

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
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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 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

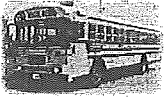


School: _____ / Student ID: _____ / State ID: _____

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 – 2021-2022
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 2021-2022 _____
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 2021-2022 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

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 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

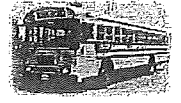
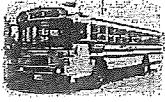
WYOMING

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
 Sixth Street and Wyoming Avenue
 W. Eighth Street & Blandina Apt.

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 – 2021-2022
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)
 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.

<p>Wyoming Area Secondary Center Angelo Falzone, Transportation Director Phone 655-2836, Extension 2346</p>
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 PRIOR TO THE POSTED TIME AND REMAIN THERE UNTIL THE BUS ARRIVES.**
