

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

RESIDENCY VERIFICATION PACKAGE FOR NEW ENROLLMENTS

Thank you for your interest in the Schuylkill Haven Area School District. The following is a list of documentation you will need to provide at the time of your registration. This will help to make your registration as fast and easy as possible. Please allow a minimum of three (3) working days from the date all records have been submitted, for the district to complete the registration process.

If you are a Resident in the Schuylkill Haven Area School District:

1. A copy of your child's birth certificate and/or court order listing you as custodial parent or guardian.
2. As parent or guardian, you must present documentation in your name demonstrating that your residence is within the Schuylkill Haven Area School District. Complete FORM #1.

You will have to provide two (2) of the following:

- a. A valid Pennsylvania Driver's License or Pennsylvania Photo ID Card with the address of your residence.
- b. Proof of utilities in your name at the address of your residence. These include oil, gas, electric, sewage, phone, or television.
- c. A rent or mortgage certificate or bill with the name and address of your residence.
- d. An occupancy permit issued within the past year in the name and address of your residence.
- e. A valid car registration or insurance statement with the name and address of your residence.
- f. A payroll check or government check stub with the name and address of your residence.
- g. An IRS tax return within the last year with name and address of your residence.

If you Currently are not a Resident of the Schuylkill Haven Area School District:

1. Proof that as parent or guardian, you have executed a contract to buy, build, or rent a residence in the Schuylkill Haven Area School District. This would include a copy of your contract with the builder, or the sales agreement to purchase the residence, or a rental agreement.
2. Complete FORM #1 and FORM #2 as a future resident in the district.

Once your residency is verified, you will be given the enrollment packet to complete. This information must be completed before your child can be enrolled in the Schuylkill Haven Area School District.

If you have any questions, please feel free to contact the District Office:

Jane Gordon – gordonj@shasd.org – 570-385-6705 or
Wendy Fabrizio – fabriziow@shasd.org – 570-385-6706.

***We look forward to enrolling your child(ren) and we welcome you
to the Schuylkill Haven Area School District!***

**SCHUYLKILL HAVEN AREA SCHOOL DISTRICT
RESIDENCY VERIFICATION**

Parent/Guardian/Foster Parent		Cell/Home Telephone Number(s)	
Street Address (No P. O. Box)		Work Telephone	
Student Name	Grade	Age	School
Student Name	Grade	Age	School
Student Name	Grade	Age	School
Student Name	Grade	Age	School
Student Name	Grade	Age	School

SECTION 1 Please read and answer all questions that apply

1. Are you the child's **custodial parent or guardian**? ___ Yes ___ No
If Yes and parent – present copy of birth certificate and/or court order and go to question 4.
If Yes and guardian – complete FORM #3 - SWORN STATEMENT BY RESIDENT UNDER §13-1302, FORM #4 - RESIDENCY AFFIDAVIT, 24 PS §13-1302 and go to question 4.
If No go to question 2.
2. Are you a **foster parent** to the child? ___ Yes ___ No
If Yes to question 2 – complete questions 3 through 5.
If No to question 2, complete questions 4 and 5.
3. As a foster parent, are you receiving any form of compensation to support this child? ___ Yes ___ No
4. Are you currently a resident of Schuylkill Haven Area School District? ___ Yes ___ No
If Yes, proceed with question 5.
If No, go to SECTION 2 on the next page.
5. At this time, you must present documentation in your name demonstrating that your residence is within the Schuylkill Haven Area School District. The District will accept any **two (2)** of the following forms of documentation:
 - a. A valid Pennsylvania Driver's License or Pennsylvania ID Card with the address indicated above.
 - b. Proof of utilities in your name at the indicated address. These include gas, electric, sewage, water, phone.
 - c. A rent or mortgage certificate or bill with the name and address listed above.
 - d. An occupancy permit issued within the past year in the name and address listed above.
 - e. A valid U.S. Passport with the name and address listed above.
 - f. A payroll check or government check stub with the name and address listed above.
 - g. IRS tax return within the last year at the address listed above.

(Signature required on next page)

SECTION 2 Eligibility of Non-Resident Students (only if non-resident)

Has the parent/guardian executed a contract to buy, build, or rent a residence in the District? _____

If "Yes", the parent/guardian must complete a **Future Resident Certification Form**.

If "No", you are not eligible to enroll your student(s) in the Schuylkill Haven Area School District.

Within **thirty (30) days** of completion of the contract, the parent/guardian must show both of the following:

1. A Pennsylvania Driver's License or Pennsylvania Photo ID Card with the address indicated above.
2. An Occupancy permit for the address listed above.
The Board reserves the right to verify all claims.

SIGNATURE REQUIRED BELOW APPLIES TO SECTION 1 OR SECTION 2:

Date of Residency Verification _____

Signature of Parent/Guardian

Office Use Only

I have reviewed all information needed and found that this student(s) may enroll in Schuylkill Haven Area School District.

Date of Residency Verification _____

Signature of District Official

*(COMPLETE ONLY IF STUDENT IS ENROLLED BEFORE RESIDENCE IS OCCUPIED)

FUTURE RESIDENT CERTIFICATION FORM

Family Name: _____ Current Phone #: _____

Current mailing address: _____

Student name(s): _____ EC MS HS

Grade(s): _____

This is to certify that:

1. I have executed a contract to buy, build or rent a residence at House/Lot # _____, Street/Development _____ Zip Code: _____ for occupancy by _____.
2. I understand that no tuition for my child(ren) will be charged provided that the anticipated date of residency is not later than the end of the semester in which my child enrolls.
3. I understand that I must provide proof of residency to the Schuylkill Haven Area School District Administrative Office within 10 days of moving in.
4. I understand that tuition will be charged beginning with the first day of the semester following the anticipated semester of enrollment if I have not yet physically moved into my new residence.
5. I understand that the tuition rate will be determined by the Pennsylvania Department of Education.
6. I understand that the tuition will be billed monthly, in advance of attendance, and will be paid within five days of the start of the billed month.
7. I understand that full tuition will be charged for the entire year in the event that the contract to buy, build, or rent is cancelled, and I do not move into the school district.
8. I understand that transportation for my child(ren) to and from school is my responsibility.

I have read the above statements and agree to abide by them.

Signature

Date

Signature

Date

Superintendent Approval: _____ Date: _____

SCHUYLKILL HAVEN AREA SCHOOL DISTRICT

SWORN STATEMENT BY RESIDENT UNDER §13-1302 TO BE COMPLETED BY RESIDENT ONLY

Instructions: Please complete the following statement. If the potential student is living, or will be living, in a household with more than one resident adult who will assume responsibility for the student, all such adult residents must complete and sign this statement.

This is a legal document. You may ask to see copy of 24 P.S. §13-1302 prior to signing this document, and consult with an attorney if you have any questions or do not understand any portion of this document.

- 1. Your Name Home Address Home Telephone Number Work Number
2. Do you live in the school district and does the child live with you? Yes No
3. Child's Full Name Birth Date Grade Name & Address of Last School Attended Date child began/will begin to reside in your home
4. Are you supporting this child gratis (without personal compensation or gain)? Yes No
5. Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent-teacher conferences, or attending meetings/hearings concerning discipline? Yes No
6. Do you intend to keep and support the child continuously and not merely through the school term? Yes No

Through my notarized signature, I/We understand that the school district, pursuant to guidelines issued by the Department of Education and their own written policy, may require other reasonable information to be submitted to confirm this sworn statement.

Signed by resident(s) and notarized

Per 24 P.S. §13-1302, a person who knowingly provides false information in the above statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with §2561 during the period of enrollment.

SCHUYLKILL HAVEN AREA SCHOOL DISTRICT

RESIDENCY AFFIDAVIT, 24 PS §13-1302

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. Any false statements can and will be punishable by law.

I/We, _____, currently reside at
(Resident's name)

Address _____

Phone _____

Homeowner's Verification

Homeowner's name _____ Telephone number _____

Approval has been granted for _____ to reside with
(Child's Name)
_____, at the address identified above.
(Resident's name)

Homeowner's signature _____ Date _____

Landlord Verification

Landlord's name _____ Telephone number _____

Approval has been granted for _____ to reside with
(Child's name)
_____, at the address identified above.
(Resident's name)

Landlord's signature _____ Date _____

Through my notarized signature, I/We grant the school district permission to investigate the above information that I/We have presented in this affidavit for confirmation and factual accuracy.

Signed by resident(s) and notarized

Enforcement of Residential Status and Due Process Rights

The district has the responsibility and right to use legal means available to assure that students enrolled in the district's schools are legal residents meeting the standards of residency cited in this policy. The district may utilize standard investigation procedures including home visits, verification of information with third parties, social agencies, schools and governmental organizations and agencies. The district recognizes that access to public education is a basic property right which persons cannot be denied without due process.

In cases where non-residency is suspected, parents and guardians shall be guaranteed the following due process rights:

- Notice of the specific charges;
- The right to an informal hearing;
- The right to retain legal counsel;
- The right to be presented with the names of witnesses against them and copies of their statements;
- The right to have such witnesses appear in person and answer questions or be cross-examined.
- The right to testify and present witnesses on their behalf.
- The right to waive the hearing.

Immigrant status of students K-12

Data required for annual completion of PDE 3044/3044a
Title III funding based on district numbers

Student Name: _____

Person completing form: _____

Current grade level: _____

School year: _____

1. Indicate YES or NO

	YES	NO
Student is age 3 - 21		
Student was born in US or Puerto Rico		

STOP. If student was born in US or Puerto Rico he/she is not an immigrant.

CONTINUE. If student was not born in US or Puerto Rico, he/she may be considered an immigrant.

2. Circle the grade levels completed in US schools

K	1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	---	----	----	----

STOP.

- If student has attended school for more than 3 full academic years he/she is not an immigrant.
- If student has attended school for less than 3 full academic years and not born in the US or Puerto Rico, he/she is an immigrant. (Please note that this student will not be an immigrant after completing more than 3 full academic school years.)

Circle appropriate classifications:

LEP

(Limited English Proficient)

Immigrant

Non-Immigrant