

# Valley Forge Middle School



Wayne, Pennsylvania

This Certifies That

---

has completed the Course of Study prescribed for the Eighth Grade  
and therefore merits this

**Certificate of Promotion**  
to the High School.

Given this \_\_\_\_\_ day of \_\_\_\_\_

*R. T. Soly*

Teacher

*Matthew Z. Gibson*

Principal

# DEPOSIT STUDENT ACTIVITY FUND

YOUR NAME \_\_\_\_\_

GRADE \_\_\_\_\_ TEAM \_\_\_\_\_

## COINS:

Pennies \$ \_\_\_\_\_

Nickels \$ \_\_\_\_\_

Dimes \$ \_\_\_\_\_

Quarters \$ \_\_\_\_\_

**TOTAL COINS \$ \_\_\_\_\_**

## BILLS:

Ones \$ \_\_\_\_\_

Fives \$ \_\_\_\_\_

Tens \$ \_\_\_\_\_

Twenties \$ \_\_\_\_\_

**TOTAL BILLS \$ \_\_\_\_\_**

## CHECKS:

# of Checks \_\_\_\_\_

**TOTAL CHECKS \$ \_\_\_\_\_**

**When the money has been collected, place the money in an envelope and attach this sheet to the outside of your envelope.**

**GRAND TOTAL \$ \_\_\_\_\_**

**DATE \_\_\_\_\_**



**Early Dismissal Request**  
**Valley Forge Middle School**

Name: \_\_\_\_\_  
Last First

Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Return Time: \_\_\_\_\_

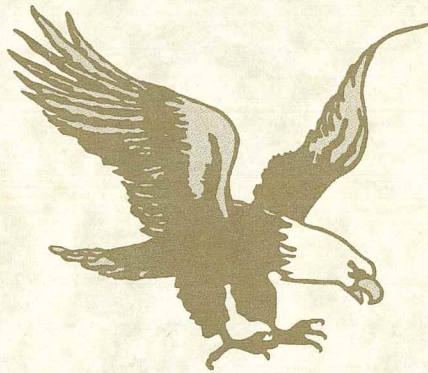
Reason:

Authorized

Signature: \_\_\_\_\_



# Gold Honor Roll



This Certificate of Honor  
is presented to

\_\_\_\_\_

as an acknowledgment of  
Outstanding Scholastic Achievement

at

Valley Forge  
Middle School

Given this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
*Principal*



# HALL PASS

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

TO: Room # \_\_\_\_\_  
Nurse \_\_\_\_\_  
Office \_\_\_\_\_  
Library \_\_\_\_\_

FROM: Room # \_\_\_\_\_  
Nurse \_\_\_\_\_  
Office \_\_\_\_\_  
Library \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time

\*\*\*\*\*  
RETURN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time



## MIDDLE SCHOOL STUDENT INCIDENT REPORT

Student Name: \_\_\_\_\_ Grade / Team: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

<input type="checkbox"/> Bullying <input type="checkbox"/> Bus violation <input type="checkbox"/> Cell phone violation ____ <input type="checkbox"/> Cheating <input type="checkbox"/> Cut detention/class	<input type="checkbox"/> Disrespectful behavior <input type="checkbox"/> Disruptive behavior <input type="checkbox"/> Excessive tardy <input type="checkbox"/> Fighting <input type="checkbox"/> Harassment ____	<input type="checkbox"/> Inappropriate behavior <input type="checkbox"/> Insubordination <input type="checkbox"/> Lying <input type="checkbox"/> Name calling <input type="checkbox"/> Nuisance Item	<input type="checkbox"/> Profanity <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Verbal threats <input type="checkbox"/> Vulgarity	<input type="checkbox"/> Other (specify) _____ _____ _____ _____
--	--	--	---	--

Location: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Action Taken: \_\_\_\_\_

<input type="checkbox"/> Student Conference Date: _____	<input type="checkbox"/> Parent Contacted Date: _____	<input type="checkbox"/> Detention Date: _____	<input type="checkbox"/> Referred to Administration Date: _____
--	--	---	--

Administrator Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only:

total to date: \_\_\_\_\_

**E VALLEY FORGE MIDDLE SCHOOL**  
**TREDYFFRIN/EASTTOWN SCHOOL DISTRICT**  
105 W. WALKER ROAD • WAYNE, PA 19087 - 1193



Tredyffrin/Easttown School District  
**Professional Staff Employment Recommendation**

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

To: Jeanne Pocalyko, Director of Human Resources

From: \_\_\_\_\_

Re: Employment Recommendation

- ☐ New employee
- ☐ Transfer
- ☐ New position
- ☐ Additional position
- ☐ Rehire

Name \_\_\_\_\_ Tele # (     ) \_\_\_\_\_  
(Title – First name – Last name)

Address \_\_\_\_\_

Position(s) \_\_\_\_\_ Location \_\_\_\_\_ Start date \_\_\_\_\_

FTE: \_\_\_\_\_ ☐ P/T ☐ F/T ☐ Per diem ☐ LTS (circle one: 1<sup>st</sup> sem./ 2<sup>nd</sup> sem./ full year)

Replacing \_\_\_\_\_ Reason \_\_\_\_\_  
Maternity/Childrearing Leave, LTD, Resignation, Retirement, Other

References by: ☐ Mail ☐ Telephone (Attach form/s, notes, etc.)

Individuals involved in selection process: \_\_\_\_\_

**Personnel Use Only**

Position Control ID: \_\_\_\_\_ Personnel interview date/time \_\_\_\_\_

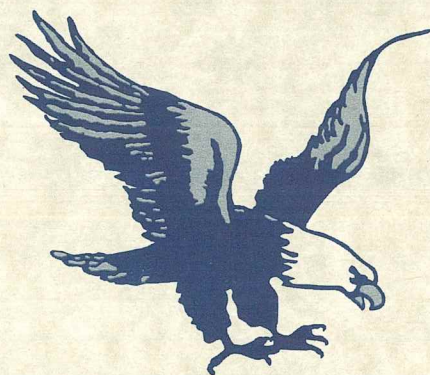
Salary: (circle one) TPE PE or LTS \_\_\_\_\_ Per diem rate: \_\_\_\_\_  
Check Location: \_\_\_\_\_ or ☐ mail

- ☐ Candidate Materials Checklist
- ☐ Board Approval Date \_\_\_\_\_
- ☐ ID Badge
- ☐ Network Account (Dates) \_\_\_\_\_
- ☐ Physical, TB Results, PSERS, Worker's Comp, I-9, W-4, Local Tax, Direct Deposit, 403B, Sexual Harassment CD

*Blue Copy for Employee File, Pink Copy for Board Agenda, Green Copy for Benefits*



# Silver Honor Roll



This Certificate of Honor  
is presented to

\_\_\_\_\_

as an acknowledgment of  
Outstanding Scholastic Achievement

at

Valley Forge  
Middle School

Given this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

*Matthew Z. Gibson*  
Principal



Tredyffrin/Easttown School District  
**Support Staff Employment Recommendation**

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

To: Jeanne Pocalyko, Director of Personnel \_\_\_\_\_

From: \_\_\_\_\_

Re: Employment Recommendation

- ☐ New Employee
- ☐ Rehire
- ☐ Transfer
- ☐ Additional Position
- ☐ New Position
- ☐ Change (loc, hrs, etc)
- ☐ Sub/Temp-Length of assignment \_\_\_\_\_

Name \_\_\_\_\_ Tele # (     ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Payroll Reporting.**

Position \_\_\_\_\_ Location \_\_\_\_\_ Start date \_\_\_\_\_

Budgeted hours per day = (Budgeted hours divided by work weeks divided by 5 days per week) \_\_\_\_\_ FTE \_\_\_\_\_

NOTE: 30 minute duty free lunch should not be included in Budgeted Hours.

**KRONOS WORK SCHEDULE**

Daily Start Time \_\_\_\_\_ Daily End Time \_\_\_\_\_

AESOP Substitute Calling System

**Does this position require a substitute if employee is absent? YES NO**

Replacing \_\_\_\_\_ Reason \_\_\_\_\_

Maternity/Childrearing Leave, LTD, Resignation, Retirement, Other

References by: ☐ Mail ☐ Telephone (Attach form/s, notes, etc.)

Individuals involved in selection process: \_\_\_\_\_

**Personnel Use Only**

Personnel interview date/time \_\_\_\_\_

Date forms issued/mailed \_\_\_\_\_

POSITION CONTROL ID \_\_\_\_\_ Account code \_\_\_\_\_ / \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> State Police  | <input type="checkbox"/> Child Abuse History Clearance  | <input type="checkbox"/> FBI Clearance    |
| <input type="checkbox"/> I-9 Immigration Reform & Control Act of 1985          | <input type="checkbox"/> W4                             | <input type="checkbox"/> PDE 6004         |
| <input type="checkbox"/> Physical T/B: N or P ( ____ x-ray needed if positive) | <input type="checkbox"/> Applications                   | <input type="checkbox"/> Typing Test      |
| <input type="checkbox"/> Worker's Compensation Notification                    | <input type="checkbox"/> Benefits Waiver                | <input type="checkbox"/> Act 34 Statement |
| <input type="checkbox"/> References  | <input type="checkbox"/> Training Video                 |   |
| <input type="checkbox"/> Identification Badges                                 | <input type="checkbox"/> PSERS Enrollment Questionnaire |   |

Hourly rate \_\_\_\_\_ Eligible for 90 Day review? \_\_\_\_ Yes \_\_\_\_ No

Processing date \_\_\_\_\_ Board approval date \_\_\_\_\_

*Please attach application and/or resume. The Personnel Office will contact recommended candidate after receipt of this form for further employment processing. Principal/Supervisor, please retain the **green copy** of this form.*



**T/E VALLEY FORGE MIDDLE SCHOOL**  
**TREDYFFRIN/EASTTOWN SCHOOL DISTRICT**  
105 W. WALKER ROAD • WAYNE, PA 19087 - 1193

**T/E VALLEY FORGE MIDDLE SCHOOL**  
**TREDYFFRIN/EASTTOWN SCHOOL DISTRICT**  
105 W. WALKER ROAD • WAYNE, PA 19087 - 1193

