

ID# \_\_\_\_\_ School \_\_\_\_\_ Code \_\_\_\_\_ Residency \_\_\_\_\_ Enrollment Date \_\_\_\_\_

# STATE COLLEGE STUDENT REGISTRATION FORM

*PLEASE PRINT ALL INFORMATION*

STUDENT LAST NAME		FIRST NAME		MIDDLE NAME	
GENDER	GRADE ENTERING	DATE OF BIRTH	PREFERRED OR NICKNAME		MUNICIPALITY
NAME OF PARENT/GUARDIAN STUDENT <i>RESIDES WITH</i>			NAME OF PARENT/GUARDIAN STUDENT <i>RESIDES WITH</i>		
RELATION TO STUDENT			RELATION TO STUDENT		
HOME STREET ADDRESS, INCLUDING MAILING ADDRESS (if different)					
This residence is a:    _____ Single-Family    _____ Multi-Family    _____ Shelter    _____ Hotel/ Motel					

Phone A (    ) _____ - _____ Phone B (    ) _____ - _____ E-mail _____ Occupation _____ Active Military            YES            NO	Phone A (    ) _____ - _____ Phone B (    ) _____ - _____ E-mail _____ Occupation _____ Active Military            YES            NO
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STUDENT STARTED 9<sup>TH</sup> GRADE *(If applicable)*    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ASIAN	BLACK	HISPANIC	MULTI-RACIAL	WHITE	UNDISC
AMERICAN INDIAN/ALASKAN NATIVE			HAWAIIAN NATIVE/PACIFIC ISLANDER		

## ACT 26 SWORN STATEMENT

I affirm that (student's name) \_\_\_\_\_ has \_\_\_\_\_ has not \_\_\_\_\_ been suspended or expelled from any public or private school of this 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.

**The parent/guardian signature below verifies the accuracy of all information provided in this packet and permits release of all educational records (including school nurse records) from previous school to the State College Area School District.**

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

**OTHER PARENT/GUARDIAN NOT RESIDING WITH STUDENT**

GUARDIAN NAME \_\_\_\_\_ RELATION TO STUDENT \_\_\_\_\_

RECEIVE MAILINGS  YES  NO PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME STREET ADDRESS INCLUDING MAILING ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

*If additional information is required to complete this section, please use back of this paper*

**EMERGENCY INFORMATION**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LIST ANY SPECIAL INTERESTS/TALENTS OF STUDENT/OTHER IMPORTANT INFORMATION \_\_\_\_\_

PLEASE LIST ANY SPECIAL AREAS OF SUPPORT NEEDED \_\_\_\_\_

**FAMILY INFORMATION**

LEGAL RESTRICTIONS?  YES  NO (IF YES, PLEASE ATTACH/FORWARD COURT ORDER)

SPECIAL INFORMATION REGARDING PARENT/GUARDIAN WHICH MAY IMPACT STUDENT EDUCATION \_\_\_\_\_

SIBLINGS LIVING AT HOME UNDER AGE 17 DATE OF BIRTH GENDER GRADE

SIBLINGS LIVING AT HOME UNDER AGE 17	DATE OF BIRTH	GENDER	GRADE

## SERVICES

DOCUMENTATION PROVIDED BY:     SCHOOL     PARENT

CHECK ALL THAT APPLY:     504     IEP     GIEP     ELD

### PLEASE LIST PREVIOUS SCHOOLS

NAME OF SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_

*IF SPACE IS NEEDED FOR ADDITIONAL SCHOOLS PLEASE USE THE BACK OF THIS PAGE*

HAS YOUR CHILD ATTEND A DAYCARE/PRESCHOOL?  YES                    NO	NAME:  
OPTIONAL ASSIGNMENT REQUESTED? <i>(Request must be in writing, see Registrar)</i>  YES                    NO	NAME:  
HAS YOUR CHILD REGISTERED AND/OR ATTENDED SCASD IN THE PAST?  YES                    NO	SCHOOL ATTENDED:  

### HOME LANGUAGE SURVEY

DOES THE CHILD SPEAK A LANGUAGE OTHER THAN ENGLISH?     YES     NO

IF YES, PLEASE SPECIFY \_\_\_\_\_  
*(not languages learned in school)*

WHAT IS THE CHILD'S FIRST LANGUAGE? \_\_\_\_\_

WHERE WAS YOUR CHILD BORN? \_\_\_\_\_

WHAT IS YOUR HOME COUNTRY? \_\_\_\_\_

WHAT LANGUAGE(S) ARE SPOKEN IN YOUR HOME? \_\_\_\_\_

HAS THE CHILD ATTENDED ANY UNITED STATES SCHOOLS?     YES     NO

## HEALTH INFORMATION

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME
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## MEDICAL INFORMATION

DOES YOUR CHILD HAVE ANY MEDICAL CONDITION WE SHOULD BE AWARE OF?  YES  NO  
*(IF YES, PLEASE SPECIFY BELOW)*

IS YOUR CHILD TAKING ANY MEDICATIONS?  YES  NO *(IF YES, PLEASE LIST BELOW)*

NAME OF MEDICATION
WHAT CONDITION IS BEING TREATED?

**IF MEDICATION IS NEEDED DURING THE SCHOOL DAY, PLEASE CONTACT THE SCHOOL NURSE**

## IMMUNIZATIONS INFORMATION

Diphtheria & Tetanus*	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria & Tetanus*	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Polio (OPV or IPV)	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Measles Hard Red	MM/DD/YY	MM/DD/YY	Or Measles Serology	MM/DD/YY	Titer
Rubella German Measles	MM/DD/YY	MM/DD/YY	Or Rubella Serology	MM/DD/YY	Titer
Mumps	MM/DD/YY	MM/DD/YY	Or date Mumps disease diagnosed by a physician	MM/DD/YY	
Hepatitis B	MM/DD/YY	MM/DD/YY	MM/DD/YY		
Varicella	MM/DD/YY	MM/DD/YY	Or Chicken Pox disease date	MM/DD/YY	
Meningococcal Conjugative Vaccine (MCV) Required after 6 <sup>th</sup> grade	MM/DD/YY				

*If objecting to Immunizations for medical reasons or religious beliefs, please see registrar.*

**State College Area School District  
Statement of District Residency**

The State College Area School District is proud to offer a high quality public education to our residents. The District also has a very active residency verification program to protect our community resources and abide by state auditing procedures. This program can include, but is not limited to, complete documentation verification, investigation by District personnel, independent investigation by law enforcement officials and surveillance.

It is the intent of the District to prosecute to the fullest extent of the law, any individual furnishing false information for the purpose of enrolling non-resident students. In accordance with Public School Code Section 1302, penalties for providing false information are as follows:

- **Immediate removal from school after notice and an opportunity to appeal**
- **A criminal penalty of a fine of up to \$300 and/or up to 240 hour of community service**
- **Any individuals involved in filing the false statement will be liable for tuition during the period of enrollment**

I certify that I have read and understand the above notice. Additionally, I agree to pay the District its full tuition cost as well as any other applicable costs, penalty, or amounts if the student enrolled is found to be a non-resident.

**NEW ADDRESS:** \_\_\_\_\_

This address change reflects the following guardians: (circle all that apply)

Mother

Father

Other Guardian

Student Name

Student Number

Current School

New School

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\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

This completed form along with proof of residency should be turned into the Registration Office