) Which language does the student use most often when he/she speaks to his/her parents?

English Spanish Other (please specify): _____

Parent or Guardian Signature

Date

*The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA 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 LEA 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 LEA in the future.



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TRANSPORTATION REQUEST

Service request for: TO SCHOOL FROM SCHOOL TO AND FROM SCHOOL

Student's Name: _____ Grade: _____ Date of Birth: _____

Address: _____ Phone: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

Pickup Address: _____

Drop-off Address: _____

Parent or Guardian Signature

Date

TRANSPORTATION ARRANGEMENTS (To be completed by Transportation Department)

AM Bus #: _____ PM Bus #: _____

AM Bus Stop: _____ PM Bus Stop: _____

****Please arrive 30 minutes prior to bus time listed until you get a better idea of what time the bus arrives.****

AM Bus Stop Time: _____ PM Bus Stop Time: _____

Transportation Start Date: _____

Transportation Contact Person: _____

Transportation Phone: _____

Family Survey

Date _____

PARENT/GUARDIAN _____

ADDRESS _____ CITY _____

ZIP CODE _____ HOME PHONE _____ CELL PHONE _____

EMAIL _____ SCHOOL DISTRICT OR AGENCY _____

CHILDREN'S NAMES/GRADE OR AGE (List all individuals living in your household between ages 0-22)

Have you or any member of your household **worked or looked for work** in any of the following agricultural activities during the last 3 years? Check all activities that apply.

_____ Farming (Dairy, Veal, Horse, Poultry)

_____ Food Processing Plant (Milk, Beef, Pork, Poultry)

_____ Logging (Cutting)

_____ Christmas Tree Farm

_____ Nursery or Greenhouse

_____ Vegetable or Fruit Farm

_____ Crop Farming

What type of work are you doing now? _____

Your children may qualify for an educational program, which includes free year round educational support. Someone will be contacting you to determine if your children qualify for the program.

All responses are **confidential** and will be used for educational purposes only.

Central Susquehanna Intermediate Unit
Northeast Migrant Education Program
90 Lawton Lane, Milton, PA 17847
570-523-1155 Extension 2331

Questionario Familiar

Fecha _____

NOMBRE DE LOS PADRES _____

DIRECCIÓN _____ CIUDAD _____

CODIGO POSTAL _____ TELEFONO _____ NUMERO DE CELULAR _____

CORREO ELECTRÓNICO _____ DISTRITO ESCOLAR O AGENCIA _____

NOMBRE DE LOS NIÑOS/GRADO O EDAD (Anote todos los miembros que viven en el hogar que tienen entre 0 - 22 años de edad)

¿En los últimos tres años, algún miembro de la familia trabajó o busco trabajo en alguna de las siguientes actividades agrícolas? Favor de marcar todas las actividades donde se ha solicitado trabajo:

_____ Labranza (Granja Lechera, Res, Caballos, Pollos, Puercos)

_____ Fábrica de procesar comida (Leche, Res, Puerco, Pollos)

_____ Corte de árboles (Tumbar)

_____ Granja de árboles de Navidad

_____ Semillero o Vivero de árboles plantas y flores

_____ Granja de frutas o vegetales

_____ Cosecha de granos

¿Qué tipo de trabajo tiene ahora? _____

Sus hijos puedan calificar para un programa educativo que incluye apoyo educativo gratis durante el año entero. Alguien se pondrá en contacto con usted para determinar si sus hijos califican para el programa.

Todas las respuestas son confidenciales y sólo se usarán para propósitos educativos.

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MID VALLEY SCHOOL DISTRICT ATTENDANCE OF RESIDENT AND NON-RESIDENT PUPILS IN MID VALLEY SCHOOLS

STUDENTS Section

Sections 1301 and 1302 of the Pennsylvania School Code and Regulations 11.11 and 11.19 of the Pennsylvania State Board of Education authorize Mid Valley School District to request proof of residence or guardianship prior to admission to its school programs.

All requests for information received by school personnel regarding **resident** and **non-resident** pupils should be referred to the School District Administration Office. Pupils who do not reside on a full-time basis within the boundaries of the Mid Valley School District shall **not** be eligible to attend the public schools of this District **except**:

1. The School District shall accept tuition pupils who have been placed in foster homes within the District whose tuition shall, therefore, be paid by the Commonwealth under the provisions of Section 1305 of the School Code of Pennsylvania.
2. The School district shall accept pupils from other areas who make their home in the Mid Valley School District under the provisions of Section 1302 of the School Code of Pennsylvania. Before a child is accepted, the person or persons with whom such child is residing shall file with the District Office, a sworn statement that they are residents of the District and verification that they are supporting the child gratis, that they will assume all personal obligations and responsibilities for the academic achievement and good standing of the child and that they intend to so keep and support the child continuously and not merely through the school term. The District shall require the following:
 - A signed and notarized Sworn Statement by Resident, documenting residency of the child.
 - An official written statement stating that the guardian(s) has registered the child as a tax dependent (W-4 form) **and** that the natural parent(s) has deleted their child from tax dependent status. Mid Valley School District will forward copies of the supporting statements to the proper federal taxing authority.
 - Periodic verification will be made to determine that the child is living in the resident's home on a full-time basis. (The School District reserves the right to re-verify guardianship status at the beginning of each school semester (90 school days) with the District Administration Office.
3. A resident pupil enrolled in grades kindergarten through 12 who ceases to live within the boundaries of the School District after the start of the school year, shall be allowed to finish that school year **on a tuition basis**, provided that the school building principal recommends continued enrollment based on adherence to the established rules of proper student decorum and on good academic standing. Transportation for these non-resident tuition students who are not court placed **WILL NOT** be provided by the School District.
4. In cases where tuition payments are in order, 1st payment must be made 20 days in advance. The parents will then receive a monthly bill in the appropriate amount from the School District Business Office. Payments must be received in the Business Office by the 1st day of each succeeding month. Failure to pay by the due date will result in immediate withdrawal of the child from school, and re-registration will not be permitted until such time as the parents actually become residents. Retention of a pupil on a tuition basis is contingent on adherence to the established rules of proper student decorum and on good academic standing as evidenced by the school building principal.
5. In cases of **Multiple Occupancy**, an Application for Multiple Occupancy Registration/Certificate of Multiple Occupancy form must be completed by the parent(s) or legal guardian(s) of the child. Before enrollment of a multiple residency child in the Mid Valley School District, compliance with the residency checklist is necessary for verification of address status.

MID VALLEY SCHOOL DISTRICT AFFIDAVITS OF MULTIPLE OCCUPANCY

Under the authority of Section 1302 of the Pennsylvania School Code, the Mid Valley School District requires the filing of two affidavits of Multiple Occupancy when a school district resident provides for a child of school age who is not their own child. The purpose is to document residency of the child. By filing the statements with the school district, the Mid Valley residents are declaring that they are allowing the non-resident child and their parent(s) or guardian(s) to reside in their home on a full-time basis, and that the parent is **legally** living with their child at the address in question.

NOTICE TO INDIVIDUALS APPLYING FOR REGISTRATION OF A NON-RESIDENT STUDENT

While we want to consider each case on its own merits and assist students, we must be aware that some families may not be totally honest with us and may use our concern for students to merely enter Mid Valley School District. In order to provide quality education and treat all Mid Valley residents equitably and fairly, specific procedures are necessary. Therefore, in requesting and agreeing to the terms of **Multiple Occupancy Registration** for a non-resident school-age child and their parent(s) or guardian(s), you are hereby notified that

1. The parent(s) or guardian(s) are to complete the top portion of the attached form (**Application for Multiple Occupancy Registration**), declaring that the natural parent(s) or guardian(s) and their school age child(ren) are living at the residence in question on a full-time basis.
2. The school district resident is to complete the bottom portion of the attached form (**Certificate of Multiple Occupancy**), declaring that the student and their parent(s) or guardian(s) are legally residing at the residence in question on a full-time basis.
3. The form must be presented to school at the time of registration.
4. **Periodic verification** will be made to determine that the child is living in the resident's home on a full-time basis. The School District reserves the right to re-verify **Multiple Occupancy** status at the beginning of each school semester (90 school days) with the School District Administration Office. The accuracy of the information will be investigated and, if found incorrect, both the parent(s) and the School District resident filing the affidavit **will be liable for tuition and fines**.
5. At the time of Multiple Occupancy Registration, **both** the homeowner/lessee and the occupant must provide proofs of residency at the Mid Valley School District address.

MID VALLEY SCHOOL DISTRICT

APPLICATION FOR MULTIPLE OCCUPANCY REGISTRATION

- *This section is to be filled out by the Multiple Occupant family*
- **Forms of Identification must be provided showing the Mid Valley address (see checklist)**

I am the parent or legal guardian of the child(ren) listed below. We reside in the Mid Valley School District in a home/apartment that is owned or leased by a Mid Valley School District resident. I am providing proof of residence with the return of this packet. I assume responsibility for notifying the school district should the above described circumstances change. **I understand that if any information proves to be incorrect, the Mid Valley School District has the right to reject the application and remove the student from Mid Valley, in addition to collecting tuition charges for the time the child was enrolled.**

(Please Print)

NAME OF CHILD(REN)	MID VALLEY SCHOOL

I do hereby give the Mid Valley School District authorization to contact any/all of the following to verify residency, dependency, and authenticity of information given on the Multiple Occupancy forms:

- Internal Revenue Service
- Welfare Agency
- US Postal Service
- Employer
- Bureau of Motor Vehicles
- Current or Previous Landlord

I acknowledge that Mid Valley will contact me periodically to provide verification of multiple occupancy/address.

Parent/Guardian (Please Print) _____ Date: _____

Parent/Guardian Signature: _____ Home Phone #: _____

If single parent, please provide the other parent's name, address and phone.

Please provide the reason you are residing at this address and expected length of stay.

CERTIFICATE OF MULTIPLE OCCUPANCY

- *This section is to be filled out by the Mid Valley property owner*
- **Forms of identification must be provided showing the Mid Valley address (see checklist)**

I certify that I am the legal owner of lessee of the property listed below, which is located in the Mid Valley School District. I further swear that the parents and child(ren) listed above are living on a permanent basis at that address. I assume responsibility for notifying Mid Valley School District should circumstances change. I am aware that the facts as stated are subject to investigation; should it be determined that it is not a true statement of fact, either now or in the future, I shall then be liable to reimburse the school district at the annual tuition rate for improper attendance in the Mid Valley School District.

Property Owner/Lessee (Please Print)

Relationship of Property Owner to New Resident

Address

City, Zip

Owner/Lessee Signature

Date



NOTARY PUBLIC SEAL AND STAMP