



Student Registration Packet

Forest City Regional School District
100 Susquehanna Street, Forest City, PA 18421

Complete the Enclosed Forms:

- Student Information / Enrollment Form
- Home Language
- Parental Registration
- Special Education Information
- Release of Records
- Free & Reduced Lunch Form
- Entry Codes
- Withdrawal Codes
- Withdrawal Forms

Instructions:

- All forms must be filled out completely.
- Student Information/Enrollment Form: Original must be signed by the Building Principal and sent to child accounting for state auditing. Copies must be sent to the Transportation Director and Free & Reduced Program Coordinator. Principal's signature must be on all copies.
- Custody Agreement (if applicable): Copy must be kept in student permanent record.
- Proof of Residency: Parents must present proof that student is living in District; example, phone bill, light bill, rental agreement, etc. This proof must be written on the enrollment form. Photo ID's are not acceptable and cannot be used as proof of residence.
- 1302's: This request must be notarized and kept in student permanent record.
- Foster Placements (1305's): Agency must provide a letter to the District with start date and foster placement. Upon withdrawal, an additional letter must be obtained from the Agency. Copies of both letters must be sent to Child Accounting for state auditing purposes.
- Partial Program: Students living in FCR's District will have a FCR Student ID. Students placed in program living outside of the District must have a Student ID using the 9000 series.
- PIMS Codes: Resident District (117) and Funding District (189) should have the District number where the student resides. *Only students who reside in the Forest City Regional School District have the 119-58-3003.*



Forest City Regional School District Student Registration Packet

Enrollment Date: _____ Start Date: _____

Previous Enrollment at FCR: _____
(Grade) (Year) (n/a)

Entry Dates:

District: _____ School: _____ State Entry: _____

Office Use Only

School: 6419 (H.S.) 6420 (Elem) _ (Circle One)
 Grade: _____ Locker No. _____ Combination _____
 Local ID: Student _____ Partial Program _____
 InfinteCampus: _____ File: _____
 Books: _____ Schedule: _____
 Registered By: _____

Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Gender: _____ Birthday: _____ Birth Certificate Verification: _____

Birth City: _____ Date First Entered PA: _____

Ethnicity: American Indian/AK Native _____ Hispanic _____ Black/Non- Hispanic _____ Multi-Racial _____
 White/Non-Hispanic _____ Asian _____ Native Hawaiian/Other Pacific Islander _____

Residency Status:

Resident Migrant: _____ Military Family: _____
 Foster
 District Paid Non-Resident Grade 9 Entry Date (if applicable): _____

Address	City	State	Phone
County: _____	Residing With: Both Parents	Mother	Father Guardian/Other

Parent/Guardian Information

Contact 1: _____
Email

Address (if different from above) _____ Cell _____ Work _____

Contact 2: _____
Email

Address (if different from above) _____ Cell _____ Work _____

Contact 3: _____
Email

Address (if different from above) _____ Cell _____ Work _____

Proof of Residency: _____ **Automated Phone Numbers:** _____ (1st)

Custody Agreement: _____ (2nd)

N/A
 Yes _____ (3rd)
 No

Siblings: Ages 0-18 Years & Additional Residents at this Address Not Listed as Guardians

Name	Date of Birth	Grade	School Attending

Previous School Information

School: _____ Grade Last Attended: _____
 School Phone Number: _____ Date Last Attended: _____
 Year Started Kindergarten/Pre-Kindergarten: _____
 Attended School in a State Other than Pennsylvania? No Yes / State: _____

Agency / Court Placement

Agency Name: _____ Agency Contact: _____
 Agency Address: _____ Phone: _____

Health Information

Immunizations Received Yes No

Busing Information

Student will be picked up and dropped off at home unless other arrangements are specified. If not a street address, give location of home, color, neighbors, etc.

Elementary Entry Information

Did student attend a pre-school? Yes No Name of School: _____
 Did student attend Head Start? Yes No Location: _____
 Did student attend day care? Yes No Location: _____
 Will student attend a day care? Yes No Location: _____
 Before School / After School

Parent Registration Affidavit

This is to certify that I am the legal parent / guardian / agency representative of the student registered on this form. I agree with the information given above. I have signed the PA School Code 13-1304-A statement, the home language form, and a release of records form. I have also received a free-and-reduced form, which will be filled out and returned if applicable.

Parent/Guardian Signature Date / Principal Signature Date

Student Registration Packet

Home Language Survey

The Office of Civil Rights 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 this identification.

School District: Forest City Regional

Student Name: _____

Date of Birth: _____ Country of Birth: _____

Grade: _____ Phone Number: _____

Parent/Guardian Name: _____

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. Person completing this form (if other than parent/guardian): _____

(Parent/Guardian Signature)

(Date)

The school district, charter school, full day AVTS has the responsibility under 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 (ELL's). As part of the responsibility to locate and identify ELL's, 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.

Office Use Only

Student ID Number: _____

If one of the answers is a language other than English or if the Country of Birth is other than the United States, send a copy of this form to the District Office, District ELL Coordinator, and District ELL Teacher. Place the original in the student's cumulative folder. This form remains in the folder throughout the student's school career.

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Special Education Information

Does the student have a current IEP? Yes No

If yes, please check the exceptionality:

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Hearing Impairment (including deafness) | <input type="checkbox"/> Speech and Language Impairment |
| <input type="checkbox"/> Intellectual Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Other _____ |

Does the student have a 504 Plan? Yes No

Reason: _____

Has the student ever received Special Education Services? Yes No

If yes, in what grade? _____

Is the student currently in the process of being evaluated for Special Education Services?
 Yes No

Is your child receiving any additional services through an outside agency (ex. NHS, Trehab. . .)?

Yes No

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Parental Registration Statement

Pennsylvania School Code 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 or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property”.

Student Name: _____

Date of Birth: _____ Phone Number: _____

Parent/Guardian Name: _____

I hereby swear or affirm that my child (was ___ / was not ___) previously suspended or expelled, or (is ___ / is not ___) presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act 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.

I make this state subject to the penalties of 24 P.S. 13-1304-A(b) and 18 PA C.S.A. 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information, and belief.

Complete this section only if student has been or is presently suspended or expelled from another district.

Name of school from which student was suspended or expelled--	
Dates of suspension or expulsion (if applicable, provide additional schools and dates of expulsion or suspension on back of this form--	
Reason for Suspension/Expulsion—	

(Signature of Parent/Guardian)
(Date)

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.

Student Registration Packet

Release of Records

I hereby authorize the _____
(previous school district)

to release all information including:

- _____ Academic Records
- _____ Test Results
- _____ Discipline Records
- _____ Psychological Evaluations
- _____ Health Records
- _____ Grades to Date of Withdrawal
- _____ Free and Reduced Lunch Status (if applicable)
- _____ Special Education Records (current IEP, 504 Plan, etc. – transfer records through IEP Writer when applicable)
- _____ Other Accommodation/Behavior Plan(s)
- _____ Standardized Test Results
- _____ PA Secure ID Number (assigned by State)

contained in the records of _____
(student name) *(grade)*

Records should be sent to:



Forest City Regional School District
100 Susquehanna Street
Forest City, PA 18421

- Elementary (Phone: 570 785-2410 / Fax: 570 785-2354)
- High School (Phone: 570 785-2442 / Fax: 570 785-3785)

Parent/Guardian Name: _____

(Parent/Guardian Signature) **(Date)**

Office Use Only	Student ID Number: _____
Request Faxed to: _____	
Request Faxed on: _____ Records Received on: _____	

**RECORDS CHECKLIST
NEW ENROLLEES**

Initial when received	Name:	Grade:	ID #:
	STUDENT ENTRY DATA FORM		
	IMMUNIZATIONS Necessary to start ____ to nurse ____ approved		
	1302 (IF GUARDIAN)		
	RECORDS RELEASE FORM _____ Date Mailed/Faxed		
	PROOF OF RESIDENCY		
	BIRTH CERTIFICATE		
	FREE AND REDUCED LUNCH (To parent)		
	PARENTAL REGISTRATION STATEMENT		
	HOME LANGUAGE SURVEY		
	CUSTODY AGREEMENT (if applicable)		
	ACADEMIC RECORDS __ Grades to date __ Transcript __ Test Scores		
	DISCIPLINE		
	Special Education		
	IEP		
	ER		
	NOREP		
	PSYCHOLOGICAL		
	High School		
	SCHEDULE SHEET (GRADES 9-12)		

Principal's Signature: _____

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	Special Education		
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	ER		
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