



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

To register a student the following must be submitted along with the enrollment packet. The registration process cannot be started without these documents.

Original birth certificate or legible copy _____

Immunization record _____

Copy of IEP (if applicable) _____

Grades/Transcripts (Transcripts 9/12) _____

2 proofs of residency _____

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. We will contact you when we have received the packet and your enrollment is in progress.

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**NOTE:** Because of a new state law, your student will not be OFFICIALLY enrolled until the building nurse has reviewed your child's immunization record. The nurse WILL contact you if your child needs any additional immunizations in order to start school.

# 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 - 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 _____ |

Is a parent and/or guardian currently an active duty member of a branch of the armed forces (Army, Navy, Marine Corp, Coast Guard) including full time Reserve or National Guard duty?  
 Circle one: YES or NO

## 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 *Kimberly Jamison*

## For DISTRICT USE ONLY

|                                                           |                                         |
|-----------------------------------------------------------|-----------------------------------------|
| Type of Student _____                                     | <b>WITHDRAWAL</b>                       |
| Type of Resident _____                                    | Last Attendance Date _____              |
| <b>ENROLLMENT</b>                                         | Withdrawal Reason <u>See Attached</u>   |
| First Attendance Date _____                               | PIMS                                    |
| Immunizations _____                                       | 1st Year in PA School _____ Grade _____ |
| Birth Certificate _____                                   | Failed _____ Grade _____                |
| Date Records Requested _____ IEP _____                    | Entered in Infinite Campus _____        |
| (Business Office) Bldg Secretary Food Svc. PIMS Secretary | Special Ed. Tech Transportation         |

# CONTACT FORM

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

*First                      Middle                      Last*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Borough/Township    FLEETWOOD    MAIDENCREEK    RICHMOND

Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

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 \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_ Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Guardian 3 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_ Address \_\_\_\_\_

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

## HOME LANGUAGE SURVEY

The Office of Civil Rights requires that school districts identify limited English proficient students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

|                              |                                                                                                                                             |               |  |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|
| <b>Students Name:</b>        |                                                                                                                                             | <b>Grade:</b> |  |
| <b>School Attending:</b>     | AM <input type="checkbox"/> RE <input type="checkbox"/> WC <input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> |               |  |
| <b>Parent/Guardian Name:</b> |                                                                                                                                             |               |  |

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language other than English?  Yes or  No  
 (Do not include languages learned in school)

If yes, specify the language: \_\_\_\_\_

3. What language(s) is/are spoken in the home? \_\_\_\_\_

4. Has the student attended any United States schools during his or her lifetime?

Yes or  No

| Name of School | State | Years and Grades |
|----------------|-------|------------------|
| _____          | _____ | _____            |
| _____          | _____ | _____            |
| _____          | _____ | _____            |
| _____          | _____ | _____            |

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

The school districts have 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 has the right to ask for the information it needs to identify English Language Learners. As part of the responsibility to locate and identify ELLs, the school district may conduct screenings or ask for related information about students who already enrolled in the school as well as from students who enroll in the school district in the future.





# FLEETWOOD AREA SCHOOL DISTRICT

## Student Registration Assistance Form

Student Name: \_\_\_\_\_

Did your child receive special assistance, instruction or services in his/her previous school?

\_\_\_\_\_ YES (Please check all that apply)

\_\_\_\_\_ NO (Please just sign and date at bottom)

### **Regular Education Support Services**

\_\_\_\_\_ English as a Second Language Services

\_\_\_\_\_ Alternative Education Where: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

### **Special Education Services**

\_\_\_\_\_ Learning Support (please specify) \_\_\_\_\_

\_\_\_\_\_ Lifeskills Support (please specify) \_\_\_\_\_

\_\_\_\_\_ Emotional Support (please specify) \_\_\_\_\_

\_\_\_\_\_ Speech & Language Support (please specify) \_\_\_\_\_

\_\_\_\_\_ Gifted Support (please specify) \_\_\_\_\_

### **Other Services**

\_\_\_\_\_ Occupational Therapy (please specify) \_\_\_\_\_

\_\_\_\_\_ Physical Therapy (please specify) \_\_\_\_\_

\_\_\_\_\_ Behavior Intervention Plan (please specify) \_\_\_\_\_

\_\_\_\_\_ Nursing Services (please specify) \_\_\_\_\_

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ My child has missed an extended amount of school due to illness or other reasons \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

# FLEETWOOD AREA SCHOOL DISTRICT

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

Name of Student: \_\_\_\_\_ Sex:  Male  Female

Birth Date \_\_\_\_\_ Age: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement? \_\_\_\_ Yes \_\_\_\_ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  
\_\_\_\_ Yes \_\_\_\_ No

**If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.**

Where is the student presently living? (Check one box.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

Name of Parent(s)/Legal Guardians(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

=====

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
McKinney-Vento Liaison Signature



# Fleetwood Area School District

BUSINESS OFFICE, 801 N. Richmond Street, Fleetwood, PA 19522-1031

Phone: 610-944-8111 • FAX: 610-944-6842

## REQUEST FOR RECORDS

To Whom It May Concern:

\_\_\_\_\_ (DOB: \_\_\_\_\_), is being enrolled in our school system. Their anticipated start date is \_\_\_\_\_.

Please forward the following to:

Health and Dental Records

Grades and Test Records

Career Portfolio

PA Secure ID#

Record of current standing this semester

Original ER, Current RR and IEP, Due Process Forms, Psychologicals, if applicable

Guidance Records

Discipline Records

ACT 26 Safe Schools Act of the Pennsylvania Public School Code provides for information to be shared between schools on any suspension or expulsion of a student from any public or private school of the Commonwealth or any other State for an act or 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.

Thank you for your cooperation.

I hereby authorize the release of the above records.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date