

Information need to register a student at Riverside School District:

Completed registration packet

Birth Certificate

Immunization Records

4 proofs of residency (if renting, must include lease)

Photo ID of parent(s)

Last report card

IEP (if applicable—Special Ed students)

If transferring from another country, TB test and results are needed

Call 570-562-2121 option 9 ext. 2207 to set up an appointment.

Superintendent's Office, 300 Davis St., Taylor, PA 18517



SCHOOL YEAR \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

GRADE LEVEL ENTERING \_\_\_\_\_

**PLEASE CHECK PROOFS GIVEN BY PARENT/GUARDIAN (Office Use)**

**ACCEPTABLE PROOFS OF RESIDENCY**

- \_\_\_\_\_ 1. COPY OF DEED, MORTGAGE OR LEASE AGREEMENT
- \_\_\_\_\_ 2. COPY OF DRIVER'S LICENSE
- \_\_\_\_\_ 3. COPY OF MOTOR VEHICLE REGISTRATION
- \_\_\_\_\_ 4. COPIES OF AT LEAST TWO (2) UTILITY BILLS DATED WITHIN THIRTY (30) DAYS, INCLUDING, BUT NOT LIMITED TO, GAS WATER, ELECTRIC, SEWER, TELEPHONE, AND/OR CABLE
- \_\_\_\_\_ 5. VOTER REGISTRATION
- \_\_\_\_\_ 6. TAX STATEMENTS
- \_\_\_\_\_ 7. CHECK STUB FROM EMPLOYMENT, SOCIAL SECURITY, PUBLIC ASSISTANCE, OR OTHER VERIFIABLE FORMS OF INCOME SHOWING ADDRESS
- \_\_\_\_\_ 8. COURT ORDERS
- \_\_\_\_\_ 9. SWORN AFFIDAVIT OF PARENT, LEGAL GUARDIAN, HOST RESIDENT OR CUSTODIAN DECLARING RESIDENCE IN A FORM DULY AUTHORIZED AND PROVIDED BY THE DISTRICT. IT IS POLICY OF THIS BOARD THAT A SWORN AFFIDAVIT MUST BE SIGNED BY ALL AS INDICATED ABOVE.



**RIVERSIDE SCHOOL DISTRICT  
INFORMATION ON CUSTODY OF STUDENT**

NAME OF STUDENT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Do both natural parents reside in the home?      YES \_\_\_\_\_      NO \_\_\_\_\_

If no, please provide the name and address of natural parent and stepparent that the child does not reside with.

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If both natural parents do not reside together, has a Court Order been entered with regard to custody of the child(ren)?    YES \_\_\_\_\_    NO \_\_\_\_\_    If yes, please attach a copy of the Court Order.

If there is no Court Order, do you have primary physical custody of the child(ren)?

If yes, describe the custody agreement. Also, please provide last year's taxes showing you claimed the child(ren).

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If no, describe the shared custody agreement.

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Are there any restrictions on who picks up the child(ren) from school?    YES \_\_\_\_\_    NO \_\_\_\_\_

If yes, are these restrictions supported by a Court Order?      YES \_\_\_\_\_      NO \_\_\_\_\_

If yes, please attach a copy of the Court Order.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## RIVERSIDE SCHOOL DISTRICT REGISTRATION FORM

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth\* \_\_\_\_\_ Sex \_\_\_\_\_

\*If not born in USA, date entered USA \_\_\_\_\_

Ethnicity:

1. Am. Indian \_\_\_\_\_ 2. Asian/Pacific \_\_\_\_\_ 3. Black \_\_\_\_\_ 4. Hispanic \_\_\_\_\_ 5. Caucasian \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Marital Status of Parents: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Deceased \_\_\_\_\_

Person(s) student resides with: \_\_\_\_\_

Sibling(s) Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Date Registered \_\_\_\_\_



## RIVERSIDE SCHOOL DISTRICT REGISTRATION FORM

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Please answer the following questions

Do you have an Individual Educational Plan (IEP) for your child? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a Service Agreement (504) for your child? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child receive any of the following classes/therapies?

#### CLASSES

\_\_\_\_\_ Emotional Support

\_\_\_\_\_ Blind/Visually Impaired Student

\_\_\_\_\_ Deaf/Hearing Impaired Student

\_\_\_\_\_ Gifted Support

\_\_\_\_\_ Learning Support

\_\_\_\_\_ Itinerant

\_\_\_\_\_ Part-Time Resource

\_\_\_\_\_ Life Skills

\_\_\_\_\_ Multiple Disabilities Support

\_\_\_\_\_ Physical Support

\_\_\_\_\_ Other

#### THERAPIES

\_\_\_\_\_ Assistive Technology

\_\_\_\_\_ Blind/Visually Impaired

\_\_\_\_\_ Deaf/Hearing Impaired

\_\_\_\_\_ Occupational

\_\_\_\_\_ Physical

\_\_\_\_\_ Speech/Language

Please explain \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Date Registered \_\_\_\_\_



**RIVERSIDE SCHOOL DISTRICT  
ACT 26 – COMPLIANCE FORM**

Date Registered: \_\_\_\_\_

**FOR ALL NEW RIVERSIDE SCHOOL DISTRICT  
STUDENT REGISTRATION**

I do hereby swear that my son/daughter \_\_\_\_\_

has or has never previously been expelled or suspended from any public or private school in any state for offenses involving weapons, drugs, alcohol, or violence.

Parent's/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_

This form must be completed before student is accepted into the Riverside School District.



**RIVERSIDE SCHOOL DISTRICT  
RELEASE OF INFORMATION**

Date \_\_\_\_\_

Name of Former School \_\_\_\_\_

Address \_\_\_\_\_

Permission is hereby granted to release **ALL** (including medical & discipline) school records regarding:

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Current

to the Riverside School District. Please send **ALL** (including medical & discipline) school records to the following Riverside school building:

_____ Riverside Jr-Sr High School	_____ Riverside Elementary East	_____ Riverside Elementary West
Guidance Department	Kreig & School Streets	308 Davis Street
310 Davis Street	Moosic, PA 18507	Taylor, PA 18517
Taylor, PA 18517	570-562-2121	570-562-2121
570-562-2121	570-341-8298 FAX	570-562-1790 FAX
570-562-3286 FAX		

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



## RIVERSIDE SCHOOL DISTRICT

### HEALTH HISTORY

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Student's Physician \_\_\_\_\_

Address \_\_\_\_\_

#### PLEASE ATTACH IMMUNIZATION RECORDS

Has your child had any of the following: If yes, please give details.

Chicken Pox \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Physical Defects \_\_\_\_\_ Operations \_\_\_\_\_

Allergies \_\_\_\_\_ Allergy to bees \_\_\_\_\_

Chronic Illness \_\_\_\_\_ Emotional Problems \_\_\_\_\_

Seizures \_\_\_\_\_ Tuberculosis (child or family) \_\_\_\_\_

Does your child take medication, other than vitamins, on a daily basis? \_\_\_\_\_

If yes, please list \_\_\_\_\_

Is your child presently under medical treatment for an illness? \_\_\_\_\_

If yes, please list \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_





**RIVERSIDE SCHOOL DISTRICT**  
**(Elementary Students Only)**

During elementary school the following services will be provided to your child on a yearly basis.

Heights and weights are measured in Kindergarten through 6<sup>th</sup> grade.

Vision screening is done in Kindergarten through 6<sup>th</sup> grade. You will be notified if your child failed and should see an eye doctor.

Hearing screening is done in Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> grades. You will be notified if your child failed and should see an ear specialist.

Dr. Grambo does **state mandated** dental exams in Kindergarten and 3<sup>rd</sup> grade. No instruments are used for this exam. Permission slips are sent home prior to the exam. You will be notified if any abnormalities are found.

Fluoride treatments are offered in 2<sup>nd</sup> grade. Permission slips are sent home prior to the treatment.

**State mandated** scoliosis screening is done in 6<sup>th</sup> grade.

Dr. Sebastianelli does **state mandated** physical exams in Kindergarten and 6<sup>th</sup> grade. No clothing is removed during this exam. Permission slips are sent home prior to the exam and you have the right to attend your child's exam if you desire. You will be notified if any abnormalities are found.

**PLEASE CHECK YOUR PREFERENCE BELOW AND SIGN**

\_\_\_\_\_ I agree to have the medical exam done in school and **do not** wish to be present.

\_\_\_\_\_ I agree to have the medical exam done in school and **want** to be present.

\_\_\_\_\_ I agree to have the dental exam done in school.

\_\_\_\_\_ I prefer to have the medical exam done by my private physician.

\_\_\_\_\_ I prefer to have the dental exam done by my private dentist.

Parent's/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_



## HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

**Student Information (Parents/Guardians should complete this section):**

Child's first name: \_\_\_\_\_

Child's family name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Grade Level: \_\_\_\_\_

**Questions for Parents or Guardians**

1. Is a language other than English spoken in the child's home?  No  Yes (language) \_\_\_\_\_
2. Does your child communicate in a language other than English?  No  Yes (language) \_\_\_\_\_
3. What is the language that your child first learned to speak? \_\_\_\_\_
4. Has the student attended any United States school in any 3 years during is/her lifetimes.  NO  YES

If YES, Please complete the following:

Name of School	State	Grade	Dates Attended

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Provided  No  Yes

Family Meeting Needed:  NO  YES



## RIVERSIDE SCHOOL DISTRICT PHOTO RELEASE FORM

Riverside School District is including photos of students, teachers, and school activities on its website and in news releases to local news publications. Photos and information about your child will be used only in relationship to his/her participation in a school-sponsored activity (such as photos from field trip, science fair, or club organization) or your child's achievements in a specific area (such as athletics or academic recognition). Though the names of faculty, staff, and administration will regularly be used, it is our policy that the full names of students will not. Occasionally, it might be necessary to use a student's name, but no address and/or telephone numbers will ever be used.

\_\_\_\_\_ I/We hereby give permission for the Riverside School District to use photos along with name on school website, other electronic forms of communication, and in news releases to local news publications.

\_\_\_\_\_ I/We hereby **do not** give permission for the Riverside School District to use photos along with name on school website, other electronic forms of communication, and in news releases to local news publications.

Student's Name: \_\_\_\_\_

Grade \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_



**RIVERSIDE SCHOOL DISTRICT  
Parental Signature Form**

I have read the Riverside School District's Internet and Technology Acceptable Use Policy. If I do not follow the rules that are in the policy, I understand that my account will be canceled and disciplinary/legal action may be taken.

As a parent/legal guardian, by signing this form, I hereby give permission for my child to keep his/her school account as long as the procedures described by the acceptable use policy are followed.

\_\_\_\_\_  
STUDENT NAME (please print)

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**A PARENT SIGNATURE FORM MUST BE ON FILE AT SCHOOL TO ALLOW STUDENTS ACCESS TO  
INTERNET AND COMPUTER TECHNOLOGIES.  
THANK YOU.**

STUDENT ID # \_\_\_\_\_

STUDENT HOMEROOM # \_\_\_\_\_

SCHOOL BUILDING \_\_\_\_\_

## **STUDENT'S COPY**

### **ACCEPTABLE USE OF INTERNET**

The Riverside School District supports use of the Internet and other computer networks in the instructional program in order to facilitate learning, teaching, and access to information through interpersonal communication, research, and collaboration.

The use of network facilities shall be consistent with the curriculum as well as the varied instructional needs, learning styles, abilities, and developmental levels of students.

The electronic information available to students and staff does not imply endorsement by the Riverside School District of the content, nor does the Riverside School District guarantee the accuracy of information received on the Internet. The Riverside School District shall not be responsible for any information that may be lost, damaged or unavailable when using the network or for any information that is retrieved via the Internet.

The Riverside School District shall not be responsible for any unauthorized charges or fees resulting from access to the Internet.

The Riverside School District reserves the right to log network use and to monitor fileserver space utilization by users, while respecting the privacy rights of users.

The Riverside School District establishes that use of the Internet is a privilege, not a right; inappropriate, unauthorized or illegal use will result in cancellation of those privileges and appropriate disciplinary action.

The Riverside School District shall make every effort to ensure that its educational resources are used responsibly by students and staff.

The Riverside School District will educate all students about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyber bullying awareness and response.

Students and staff have the responsibility to respect and protect the rights of every other user in the district and on the Internet.

Network accounts shall be used only by the authorized owner of the account for its authorized purpose. All communications and information accessible via the network should be assumed to be private property and shall not be disclosed. Network users shall respect the privacy of other users on the system.

### Prohibitions

Students and staff are expected to act in a responsible, ethical and legal manner in accordance with Riverside School District policy, accepted rules of network etiquette, and Federal and State law. Specifically, the following uses are prohibited:

1. Illegal activity.
2. Commercial or for-profit purposes.
3. Non-work or non-school related work
4. Product advertisement or political lobbying
5. Hate mail, discriminatory remarks, and offensive or inflammatory communication.
6. Unauthorized or illegal installation, distribution, reproduction, or use of copyrighted materials.
7. Access to obscene or pornographic material.
8. Inappropriate language or profanity.
9. Transmission of material likely to be offensive or objectionable to recipients.
10. Intentional obtaining or modification of files, passwords, and data belonging to other users.
11. Impersonation of another user, use on anonymity, and pseudonyms.
12. Fraudulent copying, communications, or modifications of materials in violation of copyright laws.
13. Loading or use of unauthorized games, programs, files or other electronic media.
14. Disruption of the work of other users.
15. Destroying, modifying or abusing network hardware and software.
16. Quoting personal communications in a public forum without the original author's prior consent.

### Security

System security is protected through the use of passwords. Failure to adequately protect or update passwords could result in unauthorized access to personal or district files. To protect the integrity of the system, the following guidelines shall be followed:

1. Employees and students shall not reveal their passwords to another individual.
2. Users are not to use a computer that has been logged in under another student's or teacher's name.
3. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the network.

### Safety

To the greatest extent possible, users of the network will be protected from harassment and unwanted or unsolicited communication. Any network user who received threatening or unwelcome communications shall immediately bring them to the attention of a teacher or administrator. Network users shall not reveal personal addresses or telephone numbers to other users on the network.

#### Consequences for Inappropriate Use

The network user shall be responsible for damages to the equipment, systems and software resulting from deliberate or willful acts.

Illegal use of the network, intentional deletion or damage to files of data belonging to others, copyright violations, or theft of services will be reported to the appropriate legal authorities for possible prosecution.

In addition to the stipulations of this policy, general rules for behavior and communications apply when using the internet. Loss of access and other disciplinary actions shall be consequences for inappropriate use.

Vandalism will result in cancellation of access privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet or other networks; this includes but is not limited to uploading or creating computer viruses.

### Copyright

The illegal use of copyrighted software by students and staff is prohibited. Any data uploaded from the network shall be subject to fair use guidelines.



**Riverside School District**  
**Technology Network Account Application for Students**  
**(TO BE COMPLETED BY DISTRICT)**

**This application should not be filled out unless the student and parent have completed and submitted a signed agreement -- the District's Network and Internet Acceptable Use Policy - AUP. These agreements will remain on file in the Library or main office of the building the student will attend.**

Information provided below should be exactly as it appears in the MMS system.

Student First Name \_\_\_\_\_

Student Middle Initial \_\_\_\_\_

Student Last Name \_\_\_\_\_

Student MMS ID # \_\_\_\_\_

Student Year of Graduation \_\_\_\_\_

Guidance Counselor assigned to student \_\_\_\_\_

**Circle Building:**    Elem. East        Elem. West        Jr/Sr High School

Check if AUP is signed and on file? \_\_\_\_\_

THIS MUST BE CHECKED FOR THE TECH DEPT TO BE ABLE TO CREATE ANY ACCOUNTS.

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For Technology Department use:

Date Accounts were setup \_\_\_\_\_ Completed by (Tech Initials) \_\_\_\_\_

Accelerated Reader Account \_\_\_\_\_

Compass Learning Account \_\_\_\_\_

Everyday Math \_\_\_\_\_

Think Central \_\_\_\_\_

Email Account \_\_\_\_\_

Google Apps Account \_\_\_\_\_

EDLINE account was linked to Guidance Counselor on \_\_\_\_\_ Initials \_\_\_\_\_

EDLINE Parent Account Activation Letter mailed on \_\_\_\_\_ Initials \_\_\_\_\_





Visit [www.riversided.com](http://www.riversided.com) for information about Riverside School District.

Sign up to use the Remind APP as an additional way to get updates about bad weather alerts, emergency early dismissals, etc. The primary phone number listed on the emergency card at your son/daughter's school will still receive an automated call as well. To sign up for @riversideviking Remind notifications, visit: <https://www.remind.com/join/6fbc9>

**Riverside Jr-Sr High School (7<sup>th</sup>-12<sup>th</sup>)**  
310 Davis Street, Taylor, PA 18517

570-562-2121 x1117 Main Office  
570-562-2121 x1124 Guidance

First Bell 7:49 a.m.  
Dismissal 2:23 p.m. (9<sup>th</sup> Period)  
Dismissal 2:59 p.m. (10<sup>th</sup> Period)

**Riverside Elementary East (3<sup>rd</sup> – 6<sup>th</sup>)**

570-562-2121 x3318 Main Office

School & Kreig Streets, Moosic, PA 18507  
First Bell 8:40 a.m.  
Dismissal 2:50 p.m.

**Riverside Elementary West (K-2<sup>nd</sup>)**  
308 Davis Street, Taylor, PA 18517

570-562-2121 x2243 Main Office

First Bell 9:10 a.m.  
Dismissal 3:20 p.m.