

**SCHUYLKILL HAVEN
AREA**



SCHOOL DISTRICT

www.shasd.org

District Office

501 East Main Street
Schuylkill Haven • PA 17972
Phone: 570-385-6705
Fax: 570-385-6736

Special Education Office

501 East Main Street
Schuylkill Haven • PA 17972
Phone: 570-385-6726
Fax: 570-385-6739

**Schuylkill Haven
High School**

501 East Main Street
Schuylkill Haven • PA 17972
Phone: 570-385-6717
Fax: 570-385-6745

**Schuylkill Haven
Middle School**

120 Haven Street
Schuylkill Haven • PA 17972
Phone: 570-385-6709
Fax: 570-385-6743

**Schuylkill Haven
Elementary Center**

701 East Main Street
Schuylkill Haven • PA 17972
Phone: 570-385-6731
Fax: 570-385-6742

District Transportation

Mrs. Christine Long
Phone: 570-385-2092

ENROLLMENT PACKAGE

Once your residency is verified, the following items are what you will need to complete the enrollment process:

1. Demographic information
(address – home, work, cell phone numbers, email address)
2. Birth dates for all family members
- *3. Copy of Proof of Birth for student being enrolled
4. Your employer's name and address
5. Email address (if you have one)
- *6. Copy of immunization records
7. If your child is entering Kindergarten or 1st grade for the first time with our district, or are coming from out-of-state, you will need to have a physical exam by your doctor signed and a dental exam by your dentist signed to enroll. Physical & Dental Forms can be downloaded from our website.
8. The name and address of the school from which you are transferring.
9. If applicable, please provide any existing ER and IEP or GWR and GIEP for Special Education

*** DOCUMENTS YOU MUST BRING WITH YOU TO ENROLL STUDENT**

Registration History and Census Form

Head of Household Last Name: _____

Cell/Phone #'s: _____

Street, Apt/Suite: _____

City, State, Zip: _____

Township (check one) Landingville Schuylkill Haven Borough
 Port Clinton Borough South Manheim Township

Do you own the home in which you reside? Yes No

Do you rent? Yes No If Yes: Landlord's Name: _____
 Phone #: _____

Do you live with other family member(s) Yes No (parent, grandparents, etc.)

If Yes, list relationship _____

When did you move into this address? _____ Month _____ Year

For Office Use Only:

Student ID#: _____

Entry Code: _____

Entry Date: _____

Grade: _____

Homeroom: _____

Transportation: _____

Locker: _____

Transferring from: _____

PLEASE LIST ALL PERSONS IN HOUSEHOLD IN THE TWO BOXES BELOW:

Mark an 'X' by Child to be Enrolled	List <u>ALL</u> Children UNDER 18 (Including the child you are registering) <i>(Indicate child's last name if different from parents)</i>	SEX M/F	Date of Birth Month/Day/Yr	Name of School Child attends or <u>WILL</u> attend	G R A D E	If grade 9→12, list 9 th grade entry date (MM/YYYY)	Note if your child has an existing ER, IEP or GWR, GIEP or Special Education
1							
2							
3							
4							
5							

Federal Ethnicity and Race: Is the student(s) Hispanic or Latino? YES / NO (circle one)

Asian	American Indian or Alaska Native	Black or African American	Native Hawaiian/ Other Pac Islander	White	<input checked="" type="checkbox"/> CHECK ALL THAT APPLY
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	List <u>ALL</u> Residents ADULTS 18 and OVER FIRST NAME LAST NAME	SEX M/F	Date of Birth Month/Day/Year	EMPLOYED (Employer's Name/Address)	OTHER R(etired) H(omeworker) U(nemployed) S(tudent)
1					
2					
3					

STUDENT(S) RESIDE WITH:

Name: Mother Step-Mother Guardian

Address: (if different than above) _____

Employer: _____ Work #: _____

Email: _____ Cell #: _____ SchoolMessenger #: _____

Salutation: Check appropriate box Mr. and Mrs. Dr. Mr. Mrs. Ms. Miss

Name: Father Step-Father Guardian

Address: (if different than above) _____

Employer: _____ Work #: _____

Email: _____ Cell #: _____ SchoolMessenger #: _____

Salutation: Check appropriate box Mr. and Mrs. Dr. Mr. Mrs. Ms. Miss

Additional Parent Mailing Address: _____

Custody Issue: If YES, provide legal doc. YES NO **Attend school out of state?** YES NO If YES, entry date MM/YY: _____

Parent/Guardian Signature: _____ **Date:** _____

Home Language Survey Form

(All students must have one signed in their files)

Background and Basis

The Civil Rights Act of 1964 Title VI, Language Minority Compliance Procedures requires school districts/charter schools to identify limited English proficient students (language minority students). The Pennsylvania Department of Education has selected the Home Language Survey (HLS) as the tool to identify limited English proficient students. The purpose of this survey is to determine a primary or home language other than English (PHLOTE). Schools have a responsibility under federal law to serve students who are limited English proficient and need ESL or bilingual/bicultural instruction in order to be successful in academic subjects. Given this responsibility, school districts/charter schools have the right to ask for the information they need to identify these students. If not given to previously enrolled students, the HLS must be given to all students enrolled in the school district/charter school and then can be given at the time of each new student's enrollment. The HLS is placed in the student's permanent record file and remains there through the student's graduation.

Suggestions

The school needs to maintain a reasonable balance between the family's privacy interests and the school's need to know information about the child in order to carry out its responsibilities. After a student is identified as a PHLOTE (primary or home language other than English), the school may request additional information only about the student for whom it is needed.

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: Schuylkill Haven Area School District Date: _____		
Student's Name: _____ Grade: _____		
1. What is/was the student's first language? _____		
2. Does the student speak a language(s) other than English? (Do not include languages learned in school.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

SCHUYLKILL HAVEN AREA SCHOOL DISTRICT

**PARENTAL AFFIRMATION REGARDING
STUDENT DISCIPLINARY ACTIONS**

Student Name _____ Date of Birth _____ Grade _____

Student Name _____ Date of Birth _____ Grade _____

Student Name _____ Date of Birth _____ Grade _____

Student Name _____ Date of Birth _____ Grade _____

Parent/Guardian Name _____

Street Address _____ City _____ State _____ Zip Code _____

Contact Number _____

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an action of 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."

Please complete the following: *(Only sign one statement below that relates to your child. If multiple children with different statements, please indicate "was not" or "was" by the child's name listed above and sign both statements).*

I hereby swear or affirm that my child/(children) listed above **was not** _____ previously 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. *I make this statement subject to the penalties of 24 P.S. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 4903, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

Signature of Parent/Guardian

Date

I hereby swear or affirm that my child (name) _____ **was** _____ previously 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. *I make this statement subject to the penalties of 24 P.S. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 4904, related to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

Signature of Parent/Guardian

Date

*Name of the school from which student(s) was suspended or expelled; reason for suspension/expulsion; and date of suspension or expulsion:

**Any willful false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student's disciplinary record.**