

WYOMING AREA SCHOOL DISTRICT RECORD RELEASE REQUEST

| | |
|-------------------------------|--------------|
| Student's Name: _____ | DOB: _____ |
| Previous School: _____ | Grade: _____ |
| Address of Last School: _____ | |
| Phone: _____ | Fax: _____ |
| Date: _____ | |

| | |
|---|---|
| <p>Wyoming Area Secondary Center Dr. Jon Pollard, Principal Cathy Ranieli, Assistant Principal 252 Memorial St. Exeter, Pennsylvania 18643 Phone: 570-655-2836 Fax: 570-602-3065</p> <p>Please forward the following Student Records to the office listed above:</p> <ul style="list-style-type: none"> ✓ Cumulative and Scholastic Records ✓ Test Scores ✓ Health and Dental Records ✓ Educational Records ✓ Disciplinary Records Other Pertinent Health Information | <p>Wyoming Area Special Education Office Lesley Ratchford, Special Ed. Secretary 252 Memorial Street Exeter, Pennsylvania 18643 Phone: 570-602-0550 Fax: 570-602-8906 lratchford@wyomingarea.org</p> <p>Please fax or email the following Special Education Records to the office listed above:</p> <ul style="list-style-type: none"> ✓ Initial Evaluation Report ✓ Most Recent Re-evaluation Report ✓ Current IEP or GIEP ✓ Current PBSP (if appropriate) ✓ Current NOREP/Gifted NORA Psychological/Psychiatric Reports |
|---|---|

Act 26 of 1995, Section 1305- A, states the following:

“Whenever a pupil transfers to another school entity, a certified copy of the student’s disciplinary record shall be transmitted to the school entity to which the pupil has transferred. The school entity to which the student has transferred should request the record. The sending school entity shall have ten (10) days from receipt of the request to supply a certified copy of the student’s disciplinary record.”

Signature of Parent/Guardian

Address

Phone

- ☐ Natural Parent
- ☐ Custodial Parent
- ☐ Agency Responsible

****Kindly fax the requested records to the office listed above****

School: _____ / Student ID: _____ / State ID: _____

WYOMING AREA SD HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) and the Civil Rights Law of 1964, Title VI requires that school districts/charter schools/ 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: _____ Grade: _____

Place of Birth: Country: _____ State: _____ City: _____

Race:

- _____ American Indian/Alaskan Native
- _____ Black/African American
- _____ Hispanic
- _____ White
- _____ Multi-Racial (not Hispanic)
- _____ Asian
- _____ Native Hawaiian/Pacific Islander

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

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

_____ Yes _____ No

If yes, specify the language(s): _____

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

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

_____ Yes _____ No

If yes, complete the following:

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

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

Parent/Guardian signature: _____ Date: _____

*The school district/charter school 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 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 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 in the future.

School: _____ / Student ID: _____ / State ID: _____

ACT 26 PARENTAL REGISTRATION STATEMENT

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property."

To be completed by the Parent or Guardian:

I hereby swear or affirm that my child (was ☐) (was not ☐) previously suspended or expelled, or (is ☐) (is not ☐) presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

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|---|
| 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: |
| Reason for suspension/expulsion: |
| Dates of suspension or expulsion: |

(Please provide additional schools and dates of expulsion or suspension on a separate sheet of paper.)

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

Signature of Parent or Guardian

Date

School: _____ / Student ID: _____ / State ID: _____

WYOMING AREA SCHOOL DISTRICT

CONFIDENTIAL STUDENT HEALTH INFORMATION (to be filed in health record only)

Please Print Legibly

| | | | |
|--|--------------|---|--------------|
| Legal Name | DOB | Enrollment Grade | Today's Date |
| Address | Phone | | |
| Father's Name | Mothers Name | | |
| Last School Attended: Address/State: _____ | | Last Date Attended / Withdrawal Date: Phone: _____ | |
| Has your child had any of the following? | | | |
| Allergies? _____ Food _____ Insects _____ Seasonal _____ Other _____ | | | |
| Symptoms/signs _____ Medication _____ | | | |
| Asthma? _____ Is it Exercise induced? _____ Does your child need an Inhaler? _____ | | | |
| Epilepsy/seizures? _____ Date of last seizure _____ Medication _____ | | | |
| Chicken Pox Disease? _____ Date? _____ Vaccine? _____ | | | |
| Tuberculosis – self? _____ Tuberculosis – family? _____ | | | |
| <p>Does your child have any medical, physical, or handicapping conditions, limitations or restrictions? Yes _____ No _____</p> <p>Does your child have any psychological conditions/emotional concerns? Yes _____ No _____</p> <p>Has your child had any serious accidents or surgeries? Yes _____ No _____</p> <p>Does your child have any recurring illnesses? Yes _____ No _____</p> <p>Is your child under medical treatment now? Yes _____ No _____</p> <p>If so, Treating physician: _____</p> | | | |
| If you answered Yes to any of the questions above, please describe: | | | |
| Does your child take medication? _____ If so, list name of medication(s) and condition(s) it is for: | | | |
| Are there any other special conditions, considerations, problems you would like the nursing staff to be aware of: | | | |
| In case of accident or serious illness, the hospital or attending physician is authorized to act in behalf so that treatment can be administered to my child. | | | |
| Signature of parent or guardian: _____ Date: _____ | | | |
| I affirm that all the information provided on this student health form is true and correct to the best of my knowledge. | | | |
| Signature of parent or guardian: _____ Date: _____ | | | |



**WYOMING AREA SCHOOL DISTRICT
TRANSPORTATION SURVEY FORM – 2022-2023
MIDDLE SCHOOL AND HIGH SCHOOL**

Please complete all of the following information by **PRINTING NEATLY**. Do **NOT** complete "Bus Now Riding."

| | |
|--------------------|-----------------------------|
| STUDENT NAME _____ | GRADE FOR 2022-2023 _____ |
| ADDRESS _____ | PHONE _____ - _____ |
| _____ | BUS NOW RIDING _____ |
| _____ | (For Office Personnel Only) |

Circle **ONE**, and please **DO NOT DETACH ANY PART OF THIS FORM**.

1. I AM WITHIN WALKING DISTANCE OR I WILL PROVIDE MY OWN TRANSPORTATION TO SCHOOL.
2. I WILL NEED BUS TRANSPORTATION FOR THE 2022-2023 SCHOOL YEAR.

**THOSE STUDENTS WHO CIRCLED NUMBER TWO (2) MUST INDICATE WITH ONE CIRCLE THE BUS STOP
NEAREST THEIR HOME.**

EXETER

Mount Lookout Trailer Park
Slocum Street B/W Schooley Avenue & Wilson Street
Slocum Street B/W Packer Avenue & Schooley Avenue
Schooley Avenue and Chestnut Street
Packer Avenue and Wildflower Village
Fairway Drive and Slocum Avenue
Troback Drive
Rte. 92 At Bolis BP Station
Byrd Street
Exeter Avenue at Bennett Street
Schooley Avenue Development
Sturmer Street at Wilson Street
Wilson Street and Jackson Street
Union Street and Harding Street
Wyoming Avenue & Sullivan Street

WYOMING

Shulde Lane & Wyoming Avenue
Colonial Acres
Tenth Street and Wyoming Avenue
Seventh Street and Wyoming Avenue
Eighth Street and Monument Avenue
Third Street and Monument Avenue
Sixth Street and Monument Avenue
W. Eighth Street & Blandina Apt.
W. Sixth Street & Wyoming Avenue
VFW and Wyoming Avenue

WEST WYOMING

Fifth Street Manor
Ferretti Drive Entrance
Browncrest Drive and Shoemaker Avenue
West Third Street and Shoemaker Avenue
Fourth Street and Shoemaker Avenue
West Sixth Street and Avenue E
West Eighth Street and Ensign Street
Shoemaker Avenue Park/Playground
Shoemaker Avenue and Fairview Street
Shoemaker Avenue and Lee Ann Lane
Shoemaker Avenue and Sweetland Lane
Shoemaker Ave B/W Stites & Moonlite Drive
Hose Company #2 (Stites and Oak Streets)
Washington Avenue and Watson Street
Morgan Avenue and West Eighth Street
West Eighth Street Playground
Knob Hill and West Eighth Street
Walker's Hollow

WEST PITTSSTON

West Pittston Municipal Building
Wilkern Street and Exeter Avenue
Ledgeview Drive and Exeter Avenue

**STUDENTS ARE ASKED TO PLEASE BE AT THEIR APPROVED BUS STOP AT LEAST TEN (10) MINUTES
PRIOR TO THE POSTED TIME AND REMAIN THERE UNTIL THE BUS ARRIVES.**



**WYOMING AREA SCHOOL DISTRICT
TRANSPORTATION SURVEY FORM – 2022-2023
MIDDLE SCHOOL AND HIGH SCHOOL**

HARDING

Rte. 92 B/W Oberdorfer Road and Coxton Bridge
Rte. 92 and Pauline Street
Rte. 92 B/W Oberdorfer Rd. & Merlino's Greenhouse
Rte. 92 B/W Appletree Rd. And Oberdorfer Rd.
Rte. 92 B/W Riverview Village & Appletree Road
Rte. 92 B/W Harding Municipal Bldg. & Riverview Village
Riverview Village
Terrace Avenue
Wilson Avenue
Rte. 92 B/W Wilson Avenue & Mickey's Store
Mickey's Store (Gas Station)
Coolidge/ Rte. 92
Taft Road
Harding Avenue
Lockville Road
Dymond Hollow
Hex Acres
Campground Road
Schooley Avenue Road
Rozelle Road
Searfoss Road
Mt. Zion Rd. B/W Kingston Twp. Line & Campgrd. Rd.
Mt. Zion Rd. B/W Schooley Ave. & Campground Rd.
Mt. Zion Rd. B/W Schooley Rd. & Oberdorfer Rd.
Mt. Zion Rd. B/W Oberdorfer Rd. & Appletree Rd.
Mt. Zion Road B/W Appletree Rd. & Sarah J. Dymond

Sutton Ck. Rd. B/W Riverview Vlg. & Sarah J. Dymond
Sutton Ck. Rd. B/W Sarah J. Dymond &
Redmond's
Sutton Ck. Rd. B/W Redmond's And Bodle Rd.
Marcy Road
Bodle Road
Miller Road
Sweitzer Road
Lewis Road
Peck's Road
Appletree Road
Oberdorfer Road
Kitchen Lane

FALLS

Rte. 92 at Falls Bridge
Rte. 92 at Falls Camp Area
Rte. 92 B/W Falls Bridge and The 52 Diner
Rte. 92 B/W Rte. 292 and The 52 Diner
River Road
Rte. 292 (Top of the Hill)
Rte. 292 (Bottom of the Hill)
Old State Road
Rte. 92 B/W Rte. 292 and Pine Ridge Inn
Rte. 92 B/W Jennings Rd & Pine Ridge Inn
Mountain View Estates
Rt. 92 B/W Lockville Rd & Mt.View Estates

If You Have A Current Bus Stop Not Listed On This Form, Please Fill It In Here:



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All questions, concerns, and problems regarding transportation should be addressed to our Transportation Department.

**Wyoming Area Secondary Center
Angelo Falzone, Transportation Director
Phone 655-2836, Extension 2346**

**STUDENTS ARE ASKED TO PLEASE BE AT THEIR APPROVED BUS STOP AT LEAST TEN (10) MINUTES
PRIOR TO THE POSTED TIME AND REMAIN THERE UNTIL THE BUS ARRIVES.**