



# 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 Records
- Medical History Report
- Home Language Survey
- Transportation Form

**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

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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: \_\_\_\_\_ 9<sup>th</sup> 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](mailto: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)

1<sup>st</sup> \_\_\_\_\_, \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
 (Name) (Relationship)

2<sup>nd</sup> \_\_\_\_\_, \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
 (Name) (Relationship)

3<sup>rd</sup> \_\_\_\_\_, \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
 (Name) (Relationship)

4<sup>th</sup> \_\_\_\_\_, \_\_\_\_\_ 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 \_\_\_\_\_



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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

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



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## PERMISSION FOR PRESCRIBED MEDICATION REQUEST

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher/Classroom: \_\_\_\_\_

### TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER

Reason for medication: \_\_\_\_\_  
\_\_\_\_\_

Name of medication: \_\_\_\_\_

Form of medication/treatment:

Tablet/Capsule  Liquid  Inhaler  Injection  Nebulizer  Other: \_\_\_\_\_

Instructions (schedule and dose to be given to school): \_\_\_\_\_  
\_\_\_\_\_

Start date:  date form received  other date: \_\_\_\_\_

Stop date:  end of school year  other date: \_\_\_\_\_

For episodic/emergency events only

Restrictions and/or important side effects:  None Anticipated  Yes If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Special storage requirements:  None  Refrigerate  Other: \_\_\_\_\_

This student is both capable and responsible for self-administering this medication:  Yes-Supervised  Yes-Unsupervised  No

This student may carry this medication:  Yes  No

Please indicate if you have provided additional information:  Yes  No

Physician's / Authorized Prescribers Signature \_\_\_\_\_

Date \_\_\_\_\_

Please report concerns about medications or disease to the physician below:

Physician's Name: \_\_\_\_\_

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

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

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

Date \_\_\_\_\_

DATE RECEIVED BY HEALTH OFFICE: \_\_\_\_\_

NURSE INITIALS: \_\_\_\_\_



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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**