STROUDSBURG AREA SCHOOL DISTRICT
STUDENT REGISTRATION OFFICE
1100 West Main Street, Stroudsburg, PA 18360
570-213-3669

INFORMATION NEEDED FOR COMPLETING REGISTRATION

- ☐ **Parent/Guardian Identification. One valid form of ID is required with a Stroudsburg Area address, this ID may be a PA Driver's license or PA photo ID.** Where the ID possessed does not list a Stroudsburg address, you will need to provide a copy of the submitted change of address application.
- ☐ **Student's proof of birth: Original birth certificate or passport. Student must be 5 years old by September 1, 2017. (Student's birthday must be on or before September 1, 2012 to be registered for the 2017-18 Kindergarten class).**
- ☐ **The Property Identification Number (PIN #)** found on the tax bill.
- ☐ ****A mortgage or lease is mandatory at registration along with two of the following proofs of residency:** current utility bill (phone bill is not accepted), PA vehicle registration, PA vehicle insurance, receipt for payment of municipal or school district taxes, and/or receipt for payment of earned income tax from Berkheimer Associates.
- ☐ If the student and the parent/guardian is residing with a Stroudsburg Area School District resident and ***does not pay*** any utility bills toward the residence, the resident (whose name is on the lease or mortgage and the utility bills), and the parent/guardian must sign and notarize the **Multiple Occupancy certificate** and provide the proper proofs of residency (**reference ** above**).
- ☐ If the student and the parent/guardian is residing with a Stroudsburg Area School District resident and ***does pay*** utility bills toward the residence, the resident (whose name is on the lease or mortgage), must provide a written letter stating that the student and the parent/guardian resides with them at their residence full time. The proper proofs of residency are still required (***reference ** above***).
- ☐ When a student does not reside with their parent/guardian but resides with a district resident who financially supports the student, an **Affidavit of Residency certificate** must be completed. The parent/guardian and the district resident must sign and notarize the **Affidavit of Residency certificate** and provide the proper proofs of residency (***reference ** above***).
- ☐ **Immunization records** (All students need the following immunizations to attend school): Diphtheria and Tetanus: 4 doses (*one dose must be given on or after the 4th birthday)*; Polio (IPV or OPV): 3 or 4 doses; Measles: 2 doses with the 1st dose on or after the 1st birthday, usually given as an MMR; Mumps: **2 doses**; usually given as an MMR; Rubella: 1 dose, usually given as an MMR; Hepatitis B: 3 doses properly spaced; Varicella: **2 doses** *(1st dose on or after 12 months of age)* **or** the age when he/she had chicken pox. **Pennsylvania State Law mandates that no child will be admitted without the above immunizations. The only exemption from the school law for immunizations is: medical reasons and religious beliefs. If your child is exempt from immunizations, your child may be removed from school during a disease outbreak.**
- ☐ **Custody papers,** if applicable.
- ☐ **Special education documents,** if applicable (i.e. IEP, GIEP, 504, Evaluation reports)

Please make sure that you **COMPLETE THESE FORMS IN ADVANCE AND BRING THEM WITH YOU** at your scheduled time.
If you have any questions or are unable to keep this appointment, please contact the school where you are registering.
During inclement weather, please call ahead to confirm that your appointment is not delayed or cancelled.

STROUDSBURG AREA SCHOOL DISTRICT - STUDENT REGISTRATION APPLICATION

STUDENT INFORMATION

NAME: _____ GENDER: ☐ Male ☐ Female
LAST FIRST MIDDLE

HISPANIC/LATINO: ☐ Yes ☐ No ETHNICITY/RACE (circle all that apply): Am Indian/Alaska Native Asian Black/African Am Native Hawaiian/Other Pacific Isl White

DOB: _____ CITY OF BIRTH: _____ STATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

DATE OF PA RESIDENCE: _____ DATE 1ST ENROLLED IN US SCHOOL: _____ GR 09 ENTRY DATE: _____

REPEATING LAST YEAR: ☐ Yes ☐ No SPECIAL ED: ☐ Yes ☐ No FOREIGN EXCH: ☐ MIGRANT: ☐ IMMIGRANT: ☐ HOME LANGUAGE: _____

PRESENT ADDRESS: _____ HOME PHONE: _____
Street City State Zip

PREVIOUS HOME ADDRESS: _____ PREVIOUS SCHOOL: _____

PREVIOUS SCHOOL WITHDRAW DATE: _____ GRADE: _____ PREV. SCHOOL ADDRESS: _____

PARENT/GUARDIAN INFORMATION

STATUS (Circle One): SINGLE MARRIED SEPARATED DIVORCED GUARDIAN FOSTER

PARENT/GUARDIAN 1: _____ RELATIONSHIP: _____ SPOUSE: _____

ADDRESS SAME AS ABOVE: ☐ -or- ADDRESS (H): _____ PHONE (H): _____ (C): _____

EMAIL: _____ EMPLOYER: _____ PHONE (W): _____

PARENT/GUARDIAN 2: _____ RELATIONSHIP: _____ SPOUSE: _____

ADDRESS SAME AS ABOVE: ☐ -or- ADDRESS (H): _____ PHONE (H): _____ (C): _____

EMAIL: _____ EMPLOYER: _____ PHONE (W): _____

ADDITIONAL SCHOOL-AGE CHILDREN

NAME	SCHOOL	AGE	GRADE

Parent/Guardian Signature _____ Date _____

Approved By _____ Date _____

OFFICE USE ONLY

☐ Deed, Lease, Mortgage ☐ 1302 Affidavit ☐ Act 26
☐ Utility Bill ☐ School Grades/Transcripts ☐ Immunization
☐ Multiple Occupancy ☐ Release of Records ☐ Birth Certificate
☐ Health History
☐ Custody Decree ☐ Foster - Court Letter ☐ Language Survey

I.D. Requirement: ☐ PA Driver's License or PA Photo ID (REQUIRED)
(Additional): ☐ PA Vehicle Registration ☐ Receipt Municipal/School Taxes
☐ PA Vehicle Insurance ☐ Receipt Berkheimer's Associates

Academic Yr: _____ Grade: _____ Bldg: _____ Trans. _____

1st day of enrollment: _____ Pin #: _____

SASD Student ID: _____ PA Secure ID: _____

EMERGENCY CONTACT INFORMATION – Who shall be the local contacts if the parent/guardian cannot be reached?

LOCAL CONTACT 1: _____ RELATIONSHIP: _____
LAST NAME FIRST NAME

ADDRESS: _____ PHONE NUMBER: _____
CITY STATE ZIP

LOCAL CONTACT 2: _____ RELATIONSHIP: _____
LAST NAME FIRST NAME

ADDRESS: _____ PHONE NUMBER: _____
CITY STATE ZIP

SPECIAL EDUCATION SERVICES – Check ALL the services that your child is currently receiving:

- ☐ Individualized Education Plan **(Special Education Services)**
- ☐ Gifted Individualized Education Plan **(Gifted Education Services)**
- ☐ Section 504/Chapter 15 Service Agreement **(Special Accommodations for Health/Physical needs)**
- ☐ ESL (English as a Second Language)
- ☐ Speech/Language Support
- ☐ Early Intervention Program
- ☐ Math Support (Title Math)
- ☐ Reading Support (Title Reading)
- ☐ SST or IST (Student or Instructional Support Team)

Stroudsburg Area School District

HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS 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.

School District: Stroudsburg Area School District

Name of Child: _____ **Date:** _____

Address: _____ **Grade:** _____

School: _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English? ❑ Yes ❑ No
   (Do not include languages learned in school.)

   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: _____

*The school district/charter school/full day AVTS 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/full day AVTS 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/full day AVTS 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/full day AVTS in the future.

STROUDSBURG AREA SCHOOL DISTRICT

STUDENT HEALTH HISTORY

Student Name: _____ Date of Birth: _____

Please check the appropriate box of any conditions that apply and give a brief explanation in the space provided at the bottom of this form. List all current health conditions.

- ☐ **NO KNOWN HEALTH PROBLEMS**
- ☐ Allergy – **SEVERE**
  - ☐ **Requires EPIPEN/medication**
- ☐ Allergy – List type and symptoms below
- ☐ Arthritis – List below
- ☐ Asthma
- ☐ Attention Deficit Disorder – ADD/ADHD List medication below
- ☐ Autism
- ☐ Blood Disorder/Anemia/Hemophilia
- ☐ Cancer – List type
- ☐ Cerebral Palsy
- ☐ Cystic Fibrosis
- ☐ Diabetes
- ☐ Eating disorders/physician diagnosed
- ☐ Endocrine Disorder
- ☐ Gastrointestinal condition, list below
- ☐ Growth Disorder, list below
- ☐ Headaches
- ☐ Head injury/Concussion
- ☐ Hearing impairment, list hearing aids if needed
- ☐ Heart Disease/Cardiovascular condition, explain below
- ☐ Migraines/physician diagnosed, list medication below
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Muscular – Skeletal condition
- ☐ Neurological condition
- ☐ Nosebleeds – Severe
- ☐ Orthopedic Impairment
- ☐ Seizure Disorder, list medications, describe symptoms
- ☐ Speech impairment
- ☐ Visual impairment
- ☐ Other health problems, not listed

All medication given at school (prescribed or over the counter) and/or the student is carrying an inhaler/EpiPen requires a physician's note (forms are available on the Stroudsburg Area School District website).

EXPLANATION:

_____

_____

_____

_____

Medication taken at home: _____

_____

Medication required during school hours: _____

_____

Parent/Guardian Signature: _____ Date: _____

BLDG # _____
School Yr: _____
Grade: _____

STROUDSBURG AREA SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

STUDENT NAME: _____ _____ STUDENT ID #: _____
(FIRST) (LAST)

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

_____ _____

PARENT/GUARDIAN 1: _____ RELATIONSHIP: _____

(H): _____ (C): _____ (W): _____

PARENT/GUARDIAN 2: _____ RELATIONSHIP: _____

(H): _____ (C): _____ (W): _____

DIRECTIONS TO HOME:

_____

_____

YOU ARE ONLY ALLOWED ONE BUS TO SCHOOL AND ONE BUS HOME:

If your child will be picked up or delivered to a babysitter, daycare, etc.- someplace OTHER THAN THE HOME ADDRESS, please complete the following in addition to the above.

Babysitter/Relative/Neighbor/Other Pick Up _____ Drop Off _____ Both _____

Name _____ Phone _____

Location: _____

Daycare Pick Up _____ Drop Off _____ Both _____

Name _____ Phone _____

Location: _____

I have decided to Parent Transport and will not need school transportation. To School _____ From School _____ Both _____

STOP AND READ THIS VERY IMPORTANT MESSAGE if you have a Kindergarten student

On the reverse side of this form – is your Dean's List – you will list the designated adults permitted to receive your Kindergarten child at his/her bus stop. Please note: those listed

MUST BE 18 YEARS OF AGE OR OLDER

with no exceptions.

BLDG # _____
School Yr: _____
Grade: _____

Kindergarten Student Name: _____
School Building: _____

My Child's DEAN'S LIST

(Individuals below must be 18 years of age or older.)

Those listed below are permitted to receive my child at their bus stop.

Adult (Name)	Phone	Relation

STROUDSBURG AREA SCHOOL DISTRICT

Parent Permission for Mandated Examinations in Compliance with Pennsylvania School Health Act

Student Name _____ Grade ____

Dental Exams required for Kindergarten, grade 3 and 7.
Please check one.

_____ I grant permission for my child to be examined by the school dentist. You will be notified of the date of the dental exam.

_____ I do not grant permission for my child to be examined by the school dentist. I will have my child examined by his/her family dentist and will send the report to the school nurse by April 1st.

Physical Exams required for Kindergarten, grade 6 and 11.
Please check one or more.

_____ I grant permission for my child to be examined by the school doctor. The exam will include height and weight, blood pressure, pulse, scoliosis check, neuromuscular check, external genital exam (male's only), oral exam, heart and lung sounds, and a review of immunizations. You will be notified of the date of the physical exam.

_____ I wish to be present with my child for the school physical exam.

_____ I do not grant permission for my child to be examined by the school doctor. I will have my child examined by his/her family doctor and will send the report to the school nurse by April 1st.

******As per School Board Policy #209, all mandated dental, physical and scoliosis exams must be submitted to the school nurse prior to April 1st. If the mandated document(s) are not received by April 1st, the student will be excluded from school on May 1st until all mandated documents are received.**

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date