

**WYOMING AREA SCHOOL DISTRICT
RECORD RELEASE REQUEST**

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

Wyoming Area Intermediate Center
Brian Strazdus, Principal
100 Montgomery Ave.
West Pittston, PA 18643
Phone: 570-654-1404
Fax: 570-602-0555
dchupka@wyomingarea.org

Please forward the following Student Records to the office listed above:

- ✓ Cumulative and Scholastic Records
- ✓ Test Scores
- ✓ Health and Dental Records
- ✓ Educational Records
- ✓ Disciplinary Records
- Other Pertinent Health Information

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

Please fax or email the following Special Education Records to the office listed above:

- ✓ 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

- Natural Parent
- Custodial Parent
- Agency Responsible

Address

Phone

****Kindly fax 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.

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.

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.

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

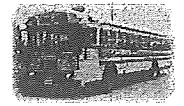
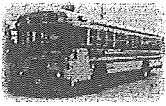
Date

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? _____			
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 – 2020-2021
INTERMEDIATE CENTER - 4TH, 5TH, 6TH GRADES**

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

STUDENT NAME _____	SCHOOL ATTENDING: Inter.Ctr
ADDRESS _____	GRADE FOR 2020-2021 _____
_____	PHONE _____ - _____
_____	(For Office Personnel Only)
	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 2020-2021 SCHOOL YEAR.

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

EXETER

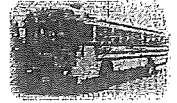
Fairway Drive and Slocum Ave
Troback Drive
Wildflower Village
Slocum St. B/W Packer Ave. & Schooley Avenue
Schooley Avenue and Chestnut Street
Slocum Street B/W at Schooley Avenue and Wilson Street
Mount Lookout Trailer Park
Lincoln Street and Mason Street
Warsaw Street and Lincoln Street
Lincoln Street and Grove Street (Day Care Center)
Schooley Avenue Development
Ida's & Jean Street
Jean Street & Warsaw Street
Schooley Avenue and Mason Street
Valley Street and Wyoming Avenue
Penn Avenue and Wyoming Avenue
Birchwood Estates (1946 Wyoming Avenue)
Wyoming Avenue and Barber Street
Scarboro Avenue at Traylor Street
Scarboro Avenue at Sullivan Street
Harding Street and Union Street
Wilson Avenue and Harding Street
Wilson Avenue at Sturmer Street
Whitlock Street at Sturmer Street
Roosevelt Street at Slocum Street
Wilson Street at Jackson Street
Tunkhannock Avenue & Chase Street
When I Grow up (DayCare)
Tunkhannock Avenue & Luzerne Avenue
Delaware Avenue and Tunkhannock Avenue
Exeter Avenue & Wilkern Street

Blue Ribbon (CDC Day Care)
Bennett Street
Byrd Street
Red Barn (Patch)
Rte. 92 at Bolis BP Station

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 Sweetland Lane
Sweetland 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 – 2020-2021
INTERMEDIATE CENTER**

Walker's Hollow
Morgan Avenue and West Eighth Street

WYOMING

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
Third Street and Monument Avenue
Eighth St & Monument Ave

HARDING

Rte. 92 B/W Oberdorger 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)
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.
Mount 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

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.

<p>Wyoming Area Secondary Center Angelo Falzone, Transportation Director Phone 655-2836, Extension 2346</p>
--

**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.**
