



FLEETWOOD AREA SCHOOL DISTRICT

BUSINESS OFFICE/ENROLLMENT • 801 N. Richmond Street, Fleetwood, PA 19522

Phone: 610-944-8111 Ext. 1200 / 1204 **Fax:** 610-944-6842

Email: clesher@fleetwoodasd.org / kjamison@fleetwoodasd.org

CHANGE OF ADDRESS

Please update the attached forms and provide us with 2 proofs of residency from the following lists.

Please provide us with **one item from **List 1** and **one** item from **List 2**.**

List 1

- Agreement of Sale
- Property deed
- Property Tax bill/receipt
- Current Homeowners bill/policy
- Lease/Rental Agreement

List 2

- Current electric and/or phone bill
- Bill or receipts showing new address
- TV cable or satellite activation/bill
- Utility "turn on" service statement
- Vehicle registration card/change of address
- Vehicle insurance card
- Driver's license/application for change of address
- Check or pay stub
- Post office address change, mail forward order
- Voter registration card

Note: Any other official document listing your name and address not listed above may be submitted and will be considered for approval.

When you have completed the packet and you have **all the necessary documents, please drop the completed packet with the documents in the gray box outside of the District Administration door at 801 N Richmond St, Fleetwood, Pa, 19522.**

This box is checked daily.

NOTE:

No changes to your student's records or transportation can be done without a completed packet. Transportation has 3 days to put them onto a new bus roster.

CONTACT FORM

Student Name _____ Date: _____

First Middle Last

Address _____ City _____ Zip _____

Borough/Township FLEETWOOD MAIDENCREEK RICHMOND

Guardian 1 Name _____ Email address _____

Alert 1 # _____ Alert 2 # _____

(AUTOMATED ANNOUNCEMENTS FROM THE DISTRICT WILL BE SENT TO THE ABOVE ALERT #'S)

Home# _____ Cell# _____ Work# _____

Guardian 2 Name _____ Email address _____

Address (if different from students) _____

Home# _____ Cell# _____ Work# _____

Guardian 3 Name _____ Email address _____

Address (if different from students) _____

Home# _____ Cell# _____ Work# _____

Emergency Contact other than parent or guardian:

Name: _____ Relationship: _____

Home# _____ Cell# _____ Work# _____

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Please list other adults or siblings below that reside at this address:                      Grade if applicable.....

1. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

4. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

5. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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Preferred Physician: _____ Phone: _____

Preferred Hospital in case of Emergency: _____

**Fleetwood Area School District
Student Enrollment/Withdrawal Form**

School year _____ Enrollment _____ Transfer _____
 Building _____ Withdrawal _____ Address Change _____
 Re-enrollment _____

Student Information

First Name _____ Middle Name _____ Last Name _____
 Gender _____ ID# _____ Birth Date _____ Grade _____
City of Birth _____ **State of Birth** **PA** Country of Birth **USA** **Hispanic** YES / NO
RACE CODE 1 - WHITE 2 - BLACK 4 - AM NATIVE 9 - ASIAN **RESIDES WITH:** PARENT / GUARDIAN / FOSTER

Guardian Information

Guardian Name _____ Relationship _____
 Guardian Address _____ Home # _____ Cell # _____
 City _____ State **PA** Zip _____ **Municipality** _____

Transfer Information/Address Change/PIMS

From		To	
School _____	School _____	School _____	School _____
Street Address _____	Street Address _____	Street Address _____	Street Address _____
City and State _____	City and State _____	City and State _____	City and State _____
Telephone _____ Fax _____	Telephone _____ Fax _____	Telephone _____ Fax _____	Telephone _____ Fax _____
PIMS 1st Year in PA School _____ Grade _____		Failed _____ Grade _____	

Other Information

I/we the parent 1302 affiant, guardian, and/or student make this statement, being familiar with the facts and having the authority to do so: and that all statements in the foregoing application for enrollment are true and correct to the best of my/our knowledge, information, and belief. I/we further state that I/we understand that the statements made herein are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Signature X _____ **Date** _____ Secretary's Signature *Christina Leshner*

For DISTRICT USE ONLY

Type of Student _____	WITHDRAWAL
Type of Resident _____	Last Attendance Date _____
Other Svcs. Req. _____	Withdrawal Reason _____
ENROLLMENT	Immunizations _____ Pupil Schedule _____
First Attendance Date _____	Birth Certificate _____
Teacher _____	Date Records Requested _____ IEP _____
Homeroom/Section _____ Locker _____	
(Business Office)	Bldg Secretary
Food Svc.	Tech
Transportation	Student Svc.