

PROGRAM/SCHOOL  
IDENTIFICATION FORM

YEAR 2023-2024

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Is child residing with natural parent? (Circle One)    Yes    No

(If no, Affidavit of Residence needs to be completed!)

Program (Please Circle One)

Head Start (Defiance)

Preschool (Mrs. Morse)

Kindergarten

Grade \_\_\_\_\_

# TUSSEY MOUNTAIN SCHOOL DISTRICT

## REGISTRATION FORM

Student's Legal Name (Last)	(First)	(Middle)	State Entry Date	SEX: Please Circle One Male Female
Street Address (Include Apartment Information)			Place of Birth (City, State)	Is the Child Hispanic/Latino? YES NO
Mailing Address (Include P.O. Box)			Race White Black Asian Am Indian/Alaskan Native Hawaiian/Pac. Islander	Prior TM Student? YES NO
City, State			Phone Number Unlisted? (Y/N)	Language spoken in home
Child Lives With Both Parents Mother Father Step Guardian Affidavit Custody Papers Foster			Are there custody papers which limit the child from being picked up from school by a non-custodial parent? Yes No (please provide copy to school)	
Last School Attended			Was the child in any of the following programs: Special Education Gifted Alternative Private/Charter	
Street Address of Last School			City, State	Phone Number Fax Number
<b>PARENT AND GUARDIAN INFORMATION</b>				
Mother's Name (Last, First, Middle)			Marital Status: Married Divorced Separated	
Employer and Address			Phone Number	Occupation
Father's Name (Last, First, Middle)			Marital Status: Married Divorced Separated	
Employer and Address			Phone Number	Occupation
Type of Residence: House Apt Mobile Home			Owned Rented	

## TO BE COMPLETED BY SCHOOL PERSONNEL

Date of Regis.	Entry Date	Student ID #	PA Secure ID	TMSD School Attending	School Year	Grade	Date of Transportation	Bus #	Bus Stop
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# Tussey Mountain School District

The purpose of this form is to establish legal residence for students attending Tussey Mountain School District.

NAME OF STUDENT \_\_\_\_\_  
First Middle Last

For purpose of enrollment of the above named student into the Tussey Mountain School District, I hereby certify that I reside in the Tussey Mountain School District provided the following information is true:

1. My relationship to the student:

\_\_\_\_\_ Parent

\_\_\_\_\_ Legal Guardian

\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

2. My legal address is: \_\_\_\_\_

Street Address

City, State, Zip Code

Phone

3. The student resides with me at the above address on a full time bases. This means that The student lives with me night and day, seven days a week.
4. The district shall not enroll a student until the parent/guardian has supplied proof of the student's age, residence, and immunizations as required by law.

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

\_\_\_\_\_  
Please print name of above signature

\_\_\_\_\_  
Date

(Must Be Completed - 1 form for each student)

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

**Special Education:**

- Does your child have a current Individualized Education Plan (IEP)? ☐ Yes ☐ No  
If no, did your child have an IEP less than 2 years ago? ☐ Yes ☐ No  
If no, did your child have an IEP more than 2 years ago? ☐ Yes ☐ No  
Does your child have a current Gifted Individualized Education Plan (GIEP)? ☐ Yes ☐ No  
Does your child have a current 504 Service Plan? ☐ Yes ☐ No

**Program Status (Only select one of the choices below):**

- ☐ Regular student attending school district  
☐ Student is court or agency placed  
☐ Non-public student attending public school part-time

**Student Status (Please answer all questions):**

Date student first entered a United States school: \_\_\_\_\_ Grade: \_\_\_\_\_  
(If you do not know exact date, put month & year)

Date student first entered a Pennsylvania Public school: \_\_\_\_\_ Grade: \_\_\_\_\_  
(If you do not know exact date, put month & year)

If Applicable - Date student first entered 9<sup>th</sup> grade in any school: \_\_\_\_\_  
(If you do not know exact date, put month & year)

Has student ever attended a Pennsylvania public school? ☐ Yes ☐ No

If "Yes": \_\_\_\_\_  
(Name of School) (Year/s Attended) (Grade/s) (School District)

Type of school student is coming from:

- ☐ Public ☐ Parochial ☐ Private ☐ Cyber/Charter ☐ Other

School Name: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Home Language: ☐ English ☐ Other, \_\_\_\_\_

**Ethnicity:** (Choose One) ☐ Hispanic/Latino ☐ Not Hispanic/Latino

**Race:** (If NOT Hispanic /Latino choose one or more below)

- ☐ American Indian or Alaskan Native ☐ Asian  
☐ Black or African American ☐ White  
☐ Native Hawaiian or Other Pacific Islander

**Military Status:** 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 Nation Guard Duty?

Circle One: YES No

Country of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Immigrant: ☐ Yes ☐ No If "Yes", Number of years in US schools: \_\_\_\_\_

## 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.

STUDENT'S NAME: \_\_\_\_\_

SCHOOL DISTRICT: TUSSEY MOUNTAIN SCHOOL DISTRICT

SCHOOL: TM ELEMENTARY    TM MIDDLE / HIGH SCHOOL (Circle One)

DATE: \_\_\_\_\_ GRADE \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_
2. Does the student speak a language(s) other than English?    ☐ Yes    ☐ No  
(Do not include languages learned in school.)

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:

<u>Name of School</u>	<u>State</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Person completing form \_\_\_\_\_  
(if other than parent/guardian)

\*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.

TUSSEY MOUNTAIN SCHOOL DISTRICT – ELEMENTARY SCHOOL

IF DESIRED, PLEASE RETURN THIS FORM TO YOUR  
CHILD'S TEACHER BY SEPTEMBER 1, 2023. IF A FORM  
IS NOT RECEIVED, YOUR CHILD'S PHOTO WILL BE  
PUBLISHED.

This is to certify that **I DO NOT WANT** my  
child's photograph to appear in any of the local  
newspapers, monthly journals, on the  
television, on the school's website, etc.

Child's Name\_\_\_\_\_

Parent's Signature\_\_\_\_\_

Date\_\_\_\_\_



## TUSSEY MOUNTAIN NOTIFICATION SYSTEM

Tussey Mountain School District Parents/Guardians:

The Tussey Mountain School District uses a Notification System to provide timely communication to parents and guardians on matters such as school closings and weather-related information, general interest activities and building-specific events and campus and district emergencies. In order to enhance our ability to accurately deliver that information successfully and in a timely manner, we kindly request that you promptly update any changes in telephone, cell phone or email information for all contacts associated with your child(ren) by contacting the school they attend. The primary number will be used to send less critical messages/notifications. This number will be listed in the student database as the primary number used for parent/guardian contact.

The emergency numbers provided on the child's emergency card will be called in the event of an emergency at the school if we feel it is imperative that you, the parent or guardian, be contacted as soon as possible.

Important:

1. If you have caller ID, your caller ID will display the district office number and name anytime a call is coming through from the school.
2. The system will leave a message on your voicemail or answering machine so please check them when you see this name and number appear before you call back to see why you were called.
3. The system can only access direct dial numbers. It cannot call extensions.

TRANSPORTATION/ ONE CALL FORM

START DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_ PARENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PARENT: \_\_\_\_\_

PROGRAM: HEAD START 3 YR. OLD KINDERGARTEN

HEAD SART 4 YR. OLD

PRESCHOOL @ TM HIGH SCHOOL GRADE \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_

PHONE NUMBER TO BE USED FOR ONE CALL:

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

SITTER/ DAY CARE (PLEASE INCLUDE ADDRESS AND PHONE NUMBER):

BUS INFORMATION (PLEASE BE SPECIFIC—LANDMARKS, COLOR OF HOUSE ETC.)

IF STUDENT IS PICKED UP / DROPPED OFF AT A SITTER'S PLEASE SPECIFY

PICKUP LOCATION: \_\_\_\_\_

DROP OFF LOCATION: \_\_\_\_\_

I WILL PROVIDE TRANSPORTATION FOR MY STUDENT: \_\_\_\_\_

SIBLINGS IN SCHOOL:

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

OFFICE USE ONLY:
AM__ PM__
AM BUS _____
NOON BUS _____
PM BUS _____