DISTRICT OVERVIEW

The Montour School District is a comprehensive public school system comprised of an elementary school, a middle school, a high school and a resource center. The community encompasses the suburban areas of Robinson and Kennedy Townships, the boroughs of Ingram and Thornburg, and Pennsbury Village, with a combined population of 23,000 residents. The heart of the family-oriented suburban community is located approximately 8 miles from Pittsburgh and 9.7 miles from the Pittsburgh International Airport.

The District serves approximately 2,900 students and employs approximately 450 staff including 210 teachers. It also boasts an extensive system-wide curriculum and an impressive variety of extra-curricular activities for students in grades K-12. Montour has the highest PSSA scores out of surrounding school districts and the third lowest millage rate in Allegheny County.

Montour’s mission is to provide an exemplary and comprehensive educational experience that enables each individual to achieve maximum potential, to respect themselves and others, and to become a responsible and productive citizen. The District maintains a tradition of providing students with a superior educational experience. Our students are consistently recognized for their academic, musical, and athletic achievements and our programs ensure that students receive the academic and social challenges necessary to succeed.

To learn more about the Montour School District please visit www.montourschools.com.

Montour High School (Grades 9-12)
223 Clever Road
McKees Rocks, PA 15136
Phone: 412-490-6500   Fax: 412-722-1461

David E. Williams Middle School (Grades 5-8)
60 Gawaldo Drive
Coraopolis, PA 15108
Phone: 412-771-8802   Fax: 412-771-3772

Montour Elementary School (Grades K - 4)
221 Clever Road
McKees Rocks, PA 15136
Phone: 412-489-8300   Fax: 412-489-8301
REGISTRATION CHECKLIST

The following completed documents are requested at the time of registration:

1. **Student Registration Form #MSDR-01**
2. **Transportation Registration Form #MSDR-02**
3. **Parent Registration Statement #MSDR-03**
4. **Health History #MSDR-04** (please fill out)/Bring with this packet a current immunization record
5. **Blood Lead Level Test (Kindergarten Students Only)**
6. **Home Language Survey #MSDR-05**
7. **Proof of Child’s Age (Original birth certificate or certified duplicate issued from the Commonwealth of Pennsylvania, or other acceptable proof as determined by the school district.)**
8. **Two Proofs of Residency (Utility bills, PA driver’s license, check stubs from wages or court-ordered custodial agreement, or other acceptable proof as determined by the school district.)**
9. **Request for Records #MSDR-06 (Grades 1-12 only)**
10. **McKinney Vento Eligibility #MSDR-07**
11. **Residency Affidavit #MSDR-08** (Only applies to students not living with a biological parent or legal guardian.)
12. **Multiple Occupancy – See notes below.** (Only applies when a student and his/her parent(s)/guardian(s) are residing with another family.)
13. **Media Form**
14. **Military Family Form**

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**PLEASE NOTE:**
You are required to provide proof of residency for any child/children newly registering even if you have another child already attending Montour School District.

The District shall not enroll a student until the parent/guardian has supplied proof of the student’s age, residence, immunizations, and completed the parent registration statement as required by law and regulations. A school district must normally enroll a child the next business day, but no later than five business days after application. The guidance department from your child’s school will contact you with a start date - please send your child on the date specified.

When a student and his/her parent/legal guardian move in with a family in an existing home owned by the resident, the owner must then submit two proofs of residency as listed in #7. In addition, the parent/legal guardian must provide two proofs of acceptable address documentation within (10) business days of enrollment. Acceptable address documentation includes current driver’s license, check stubs from wages, bank statement, utility bills or other acceptable proof as determined by the school district.
When a student and his/her parent/legal guardian move in with a family in an existing rented home/apartment, the following must occur:

- The primary resident must provide two proofs of residency as listed in #7. In addition, the district requests that one of the two proofs must be a current lease with all occupants in the residence listed. The lease must be dated no more than 30 days prior to registration and signed by the property owner. It is also acceptable to obtain a letter from the property manager/landlord on their letterhead stating THE LEASE HOLDER AND ALL OCCUPANTS OF THE RESIDENCE. This letter must be signed & dated no more than 30 days prior to registration.

- The parent/legal guardian must provide two proofs of acceptable address documentation within (10) business days of enrollment. Acceptable address documentation includes current driver’s license, check stubs from wages, bank statement, utility bills or other acceptable proof as determined by the school district.

*For both Residency Affidavit and Multiple Occupancy enrollment, please review and sign:

I am aware the Montour School District may investigate and verify residency, dependency and the authenticity of the information given, and I acknowledge that Montour will contact me periodically to provide verification:

Parent/Legal Guardian, if applicable ________________________________ Date __________

Resident ________________________________ Date __________

Please note:
Periodic verification will be made to determine that the child is living in the resident’s home on a full-time basis. The Montour School District reserves the right to re-verify the Residency Affidavit or Multiple Occupancy status of a student at any time. The accuracy of the information will be investigated and, if found incorrect, the parent(s)/legal guardian(s) and the Montour School District resident may be liable for tuition and fines.

If you are in the process of purchasing a home, you must provide a signed sales agreement with the settlement date that is within 60 days of registration. Within 10 days after the settlement date, you will be required to submit two current proofs of residency. Acceptable address documentation includes current driver’s license, check stubs from wages, bank statement, utility bills or other acceptable proof as determined by the school district.

Kindergarten / First Grade Registration:
A child is eligible for admission to kindergarten if s/he is not less than five (5) years and no months old before September 1st. A child is eligible for admission to first grade if s/he is at least six (6) years and no months old before September 1st.

Physical Examination and Dental Examination forms need to be completed and returned by August 1st. If your child’s appointment is after this date, you must notify the nurse at your child’s school. It is preferred that you submit all required medical information at time of registration.
# MONTOUR SCHOOL DISTRICT

## STUDENT REGISTRATION FORM

**Today's Date** __________
- **New** __________
- **Re-enrollment** __________
- **Entering Grade** __________
- **School Year** __________

**Student's First Name** __________
**Middle Name** __________
**Legal Last Name** __________

*Gender: □M □F*

**Street Address** __________
**City** __________
**County** __________
**State** __________
**Zip** __________

**Birth Date (MM/DD/Year)** __________
**Birthplace (City)** __________
**State** __________
**Country** __________
**Birth Certificate #** (K-1st grade only)

If not born in Pennsylvania, on what date did the child enter PA? __________
If not born in Pennsylvania, what State was the child born in? __________
If not born in the USA, on what date did the child enter the USA? __________
Country of Birth? __________
If not born in the USA, on what date did the child first enroll US Schools? __________

*The Pennsylvania Information Management System (PIMS) requires that public schools collect and report data pertaining to birth and state/country entry.*

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**Please select the student’s ethnic/racial category(ies). Check all that apply.**

- □ Hispanic
- □ American Indian
- □ Asian
- □ Black
- □ Native Hawaiian
- □ White

*Information collected regarding racial/ethnic background is part of the No Child Left Behind Act of 2002.*

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### Parent(s)/Guardian(s)

The Montour School District uses an automated alert calling system to provide parents and students with up-to-date breaking news on school closings, delays, and other important district information. The phone numbers and email addresses provided below will be the number and email contacted.

<table>
<thead>
<tr>
<th>Name of Parent/Guardian 1</th>
<th>Relationship to Student</th>
<th>Marital Status</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary (Family) Phone Number</td>
<td>Cell Phone Number</td>
<td>Work Phone Number</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Parent/Guardian 2</th>
<th>Relationship to Student</th>
<th>Marital Status</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary (Family) Phone Number</td>
<td>Cell Phone Number</td>
<td>Work Phone Number</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Parent/Guardian 3</th>
<th>Relationship to Student</th>
<th>Marital Status</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary (Family) Phone Number</td>
<td>Cell Phone Number</td>
<td>Work Phone Number</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Parent/Guardian 4</th>
<th>Relationship to Student</th>
<th>Marital Status</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary (Family) Phone Number</td>
<td>Cell Phone Number</td>
<td>Work Phone Number</td>
<td>Email Address</td>
</tr>
</tbody>
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Is there a joint custody or parenting plan in effect? □ Yes □ No (If yes, court order or agreement must be on file with school)
Is there a restraining order in effect? □ Yes □ No (If yes, court order must be on file with school)

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**District Use Only:**

PA Secure ID __________
Montour Student Number __________
Emergency Contacts (Other than parent noted above.)

Name of Emergency Contact #1 ___________________________ Phone number ___________________________ Relationship to the student ___________________________

Name of Emergency Contact #2 ___________________________ Phone number ___________________________ Relationship to the student ___________________________

Other Children in Family

<table>
<thead>
<tr>
<th>NAME</th>
<th>GENDER</th>
<th>DATE OF BIRTH</th>
<th>SCHOOL STATUS</th>
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Please note: The Free and Reduced Price School Meals application can be found on the Montour website under Departments then Food Services.

Has your child attended a formal Preschool Program? (Question for Kindergarten only) □ Yes □ No

If so, which Preschool Program? _______________________________________________________

Special Services:
Has your child ever qualified for or been enrolled in a Special Education class? □ Yes □ No
Does your child have a current IEP? □ Yes □ No
Has your child ever qualified for a 504 plan? □ Yes □ No
Has your child ever been enrolled in English as a Second Language Program? □ Yes □ No

Previous Schools Attended

<table>
<thead>
<tr>
<th>School Name /District</th>
<th>City</th>
<th>State</th>
<th>From Year</th>
<th>To Year</th>
<th>Grade levels</th>
<th>Public (Y/N)</th>
<th>Private (Y/N)</th>
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<tbody>
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PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE YOU SIGN:
I understand that I must be a resident living within the boundaries of the Montour School District to register my child/children for school and I have provided the Montour School District with accurate information pertaining to my residency. If information is incorrect, I fully understand that I am responsible for reimbursing the district the cost of my child’s education. The District reserves the right to investigate residencies in question at any time.

_________________________________________  _______________________________________
Signature of Parent/Guardian                Date
MONTOUR SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
REGISTRATION FORM

Today's Date: ____________________

<table>
<thead>
<tr>
<th>Student's Legal Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Grade</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

<table>
<thead>
<tr>
<th>Birthdate (MM/DD/Year)</th>
<th>Gender (M or F)</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Emergency Contact Name and Phone Number</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother's Name and Cell Phone Number</th>
<th>Father's Name and Cell Phone Number</th>
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<tbody>
<tr>
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</table>

SPECIAL TRANSPORTATION REQUESTS
Please make your transportation requests as simple as possible. Once schedules are developed, requests to change transportation cannot be made until October 1st.

Student needs to attend Day Care Center?  Yes  No
(Note: Day Care Center MUST be located in the Montour School District.)

<table>
<thead>
<tr>
<th>Day Care Name</th>
<th>Street Address</th>
<th>City</th>
<th>Day Care Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Student will be picked up at Day Care Center?  Yes  No
Student will be returning to Day Care Center?  Yes  No

FOR DISTRICT USE ONLY:

AM Bus Number:  ____________________  PM Bus Number:  ____________________
AM Stop Location:  ____________________  PM Stop Location:  ____________________
Pick-up Time:  ____________________  Drop-off Time:  ____________________
Start Date:  ____________________  Student ID (entered by registrar):  ____________________

Notes:
MONTOUR SCHOOL DISTRICT
PARENT REGISTRATION STATEMENT

SWORN STATEMENT OF PREVIOUS SUSPENSION OR EXPULSION FOR ADMISSION OF ____________________________
AS A PUPIL IN THE MONTOUR SCHOOL DISTRICT.                                               (Student name)

I/We, ____________________________ the parents(s)/guardian(s)/person(s) in control of ____________________________
whom I/we desire to register with and attend classes in the Montour School District, hereby swear/affirm
that the pupil was / was not (circle one) previously suspended or expelled from any public or private school
of the Commonwealth of Pennsylvania or of any other state for an act or offense involving weapons,
alcohol or drugs, or for an offense involving the willful infliction of injury to another person or for any act
of violence committed on school property.

Complete the following in the event the above named student was suspended or expelled for the above reasons:

The student, ____________________________ was suspended or expelled from the ____________________________
School on ____________________________. The expulsion/suspension was effective from _____________ to _____________.
The expulsion/suspension was for the following reasons (optional):

__________________________________________________________

__________________________________________________________

__________________________________________________________

No other expulsions or suspensions for the above-stated reasons have occurred with respect to the student.

I/We fully understand that any false statement herein would be a violation of Act 26 of 1995 and shall be a
misdemeanor of the third degree, and would also constitute a violation of the Pennsylvania crimes code, Title 18,
consolidated Pennsylvania statutes, 18 PA. C.S.A. 4903 and 4904, as amended, and could subject me to a fine of up to
$2,000.00 or imprisonment for up to 1 year or both.

______________________________
Parent/Guardian/Person in Control

______________________________
Parent/Guardian/Person in Control

______________________________
Date
MONTOUR SCHOOL DISTRICT
CONFIDENTIAL HEALTH HISTORY

Name _______________________________ Birth Date _______________ Grade ______

Does your child have any of the following conditions? (Check all that apply and please explain below)

☐ Allergies:
  ☐ Environmental ___________________________________
  ☐ Food ___________________________________________
  ☐ Insect Bites _______________________________________
  ☐ Medications _______________________________________
  ☐ Skin Conditions ____________________________________
  ☐ Severe Allergy: _____________________________ ☐ Anaphylactic Shock _______________
  ☐ Emergency Meds needed * Yes _______ No _______ Name of Medications ______________________

*For any severe allergy, a FAAP (Food and Anaphylaxis Allergy Action Plan) must be completed (form on website)

☐ Asthma: Emergency Meds _____________________________
☐ Birth/Prenatal (Note any abnormal condition) _____________________________
☐ Heart: ☐ Congenital Defect ☐ Murmur ☐ Rheumatic Fever ☐ Any restrictions? ______________
  ☐ Seizures Type: ___________________ Date of last seizure _____________ Medication ____________

☐ ADD/ADHD
☐ Anxiety
☐ Arthritis
☐ Behavior/Emotional: Explain ___________________________________________
☐ Blood Disorder
☐ Broken Bones
☐ Chicken Pox  Date of illness: _______________ Medications ___________________________
☐ Diabetes: Date of diagnosis: _______________ Medications ___________________________
☐ Fainting
☐ Gastrointestinal ___________________________ ☐ Bowel Control _____________________
☐ Head Injury/Concussion: ___________________________
☐ Hearing _______________________________________
☐ Mobility
☐ Operations: ________________________________
☐ Speech
☐ Tuberculosis
☐ Urinary Tract: ☐ Incontinence ☐ Infections ☐ Bedwetting
☐ Vision _______________________________________

Has your child ever been tested at: (Check all that apply**)

☐ Children’s Hospital ☐ Laughlin Child Center
☐ D.T. Watson ☐ DART and/or have an IEP
☐ Western Psychiatric Hospital ☐ Other _______________________

**If so, please provide the district with copies of the evaluation so we may best serve your child

Please list any medications, additional medical care, special needs or other information about your child that you feel is important.

Parent/Guardian Signature _______________________________ Date _______________

Note to Montour Registrar: Please forward this completed form and immunizations to Nurse’s office at the school district building the student will attend.
PENNSYLVANIA / ACHD REQUIREMENTS
SCHOOL IMMUNIZATIONS / LEAD LEVEL PROOF*

Pennsylvania’s school immunization requirements can be found in 28 PA CODE CH 23 (School Immunization) for ALL public, private, cyber and home-school students.

All immunizations and medical forms must be completed prior to August 1 to be permitted entry.

ALL STUDENTS ENTERING SCHOOL need the following vaccines:
• 4 doses of tetanus, diphtheria, and acellular pertussis*
  (1 dose on or after the fourth 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 and rubella** (dose #1 after the first birthday,
  dose #2 at least one month later)
• 3 doses of hepatitis B
• 2 doses of varicella (chicken pox) vaccine or written statement from
  physician/designee indicating month and year of disease or blood test proving
  history of having the disease

*KINDERGARTEN STUDENTS: (in addition to the above vaccines) As of January 1, 2018, the ACHD is requiring proof of blood lead level testing of all Kindergarten students. All children are required to have their blood lead level tested prior to entry into kindergarten. This testing is usually done by the pediatrician at 1 and 2 years of age. **Please send proof of the testing with a copy of the child’s immunizations.

Students entering GRADE 7 (in addition to above vaccines):
• 1 dose of tetanus, diphtheria and acellular pertussis (Whooping Cough) (Tdap)
• 1 dose of meningococcal conjugate vaccine (meningococcal B not accepted)

Students entering GRADE 12 (in addition to the above vaccines):
• 2nd dose of meningococcal conjugate vaccine (meningococcal B not accepted)

*Usually given as DTP, DTaP, Td or DT
**Measles, Mumps, Rubella (German measles)

These requirements allow for medical reasons and religious beliefs.
If your child is exempt from immunizations,
he/she may be prohibited from attending school during a disease outbreak.

We are providing you this early notice so you may avoid having your child excluded from school next fall. Please discuss these requirements with your physician as soon as possible and forward a copy of your child’s immunization to your school nurse. Also, immunizations may be obtained at the Allegheny County Health Department by calling: 412-578-8060.

Thank you for your cooperation,

Montour School Nurses
MONTOUR SCHOOL DISTRICT
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: Montour School District

Name of Child: ___________________________ Grade: ___________________________

Address: ____________________________

School: ____________________________

1. What is/was the student’s primary 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. Please place a check by the number of months the student has been enrolled in US schools:
   
   □ 0 to 12 months
   □ 13 to 24 months
   □ 25 to 36 months
   □ 37 or more months

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.

Note to Montour Registrar: please forward a completed copy of this form to C. Caliguire, keep the original in student permanent record file.
MONTOUR SCHOOL DISTRICT
REQUEST FOR RECORDS

RELEASE TO: ________________________________

______________________________

______________________________
Phone: ____________________________
Fax: _____________________________
Date of First Request: ______________

FROM: ________________________________

______________________________

______________________________
Phone: ____________________________
Fax: _____________________________
Date of Second Request: ______________

A copy (grant access) of the below listed information pertaining to [Please print]:

______________________________
(Name of Student)

______________________________
(Student’s Date of Birth)

I understand that this information is to be used for professional purposes only; is to be kept confidential; and will not be released to a third party without my permission. (Check all that apply)

— Extra-curricular activities, awards and offices held
— Health and dental records
— Medical reports
— Disciplinary Record
— Permanent and Cumulative Record Data
   (name, address, birth date, grade level completed, grades, class standing, attendance, standardized achievement, ability, aptitude test scores, and PA Secure ID)
— Psychological reports
— Social Worker reports
— Psychiatric reports
— School personnel observations and rating scales
— IEP or Section 504 Records, if applicable
— Other: Specify______________________________

______________________________
Parent/Guardian/Eligible Student’s Signature

______________________________
Date
MONTOUR SCHOOL DISTRICT
MCKINNEY VENTO ELIGIBILITY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11431 et seq. The answers to this residency information help determine the services the student may be eligible to receive.
(Check all that apply)

The student lives with:

__ parent(s)/Legal guardian(s)
__ an adult who is not the parent/legal guardian
__ no adult; student is an unaccompanied youth

<table>
<thead>
<tr>
<th>SECTION A</th>
<th>SECTION B</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ In a shelter/group home</td>
<td>__ Choices in Section A do not apply</td>
</tr>
<tr>
<td>__ Doubled up with relatives or friends due to loss of housing or economic hardship</td>
<td>If you checked anything in Section B, do NOT complete the form below.</td>
</tr>
<tr>
<td>__ Living in a motel, car, campsite, or similar setting</td>
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</tr>
<tr>
<td>__ Youth living with friends or family members (other than parent/guardian)</td>
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<tr>
<td>__ Substandard housing</td>
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<tr>
<td>__ Other residence which is not fixed, adequate or regular (please list below):</td>
<td></td>
</tr>
</tbody>
</table>

If you checked anything in Section A, complete the form below.

Complete this section, only if you checked anything in Section A.

Please Print: ________________________________________________________________

Name of Student: __________________________________________________________________________

Birth Date: __/__/____  Age: _______  Grade in School: _______

Month  Day  Year

School Most Recently Attended: ____________________________________________________________

Name of Parent(s)/Legal Guardian: ________________________________________________________

Temporary/Current Address: _______________________________________________________________________

City: __________________________ Zip_________ Phone ________________________

Signature of Parent/Legal Guardian_____________________________ Date _________________________

MSD Enrolling School: ___________________________ School Administrator’s Signature: ___________________________
MONTOUR SCHOOL DISTRICT
RESIDENCY AFFIDAVIT
(Only applies to students not living with a biological parent or legal guardian)

Instructions: Please complete this form if the student is living, or will be living, in a household with adults who are NOT the biological parent or legal guardian of the student and will assume responsibility for the student throughout the calendar year and not merely through the school term. If the 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 adults must complete & sign this statement.

A notarized affidavit and proof of residency must be filed annually prior to the first day of the school year by the resident with the Superintendent or designee indicating eligibility under Section 1302 of the School Laws of PA.

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.

STUDENT NAME: ___________________ DATE OF BIRTH: ___________________ GRADE: ____________

Parent/Guardian Name: ___________________ Phone: ___________________

Parent/Guardian Address: ___________________

RESIDENT'S NAME: ___________________ NAME OF SPOUSE: ___________________

Resident's Address: ___________________

Resident’s Home Telephone Number: ___________________ Work: ___________________

Date child began/will begin to reside in your home: ___________________

The following questions are to be answered by the resident:
1. Do you intend to keep and support the child continuously and not merely through the school term? ☐Yes ☐No
2. Are you supporting this child gratis (without personal compensation or gain)? ☐Yes ☐No
3. Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, fees, fines, citations, fines for truancy, attending parent-teacher conferences, attending meetings/meetings concerning discipline, and fulfilling any special education requirements? ☐Yes ☐No

SWORN STATEMENT BY RESIDENT UNDER §13-1302

Any person who knowingly provides false information in the sworn statement for purposes of enrolling a child in a school district for which the child is not eligible commits a summary offense and upon conviction may be sentenced to pay a fine of no more than $300 or to perform up to 240 hours of community service, or both. In addition, such person shall pay all court costs and will be liable to the Montour School District for the cost of tuition during the child's enrollment.

I, ___________________, hereby verify that I am the resident of the address listed above in the Montour School District and that the above-named child and/or parent/guardian are residing with me at this time.
I/we also agree to notify the Montour School District of any information changes, such as, but not limited to, a change in telephone number, residence address, or custodial parent change.
I further verify that I have not misled, withheld, or falsified any information and the statements herein are true and correct. I understand that false statements can and will be punishable by law. I also grant Montour School District permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, as necessary to confirm the factual accuracy.

SWORN AND SUBSCRIBED BEFORE ME

                  ___________________

Resident Signature Date

                  ___________________

Notary Public

                  ___________________

Resident Signature Date
MONTOUR SCHOOL DISTRICT
STUDENT MEDIA RELEASE FORM

Dear Parent/Guardian,

Throughout the school year we like to use photographs and videos to highlight student accomplishments. Several places that we may use photographs and videos include but are not limited to the following:

1. Hallways
2. Slide Show Presentations
3. Yearbook
4. Newspaper and Allegheny West Magazine Articles
5. District Website
6. District Social Media including: Facebook and Twitter

PHOTO/DIGITAL MEDIA RELEASE FORM

Please complete and return this form to your child’s homeroom teacher to indicate whether or not you give permission for the District to disclose photographs and/or video of your child. Please mark the appropriate line to indicate your choice and please discuss your wishes with your child so that he/she knows to notify someone if he/she cannot be photographed and/or videotaped.

_________ I give permission to the Montour School District to photograph my child.

_________ I DO NOT give permission to the Montour School District to photograph my child.

Student Name _______________________________________________________

Parent/Guardian Name _______________________________________________

Parent/Guardian Signature ____________________________________________

Date ___________ Student’s Homeroom ___________________ Student’s Grade _______
SKYWARD STUDENT INFORMATION SYSTEM

Skyward is a web-based program that allows students, parents, teachers, and administrators to better support student achievement by having real-time access to student data. Please familiarize yourself with the following important components of the program outlined below:

- **Family Access Center** - Provides parents with the ability to view their child’s report card, current grades, attendance, assignments, state assessment scores, transcripts, medical records, class schedule, discipline information, parents can also submit absentee notes through the Family Access Center. IEP’s will be housed in a program called IEP Writer.

- **Student Access Center** - Allows students to easily view upcoming assignments, schedules, attendance, discipline, report cards, and transcripts.

- **Teacher Access Center** - Equips teachers with classroom management tools including: an industry-leading gradebook, attendance tracker, along with many other features.

- **Mobile Access** - Gives users the ability to download an app via your iOS or Android device.

- **Communication** - The District uses the School Messenger Notification System to provide timely communication to parents concerning weather related delays, general news and emergencies. Each day School Messenger pulls parent contact information from Skyward. Therefore, it is vital that you keep your contact information up-to-date in the Skyward Family Access Center. The District will schedule parent teacher conferences via Skyward.

Parents will receive a username and log-in information upon successful completion of registration.

If you have difficulty logging into the system please contact: Skyward@montourschools.com
STUDENT — MILITARY FAMILY FORM

Dear Parent/Guardian,

The Every Student Succeeds Act (ESSA) includes a requirement that districts identify any military-connected children enrolled in our schools.

Military-connected children are defined as those with a parent or guardian who is a member of the Armed Forces on active duty; Army, Navy, Air Force, Marine Corp, or Coast Guard including full-time National Guard or Reserve Duty.

Please complete this form to indicate whether or not the student's parent/guardian is an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp, or Coast Guard including full-time National Guard or Reserve Duty.)

For additional information, contact the Montour School District Curriculum Office at 412-490-6500.

_____ Yes, my child has a parent/guardian on active full-time duty.

_____ No, my child does not have a parent/guardian on active full-time duty.

Student Name ____________________________________________

Parent/Guardian Name/Signature ____________________________________
Allegheny County Health Department

Lead Testing Record

To be filled out by parent or guardian

Student first and last name: ____________________________________________

Birthdate: _____/_____/_____

Address: ____________________________________________ City: ____________________________

State: PA  Zip code: _____-_____

Parent or guardian name: ____________________________________________

To be filled out by health care provider

Date of most recent lead test: _____/_____/_____

X _________________________________

Signature  (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, health department staff)

Date: _____/_____/_____
Allegheny County Health Department

Statement of Exemption to Lead Testing Regulation

To be filled out by parent or guardian

Student first and last name: ____________________________________________

Birthdate: ___/____/____

Address: ___________________________ City: ___________________________

State: PA Zip code: _______ - ______

Parent or guardian name: ______________________________________________

Religious or Strong Moral/ Ethical Conviction Exemption

State your reason/s for requesting this exemption (required): __________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed ___________________________ Date ___/____/____

(Parent or guardian)

________________________________________________________________________

To be filled out by health care provider

Medical Exemption

The physical condition of the above-named child is such that blood lead testing may be detrimental to his/her health.

Signed ___________________________ Date ___/____/____

(Physician)