

**WYOMING AREA SCHOOL DISTRICT  
RECORD RELEASE REQUEST**

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

<p><b>Wyoming Area Intermediate Center</b></p> <p>100 Montgomery Ave. West Pittston, PA 18643 Phone: 570-654-1404 Fax: 570-602-0555 <a href="mailto:dchupka@wyomingarea.org">dchupka@wyomingarea.org</a></p> <p><b>Please forward the following Student Records to the office listed above:</b></p> <ul style="list-style-type: none"> <li>✓ Cumulative and Scholastic Records</li> <li>✓ Test Scores</li> <li>✓ Health and Dental Records</li> <li>✓ Educational Records</li> <li>✓ Disciplinary Records</li> <li>Other Pertinent Health Information</li> </ul>	<p><b>Wyoming Area Special Education Office</b></p> <p>252 Memorial Street Exeter, Pennsylvania 18643 Phone: 570-602-0550 Fax: 570-602-8906 <a href="mailto:lratchford@wyomingarea.org">lratchford@wyomingarea.org</a></p> <p><b>Please fax or email the following Special Education Records to the office listed above:</b></p> <ul style="list-style-type: none"> <li>✓ Initial Evaluation Report</li> <li>✓ Most Recent Re-evaluation Report</li> <li>✓ Current IEP or GIEP</li> <li>✓ Current PBSP (if appropriate)</li> <li>✓ Current NOREP/Gifted NORA Psychological/Psychiatric Reports</li> </ul>
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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/email the requested records to the office listed above\*\***

## 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.

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Wyoming Area 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.

## 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.

<b>Name of school from which student was suspended or expelled:</b>
<b>Reason for suspension/expulsion:</b>
<b>Dates of suspension or expulsion:</b>

(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**

**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		
<b>Last School Attended:</b> 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? _____			
Does your child have any medical, physical, or handicapping conditions, limitations or restrictions? Yes _____ No _____			
Does your child have any psychological conditions/emotional concerns? Yes _____ No _____			
Has your child had any serious accidents or surgeries? Yes _____ No _____			
Does your child have any recurring illnesses? Yes _____ No _____			
Is your child under medical treatment now? Yes _____ No _____			
If so, Treating physician: _____			
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 – \_\_\_\_\_ YR**  
**INTERMEDIATE CENTER - 4<sup>TH</sup>, 5<sup>TH</sup>, 6<sup>TH</sup> GRADES**

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

STUDENT NAME _____	SCHOOL ATTENDING: <b>Inter.Ctr</b>
ADDRESS _____	GRADE FOR SCHOOL YR: _____
_____	PHONE _____ - _____ - _____
_____	<b>(For Office Personnel Only)</b>
	BUS ASSIGNED _____

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

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

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

**EXETER**

- Fairway Drive and Slocum Ave
- Troback Drive
- Silver Bell – Donna’s Way
- Wildflower Village
- Slocum St. B/W Packer Ave. & Schooley Avenue
- Schooley Avenue and Chestnut Street
- Slocum Street B/W at Schooley Avenue and Wilson Street
- Mount Lookout Trailer Park
- Lincoln Street and Mason Street
- Warsaw Street and Lincoln Street
- Lincoln Street and Grove Street
- Mason Street and Ash Court
- Schooley Avenue Development
- Ida’s & Jean Street
- Jean Street & Warsaw Street
- Valley Street and Wyoming Avenue
- Penn Avenue and Wyoming Avenue
- Birchwood Estates (1946 Wyoming Avenue)
- Wyoming Avenue and Barber Street
- Scarboro Avenue at Trayor Street
- Scarboro Avenue at Sullivan Street
- Harding Street and Union Street
- Wilson Street & Jackson Street
- Wilson Street and Harding Street
- Wilson Street at Sturmer Street
- Whitlock Street at Sturmer Street
- Roosevelt Street at Slocum Street
- Roosevelt Street & Jackson Street
- Wilson Street at Jackson Street
- Tunkhannock Avenue & Chase Street
- Growing Patch (Day Care)

- Delaware Avenue & Tunkhannock Avenue
- Pacific Avenue & Tunkhannock Avenue
- Luzerne Avenue & Tunkhannock Avenue
- Montgomery Avenue & Tunkhannock Avenue
- Exeter Avenue & Wilkern Street
- Blue Ribbon (CDC Day Care)
- Bennett Street
- Byrd Street
- Red Barn (Patch)
- Rte. 92 at Bolis BP Station
- Exeter Avenue & Ledgeview Drive

**WEST WYOMING**

- Fifth Street Manor
- Sixth Street and Avenue B
- Browncrest Drive and Shoemaker Avenue
- West Third Street and Shoemaker Avenue
- Ferretti Drive Entrance
- West Fourth Street and Shoemaker Avenue
- West Sixth Street and Avenue E
- West Eighth Street and Ensign Street
- Shoemaker Avenue Park/Playground
- Fairview St. & Shoemaker Avenue
- Lee Ann Lane and Shoemaker Avenue
- Shoemaker Avenue b/w Stites St and Swetland Lane
- Swetland Lane and Shoemaker Avenue
- Hose Company #2 (Stites Street and Oak Street)
- Miscavage and Lincoln Street
- Washington Avenue and Watson Street
- West Eighth Street Playground
- West Eighth Street and Knob Hill
- More On Back →**

**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  
INTERMEDIATE CENTER**

Walker's Hollow  
Morgan Avenue and West Eighth Street

**WYOMING**

Wyoming Avenue & Shulde Lane  
Blandina Apts. & W. Eighth Street  
Breese Street and Wyoming Avenue  
Colonial Acres  
Tenth Street & Monument Avenue  
Seventh Street and Wyoming Avenue  
Sixth Street and Wyoming Avenue  
Sixth Street and Monument Avenue  
Fourth Street and Monument Avenue  
Third Street and Wyoming Avenue  
VFW and Wyoming Avenue  
Third Street and Monument Avenue  
Eighth St & Monument Ave

**HARDING**

Rte. 92 B/W Oberdorfer Road and  
Coxton Bridge  
Rte. 92 and Pauline Street  
Oberdorfer Road  
Rte. 92 B/W Oberdorfer Road and Greenhouse  
Merlino's Greenhouse  
Rte. 92 B/W Appletree Rd. and Oberdorfer Rd.  
Rte. 92 B/W Riverview Village & Appletree Road  
Riverview Village  
Rte. 92 B/W Harding Municipal Bldg. & Riverview Vlg.  
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 Rd. & Oberdorfer Rd.  
Mt. Zion Rd. B/W Schooley Ave. & Campground Rd.  
Mt. Zion Road 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 Road  
Marcy Road  
Miller Road  
Bodle Road  
Sweitzer Road  
Lewis Road  
Peck's Road  
Appletree Road  
Kitchen Lane

**FALLS**

Rte. 92 at Falls Bridge  
Falls Camp Area  
Rte. 92 B/W Rte. 292 and The 52 Diner  
Rte. 92 B/W Falls Bridge and The 52 Diner  
Rte. 92 st The Senior Citizens' Center  
Rte. 292 (Top Of The Hill)  
Rte. 292 (Bottom Of The Hill)  
Rte. 92 B/W Rte. 292 and Pine Ridge Inn  
Mountain View Estates  
Rte. 92 B/W Kehoe's, Pine Ridge Inn, & Jennings Rd.  
Rte. 92 B/W Lockville Road & Mountain View Estates  
Falls Township Municipal Building  
River Road  
Old State Road

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



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

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PRIOR TO THE POSTED TIME AND REMAIN THERE UNTIL THE BUS ARRIVES.**

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