



LAKELAND SCHOOL DISTRICT  
 1355 Lakeland Drive  
 Scott Township, Pennsylvania 18433  
 Telephone: 570-254-9485  
 Fax: 570-254-6730

Student Name: \_\_\_\_\_

Initial Date: \_\_\_\_\_

## REGISTRATION CHECKLIST

To make sure that we are consistent, please make sure that we have all of the below information on each new student that registers in the Lakeland School District. Maintain this sheet in the student's file.

**Office Use Only**  
*(Initials required)*

- |   |       |                         |
|---|-------|-------------------------|
| <input type="checkbox"/> Student Registration Form  | _____ | (District Office)       |
| <input type="checkbox"/> <b>**Proof of Residency (<i>Two Required</i>)</b>                |       | _____ (District Office) |
| Evidence: _____   |       |                         |
| Evidence: _____   |       |                         |
| <input type="checkbox"/> Residency Affidavit ( <i>if applicable</i> )                     |       | _____ (District Office) |
| <input type="checkbox"/> Educational Guardianship Forms Included ( <i>if applicable</i> ) |       | _____ (District Office) |
| <input type="checkbox"/> <b>**Proof of Age</b>  |       | _____ (District Office) |
| <input type="checkbox"/> <b>**Proof of proper immunizations</b>                           |       | _____ (Nurse)           |
| <input type="checkbox"/> <b>**Parental Discipline Statement (Transfers Only)</b>          |       | _____ (District Office) |
| <input type="checkbox"/> Records Release Form (Transfers Only)                            |       | _____ (District Office) |
| <input type="checkbox"/> School Health Services   |       | _____ (Nurse)           |
| <input type="checkbox"/> Medical History  |       | _____ (Nurse)           |
| <input type="checkbox"/> Home Language Survey   |       | _____ (District Office) |
| <input type="checkbox"/> Media Release Form   |       | _____ (District Office) |
| <input type="checkbox"/> Acceptable Use Policy  |       | _____ (District Office) |
| <input type="checkbox"/> Responsible Use Guidelines (grade 7-12 only)                     |       | _____ (District Office) |
| <input type="checkbox"/> Emergency Contact Information                                    |       | _____ (Nurse)           |

**\*\*Required prior to student being assigned a school ID number or schedule.**

Date required documents received: \_\_\_\_\_

Verified by Signature: \_\_\_\_\_

# LAKELAND SCHOOL DISTRICT

## ENROLLMENT GUIDELINES

### Procedures:

A child should be permitted to attend school on the next school day after the day on which the child is presented for enrollment, and in all cases within five (5) business days of the school district's receipt of the required documentation. 22 Pa. Code §11.11(b).

### Required Documentation Needed for Enrollment

#### 1) ***Proof of child's age (One of the following is required)***

Acceptable documentation includes (*the following are examples and not a conclusive list*):

- Child's original birth certificate;
- Notarized copy of the child's birth certificate;
- Child's valid passport;
- Original baptismal certificate indicating the child's date of birth;
- Copy of the record of baptism – notarized or duly certified and showing the date of birth Notarized statement from the parents or another relative indicating the date of birth Prior school records indicating the date of birth

#### 2) ***Immunization Record (One of the following is required)***

Acceptable documentation includes:

- The child's immunization record;
- A written statement from the former school district or from a medical office that the required immunizations have been administered, or that a required series is in progress;
- Verbal assurances from the former school district or a medical office that the required immunizations have been completed, with records to follow.

### Exemption from immunization

***Medical exemption.*** Children need not be immunized if a physician or the physician's designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.

***Religious exemption.*** Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.

Please note: If a student has just started a series for each type of shot, they may be enrolled. The student must be in the process and keeping up with the timeline of the series (e.g. student just got shot one and he/she will get shot two in thirty days from shot one). Please [click here](#) to view the PA Immunization Requirements for School Entry.

**3) Proof of Address (Only two (2) of the following is required)**

Acceptable documentation includes:

1. Deed
2. Valid DOT identification card
3. Mortgage settlement sheet
4. Current credit card bill
5. Current utility bill (gas, electric, cable, telephone)
6. Recent vehicle registration
7. Recent property tax bill
8. Voter Registration Card showing current address
9. Valid driver's license or change of address card with with current address
11. Recent bank statement with current address
12. Letter from Social Security Office with current address
13. IRS Statement or other wage and tax statements e.g.,
15. Letter from Public Assistance Office with current address
16. Recent Employer Pay Stub showing current address
17. Fostercare/childcare and DHS letters are **REQUIRED** for registration when a student is in the care of a foster/child care agency
18. Shelter placement or residency letters are acceptable for homeless students
19. Original lease with name(s) of parents/legal guardians and children
20. Signed property sales agreement, followed by original copy of settlement papers within 45 calendar days of settlement

**Student Is Living With a Resident Adult other than a Parent**

When a child is living with a district resident, who is supporting the child without personal compensation, the child may attend the public schools of that resident's school district, provided that resident makes application and supplies the required enrollment information.

In addition, before accepting the child as a student, the district shall require the resident to file the following: Educational Guardianship Form from the resident of the school district consistent with the requirements of 24 P.S. §13-1302(a)(2), indicating that the signer is a resident of the school district, is supporting the child without receiving personal compensation, that the child is living with the resident continuously and not just for the school year, and that the resident will accept all responsibilities relating to the child's schooling.

Educational Guardianship Process:

1. Click on the below links, print out the forms and complete in their entirety.
  - a. [Educational Guardianship Form - Current Parent/Legal Guardian](#)
  - b. [Educational Guardianship Form - Person Receiving Educational Guardianship](#)
2. Get the documents notarized.
3. All parties listed on the document must come to the District office with appropriate photo identification and proof of residency for an interview with the registrar.
4. Once completed and the interview satisfies the registrar, the student can enroll.

**Student & Parent/Guardian Is Living With a District Resident**

If a parent/legal guardian are living with another district resident, a [Multiple Occupancy Residency Affidavit](#) can be completed by the parent/legal guardian, AND District resident, and processed at the District Office.

## General Guidelines

1. Take the completed and notarized form to the District Office.
2. For safety and accountability reasons, the following supporting documentation are required.
  - a. Parent/Legal Guardian Identification
  - b. Owner/Tenant Proof of Identification

Acceptable identification includes:

- Current Driver's License/ Non-Driver's license.
- Valid Federal, State or Municipal employment photo identification.
- Passport

The Owner/Tenant must provide two (2) proofs of residency documents showing his or her name and address. See #3 for acceptable proofs of residency.

### **4) *Parent Registration Discipline Statement (Transfer students only)***

A sworn statement attesting to whether the student has been or is suspended or expelled for offenses involving drugs, alcohol, weapons, infliction of injury or violence on school property must be provided for a student to be admitted to any school entity. 24 P.S. §13-1304-A. A school may not deny or delay a child's school enrollment based on the information contained in a disciplinary record or sworn statement. However, if a student is currently expelled for a weapons offense, the school can provide the student with alternative education services during the period of expulsion. 24 P.S. § 13-1317.2(e.1) If the disciplinary record or sworn statement indicates the student has been expelled from a school in which he was previously enrolled, for reasons other than a weapons offense, it is recommended the school review the student's prior performance and school record to determine the services and supports to be provided upon enrollment in the district.

### **5) *Home Language Survey***

All students seeking first time enrollment in a school shall be given a home language survey in according with requirements of the U.S. Department of Education's Office for Civil Rights. Enrollment of the student may not be delayed in order to administer the Home Language Survey.

## **Additional Requested Documentation**

- 6) *Identification***
- 7) *Health Records***
- 8) *Custody Statement***
- 9) *DHS Placement Letters (Foster care/Court-placed only)***
- 10) *IEP (if applies)***
- 11) *Media Release***
- 12) *Emergency Contact Information***
- 13) *Acceptable Use Policy (for network access)***
- 14) *Responsible Use Guidelines (for BYOD, grade 7-12 only)***

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**OFFICE USE ONLY**

ELIGIBLE  
 INELIGIBLE

Homeroom \_\_\_\_\_

Registration Date \_\_\_\_\_ ID Number \_\_\_\_\_ PAsecure ID \_\_\_\_\_ Grade \_\_\_\_\_ First Day Attendance \_\_\_\_\_

Multiple Occupancy  Foster/Court-Placed (1305/1306)  Non-resident Tuition

Male  Hispanic/Latino  Not Hispanic/Latino  
 Female  Check All That Apply  Amer. Indian/Alaskan Native  Asian  Hawaiiin/Pacific Islander  Black  White

**OFFICE USE ONLY**

Multiracial

Student's Last Name, First Name, Middle Initial \_\_\_\_\_ Place of Birth (State) \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Apt or Lot # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Do you own or rent your house?  Own  Rent. If renting, whose name is on the rental agreement? \_\_\_\_\_  
 Are you currently living in the Lakeland SD?  Yes  No. If no, on what date do you expect to move into the district? \_\_\_\_\_

**Does the student currently have an IEP/504/GIEP (If yes, circle one)?**  Yes  No  I don't know  
**Is the student court-placed, or a foster child?**  Yes, Provide documentation from agency  No

Name of Previous School \_\_\_\_\_ Address of Previous School \_\_\_\_\_ Phone # \_\_\_\_\_

Initial PA \_\_\_\_\_ 9<sup>th</sup> Grade \_\_\_\_\_  
 Enrollment Date: \_\_\_\_\_ US Enrollment Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Residing Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Residing Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

(if not residing) Mother Name/Address/Email/Phone: \_\_\_\_\_

(if not residing) Father Name/Address/Email/Phone: \_\_\_\_\_

**Emergency Contact** – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIBLING(S) who attend Lakeland (Use back of form for additional space if needed)**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**1305/1306 INFORMATION ONLY**

**OFFICE USE ONLY**

Name of Placing Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Social Worker: \_\_\_\_\_  
 Address: \_\_\_\_\_ School District of Natural Parents: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

# LAKELAND SCHOOL DISTRICT

## MULTIPLE OCCUPANCY RESIDENCY AFFIDAVIT

1

### SECTION 1- RESIDENCY INFORMATION

I/We \_\_\_\_\_ hereby attest that I/we currently reside at \_\_\_\_\_

*Name of Parent (s)/Guardian(s)* *Address*

\_\_\_\_\_

*Zip* *Telephone Number*

### SECTION 2- CHILDREN'S INFORMATION

I/We attest that the children listed below live at the address provided above.

NAME (S) OF SCHOOL AGED CHILDREN	RELATIONSHIP TO CHILD	DATE OF BIRTH (mm/dd/yy)	CURRENT GRADE LEVEL	STUDENT ID NUMBER

### SECTION 3- HOMEOWNER OR TENNANT VERIFICATION

I, \_\_\_\_\_, hereby attest that I am the legal owner or lessee of the property

*Property Owner or Lessee (Renter) of the residence*

located at \_\_\_\_\_. I further swear that \_\_\_\_\_

*Current Address, Zip* *Name of Parent (s)/Guardian(s)*

and the above mentioned child(ren) is/are living on a permanent bases at the above address.

\_\_\_\_\_

*Homeowner or Tennant's Signature* *Date*

### SECTION 4- SIGNATURE AND NOTARY- (Please read the entire statement before signing.)

I assume responsibility for notifying the Lakeland School District (District) should the above-described circumstances change.

I understand that the statements made herein are subject to the provisions of the Pennsylvania Criminal Code regarding perjury, unsworn falsifications to authorities, fraud, and any applicable offenses.

I am aware that the facts as stated are subject to investigation, and should it be determined that the above statements are not true, either now or in the future, my child(ren) will be immediately reassigned to a neighborhood school based on their verified home address. In addition, the School District of Philadelphia may formally submit my name to the Philadelphia District Attorney's Office for investigation for applicable offenses.

I have read the above conditions of this affidavit, and I verify that the statements made herein are true and correct based upon my personal knowledge. I understand that if this affidavit is violated, the District may pursue civil and/or criminal proceedings.

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

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

<b>NOTARY ONLY</b>	<b>NOTARY PUBLIC STAMP HERE</b>
Subscribed and sworn to before me on this _____ day of _____, 20____	

OFFICIAL USE ONLY		
REVIEWED BY (NAME)	OFFICE/LEARNING NETWORK/SCHOOL	DATE
		<b>DATE STAMP</b>

# LAKELAND SCHOOL DISTRICT

## MULTIPLE OCCUPANCY RESIDENCY AFFIDAVIT

### DEFINITION OF USE

A residency affidavit is used when a parent/legal guardian of a student cannot provide two (2) proofs of residency in his/her name at the time of registration because his/her primary residence is owned or leased by another party and he/she is not receiving any acceptable proofs of residency (listed below). Please review the list below of acceptable residency documents to determine if a residency affidavit is necessary.

### INSTRUCTIONS

#### **SECTION 1- RESIDENCY INFORMATION**

Please enter the name of the parent(s)/guardian(s), the current address, zip code, and telephone number of the residence where the parent(s)/guardian(s) and the child(ren) are currently residing.

#### **SECTION 2- CHILDREN'S INFORMATION**

Please enter the name, date of birth, current grade level, and student identification number of all school age students residing in the current residence.

#### **SECTION 3- HOMEOWNER OR TENANT VERIFICATION**

This section is to be completed by the homeowner or tenant of the residence. Please enter the full name of the homeowner or tenant; the current address and zip code; the name of the parent(s)/guardian(s). The homeowner or tenant signs and dates this section.

#### **SECTION 4- SIGNATURE AND NOTARY**

Please read the entire statement before signing. The parent(s)/guardian(s) sign and date this section.

### RESIDENCY AFFIDAVIT PROCEDURE

1. Take the completed and notarized form to the school district. The school district staff person will examine the affidavit and proofs of residency to determine their authenticity. It is preferable to have both the legal guardian and the homeowner/tenant present when the documents are submitted to the School District; however it is not required to have the homeowner/tenant present.
2. For safety and accountability reasons, the following supporting documentation will be requested.
  - a. Parent/Legal Guardian Identification
  - b. Owner/Tenant Proof of Identification, acceptable documentation includes:
    - Current Driver's License/ Non-Driver's license.
    - Valid Federal, State or Municipal employment photo identification.
    - Passport
3. The Owner/Tenant **must** provide two (2) proofs of residency documents showing his/her name and address. Acceptable documentation includes:

<ul style="list-style-type: none"><li>• Deed</li><li>• Mortgage settlement sheet</li><li>• Recent property tax bill</li><li>• Current utility bill (gas, electric, water, cable, telephone)</li><li>• Original lease with name(s) of parents/legal guardians and signed by all parties. (Preferably typed but hand written leases are accepted with one additional proof of residency.)</li><li>• IRS Statement or other wage and tax statements e.g., W2, 1040, 1099</li><li>• Voter Registration Card showing current address</li><li>• Recent employer pay stub showing current address</li><li>• A recent letter from a government agency with the parent/guardian's name and current address (i.e. Social Security, Public Assistance, IRS, etc.</li></ul>	<ul style="list-style-type: none"><li>• Current PA Driver's License/Non-Driver's License your current address</li><li>• Current vehicle registration or car insurance policy</li><li>• Shelter placement or residency letters are also acceptable for homeless students</li><li>• Foster care and DHS letters are also acceptable for registration when student is in the care of a Foster/child care agency.</li><li>• Current credit card bill</li><li>• Change of address card with your current address</li><li>• Recent bank statement with current address</li></ul>
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4. The school district requires a student's parent/legal guardian to provide two (2) proofs of residency documents showing his/her name and district address, within sixty (60) days. If two proofs of residency are not provided, the School District may investigate the validity of the information provided by the parent/legal guardian on this legal document. If the information is found to be false, the School District may formally submit the parent/legal guardian's name to the Lackawanna County District Attorney's Office for investigation for applicable offenses.

LAKELAND SCHOOL DISTRICT  
**DELEGATION OF EDUCATIONAL GUARDIANSHIP**  
**PARENT/LEGAL GUARDIAN**

We/I do hereby delegate to \_\_\_\_\_, who reside at \_\_\_\_\_  
(District Resident(s))

\_\_\_\_\_, full authority over, and responsibility for my/our  
student \_\_\_\_\_.  
(Student's name)

This delegation is being made because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>MOTHER</b>	HOME ADDRESS	SOCIAL SECURITY NO.
	HOME TELEPHONE NO.	WORK TELEPHONE NO.
<b>FATHER</b>	HOME ADDRESS	SOCIAL SECURITY NO.
	HOME TELEPHONE NO.	WORK TELEPHONE NO.

We/I do swear/affirm that the above-named student will be residing full time, and continuously, with the above-named person and not merely through the school term.

We/I further grant to the above-named person permission to assume responsibility for all school requirements, including the authorization of any medical, psychological or mental testing or treatment that may be in the best interest of the student and/or the representation of the student in any school proceeding or process involving academic, special education, disciplinary and/or extracurricular matters.

We/I have read the above information and certify that it is true and correct.

We/I made this delegation on \_\_\_\_\_ (date), subject to the criminal penalties provided in 18 Pa. S.C.A. #4903 (False Swearing) and/or 4904 (Unsworn Falsification to Authorities).

SIGNATURE OF MOTHER/LEGAL GUARDIAN	DATE
SIGNATURE OF FATHER/LEGAL GUARDIAN	DATE

**SWORN TO AND SUBSCRIBED BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

ISSUED BY \_\_\_\_\_  
NOTARY PUBLIC



**DELEGATION OF EDUCATIONAL GUARDIANSHIP**

**Delegation of educational guardianship is granted in accordance with the Pennsylvania Public School Code of 1949:**

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**SECTION 1302. RESIDENCE AND RIGHT TO FREE SCHOOL PRIVILEGES**

A child shall be considered a resident of the school district in which his parents or the guardian of his person resides.

Federal installations are considered a part of the school district or district in which they are situated and the children residing on such installations shall be counted as resident pupils of the school district.

When a resident of any school district keeps in his home a child of school age, not his own, supporting the child gratis as if the child were his own, such child shall be entitled to all free school privileges accorded to resident school children of the district, including the right to attend public high school maintained in such district or in other districts in the same manner as though such child were in fact a resident school child of the district, and shall be subject to all the requirements placed upon resident school children of the district.

Before accepting such child as a pupil, the board of school directors of the district may require such resident to file with the secretary of the Board a sworn statement that he is a resident of the district, that he is supporting the child gratis, that he will assume all personal obligations for the child relative to school requirements, and that he intends to so keep and support the child continuously and not merely through the school term. (Amended December 14, 1967, Act. No. 381).

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**A COPY OF THIS DELEGATION OF PARENTAL RESPONSIBILITY WILL BE FORWARDED TO THE INTERNAL REVENUE SERVICE TO SUPPORT DEPENDENCY STATUS.**

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LAKELAND SCHOOL DISTRICT  
**DELEGATION OF EDUCATIONAL GUARDIANSHIP**  
**DELEGATED DISTRICT RESIDENT**

We/I \_\_\_\_\_, do hereby agree to accept responsibility and authority over \_\_\_\_\_, \_\_\_\_\_, for all school requirements, including  
(Student's name) (Student's DOB)  
responsibility for any restitution legally assessed for the student's acts or omissions which result in loss of, or damage to, school property, and/or injuries to other persons.

We/I understand and accept that we/I may be called upon to authorize any medical, psychological or mental testing or treatment that may be in the best interest of the student in any school proceeding or process involving academic, special education, disciplinary and/or extracurricular matters.

We/I reside at \_\_\_\_\_, Apt. \_\_\_\_\_. Our home telephone number: \_\_\_\_\_, (Wife's work No.) \_\_\_\_\_, (Husband's work No.) \_\_\_\_\_.

We/I do swear/affirm that the above-named student will reside with me/us at the above-listed residence, full time, twelve months a year, and we/I shall provide for his/her complete financial support, health and welfare.

We/I have read the above information and certify that it is true and correct, and understand that it is made subject to the criminal penalties provided in 18 Pa. C.S.A. #4903 (False Swearing) and/or 4904 (Unsworn Falsification to Authorities).

SIGNATURE OF DISTRICT RESIDENT ACCEPTING GUARDIANSHIP	SOCIAL SECURITY NO.
---	---------------------

SIGNATURE OF DISTRICT RESIDENT ACCEPTING GUARDIANSHIP	SOCIAL SECURITY NO.
---	---------------------

**SWORN TO AND SUBSCRIBED BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

ISSUED BY \_\_\_\_\_  
NOTARY PUBLIC

CC: Internal Revenue Service  
Department of Public Assistance  
Social Security Administration

## DELEGATION OF EDUCATIONAL GUARDIANSHIP

Delegation of educational guardianship is granted in accordance with the Pennsylvania Public School Code of 1949:

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Before accepting such child as a pupil, the board of school directors of the district may require such resident to file with the secretary of the Board a sworn statement that he is a resident of the district, that he is supporting the child gratis, that he will assume all personal obligations for the child relative to school requirements, and that he intends to so keep and support the child continuously and not merely through the school term. (Amended December 14, 1967, Act. No. 381).

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**A COPY OF THIS DELEGATION OF PARENTAL RESPONSIBILITY WILL BE FORWARDED TO THE  
INTERNAL REVENUE SERVICE TO SUPPORT DEPENDENCY STATUS**

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## PARENTAL REGISTRATION DISCIPLINE STATEMENT (Transfer Students Only)

Pennsylvania School Law 1304-A

Prior to admission to any school, the parent, or 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 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, at a school sponsored activity or on a public or private conveyance providing transportation to or from school or a school sponsored activity.

I have read the above paragraph and I affirm that

\_\_\_\_\_  
 Student's Name

\_\_\_\_\_  
 Date of Birth

1.  **Has not** been suspended or expelled
  2.  **Has** been  suspended or  expelled
- (Select one)

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, at a school sponsored activity or on a public or private conveyance providing transportation to or from school or a school sponsored activity.

<b><i>Must be completed if selected #2 above.</i></b>	
Name of school from which student was suspended or expelled:	
Dates of suspension or expulsion: (Please provide additional schools and dates of suspension/expulsion)	
Reason for suspension/expulsion:	

\_\_\_\_\_  
 Signature of Parent or 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. 24 P.S. §13-1317-2*



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## Records Release Authorization

**TO BE COMPLETED BY PARENT/GUARDIAN/ADULT STUDENT:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous School Name: \_\_\_\_\_ Previous School Phone: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

The purpose for this release is: \_\_\_\_\_

**To Whom It May Concern:**

I hereby permit the Lakeland School District to receive/release records and/or information on the student listed above.

\_\_\_\_\_  
 (Signature of Parent/Guardian/Adult Student)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Local Address/Future Local Address)

**(PROPER ID MUST BE PRESENTED)**

Parent/Guardian DRIVER'S LICENSE: State \_\_\_\_\_ Number \_\_\_\_\_

**TO BE COMPLETED BY OFFICIAL:**

Please release the following information to the requesting school entity:

- |   |  |
|---|--|
| <input type="checkbox"/> Official Administrative Record                 | <input type="checkbox"/> PSSA Scores     |
| <input type="checkbox"/> Standardized Test Scores                       | <input type="checkbox"/> ER              |
| <input type="checkbox"/> Intelligence and Aptitude Test Scores          | <input type="checkbox"/> IEP/GIEP/504    |
| <input type="checkbox"/> Personality and Interest Test Scores           | <input type="checkbox"/> NOREP           |
| <input type="checkbox"/> Teacher and Counselor Observations and Ratings | <input type="checkbox"/> Title I Reading |
| <input type="checkbox"/> Record of Extracurricular Activities           | <input type="checkbox"/> Title I Math    |
| <input type="checkbox"/> Family Background Date                         | <input type="checkbox"/> PASecure ID#    |
| <input type="checkbox"/> Health Records                                 | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Disciplinary Records                           |  |

Fax/Email/Mail information to attention: \_\_\_\_\_ Fax # \_\_\_\_\_

**24 P.S. §13-1301 – §13-1306.** Whenever a pupil transfers to another Pennsylvania school entity or nonpublic school, a certified copy of the student's disciplinary record shall be transmitted to the school entity or nonpublic school to which the pupil has transferred. The school entity or nonpublic school to which the student has transferred should request the record. The sending school entity or nonpublic school shall have 10 days from receipt of the request to supply a certified copy of the student's disciplinary record.



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## SCHOOL HEALTH SERVICES

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### The Nature and Purpose of the Health Record

I understand that the information I give to the School Nurse is important for the school staff to understand and help the health and education of my child.

I understand that this information will be kept confidential by the school health office, and will be shared with other professionals in the school and in other institutions only when the School Nurse and/or the School Physician believe it is in the best interest of my child's health and education.

Copies of my child's health record will be sent to other agencies when requested **ONLY** with my written consent.

### Mandated Screenings

The Pennsylvania School Code requires health screenings for all school age children. The Lakeland School District will provide the following screenings on students in specific grades as mandated by the state:

- Height, weight, and BMI
- Vision
- Hearing
- Scoliosis

### Permission for Physical and Dental Examinations

The Pennsylvania School Code (**STATE LAW**) requires physical and dental examinations at specific grade levels. Parents/guardians are notified and given private examination forms prior to school examinations. The physical includes the examination of skin, eyes, ears, nose, throat, teeth, gums, heart, lungs, abdomen, neuromuscular system, skeletal system, nutritional & emotional status, blood pressure & pulse. **If the private physical/dental forms are not returned within six weeks of the start of school, the school nurse will schedule the examination by the school physician, practitioner, or dentist.** Parents/guardians are notified of the date of the scheduled examinations. Those who wish to be present during school examinations need to notify the school nurse.

**This signed permission will remain valid as long as my child attends Lakeland schools.**

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

Date Received in Health Office: \_\_\_\_\_ Nurse Initials: \_\_\_\_\_



LAKELAND SCHOOL DISTRICT  
 1355 Lakeland Drive  
 Scott Township, Pennsylvania 18433  
 Telephone: 570-254-9485  
 Fax: 570-254-6730

**MEDICAL HISTORY REPORT**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact Information (LIST IN ORDER OF CALL PRIORITY)**

1<sup>st</sup> \_\_\_\_\_, \_\_\_\_\_ Phone (h): \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
 (Name) (Relationship)  
 2<sup>nd</sup> \_\_\_\_\_, \_\_\_\_\_ Phone (h): \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
 (Name) (Relationship)  
 3<sup>rd</sup> \_\_\_\_\_, \_\_\_\_\_ Phone (h): \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
 (Name) (Relationship)  
 4<sup>th</sup> \_\_\_\_\_, \_\_\_\_\_ Phone (h): \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
 (Name) (Relationship)  
 5<sup>th</sup> \_\_\_\_\_, \_\_\_\_\_ Phone (h): \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
 (Name) (Relationship)

With whom does the student live? \_\_\_\_\_ Relationship: \_\_\_\_\_

1. Does your child have any health problems? (check all that are appropriate)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asthma*       | <input type="checkbox"/> Lung Problem             | <input type="checkbox"/> Seizures              |
| <input type="checkbox"/> Allergies**   | <input type="checkbox"/> Urinary Problem          | <input type="checkbox"/> Developmental Problem |
| <input type="checkbox"/> Anemia        | <input type="checkbox"/> Orthopedic Problem       | <input type="checkbox"/> Psychiatric Problem   |
| <input type="checkbox"/> ADHD          | <input type="checkbox"/> Gastrointestinal Problem | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Vision Problem           |  |
| <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Hearing Problem          |  |

\*  Due to the severity of my child's asthma, his/her inhaler must be kept with the nurse, or on his/her person.

\*\*  Due to the severity of my child's allergy, his/her epinephrine auto-injector must be kept with the nurse or on his/her person.

(Parents that check either box must follow proper procedures per the school handbook and/or Board Policy #210)

Please explain all other checked items: \_\_\_\_\_

2. Is your child on any medication?  Yes  No If yes, name of medication(s): \_\_\_\_\_

Reason for medication(s): \_\_\_\_\_

Prescribing Doctor: \_\_\_\_\_

3. Does your child have any physical limitations?  Yes  No. Will he/she need any special considerations in school?  Yes  No. Please explain: \_\_\_\_\_

4. May your child be taken to the hospital if necessary?  Yes  No  
 If yes, name of hospital(s): \_\_\_\_\_

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



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### 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: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

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.)

Yes  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?

Yes  No If yes, complete the following table

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.





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ENCUESTA DE IDIOMA EN EL HOGAR\*

La Oficina de Derechos Civiles (OCR) requiere ese distritos/alquila de la escuela día que educa/llevo AVTS identifica inglés limitado capaz (LEP) estudiantes para proporcionar el idioma apropiado programas instruccionales para ellos. Pennsylvania ha seleccionado la Inspección en casa del Idioma como el método para la identificación.

Distrito escolar: Lakeland School District

Fecha: \_\_\_\_\_

Escuela: \_\_\_\_\_

El Nombre de estudiante: \_\_\_\_\_

Grado: \_\_\_\_\_

1. ¿Lo que yo/was la lengua materna del estudiante? \_\_\_\_\_

2. ¿Habla el estudiante un idiomas de otra manera que inglés? (No incluya los idiomas aprendidos en la escuela).

Sí       No      Si sí, especifica los idiomas: \_\_\_\_\_

3. ¿Qué yo/are de idiomas hablado en su casa? \_\_\_\_\_

4. ¿Ha asistido el estudiante cualquier escuela de EEUU en cualquier 3 años durante su vida?

Sí       No      Si sí, completa lo Siguiente:

El nombre de la Escuela	Estado	Las fechas Asistieron
_____	_____	_____
_____	_____	_____
_____	_____	_____

La persona que completa esta forma (si de otra manera que padre/guardián): \_\_\_\_\_

Firma de cría/guardián: \_\_\_\_\_

\* El distrito/fletamento de la escuela día que educa/llevo AVTS tiene la responsabilidad bajo la ley federal para servir a estudiantes que son limitados inglés capaz y necesitan servicios instruccionales ingleses. Dar esta responsabilidad, el distrito/fletamento de la escuela día que educa/llevo AVTS tiene el derecho de pedir la información que debe identificar Estudiantes ingleses de Idioma (MEDIDAS DE LONGITUD INGLESA). Como la parte de la responsabilidad de situar e identificar MEDIDAS DE LONGITUD INGLESA, el distrito/fletamento de la escuela día que educa/llevo AVTS puede realizar investigaciones o pedir información relacionada sobre estudiantes que ya son matriculados en la escuela así como de estudiantes que se matriculan en la escuela día escuela/llevo distrito/chárter AVTS en el futuro.



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### MEDIA RELEASE FORM

Student Name: \_\_\_\_\_  
Print Name

Grade: \_\_\_\_\_

The Lakeland School District is committed to protecting the privacy of all students and their families. This form is provided to offer our parents/guardians the right to choose not to have your child's image or name used in print for internal school purposes such as newsletters, school and district presentations, district advertisements, district web sites, etc., or in the public news media such as newspapers, television, radio, etc.

YES, I allow my child to be photographed, videotaped, or recorded.

NO, I DO NOT want my child to be photographed, videotaped, or recorded.

**If this form is not returned within two weeks of enrollment/start of school year, you are giving full and complete permission, without reservation or restriction, for your child to be photographed (still or motion), and/or to be recorded (audio or video) and/or their name listed in any media format by employees of the Lakeland School District, its education partner organizations and/or agents of the media.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian



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### **Acceptable Use Policy (AUP)**

I have read Lakeland School Board Policy 237-Electronic Devices & Policy 815-Acceptable Use of Internet, Computers and Network Resources. I understand that if I violate the rules that are in those policies, that my network account may be removed/restricted and/or disciplinary/legal action may be taken, depending on the nature of the violation.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### **Responsible Use Guidelines (RUG)**

#### Grade 7-12 Students & Parents Only

I have read, and will abide by, the Responsible Use Guidelines (RUG) related to using personal devices as part of the Bring Your Own Device program. I further understand that any violation is unethical and may result in the loss of my network and/or device privileges, disciplinary action, or criminal charges, depending on the nature of the violation. During the course of the school year, rules regarding the use of personal devices may be changed/added.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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**Information on Custody of Student**

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

Do both natural parents reside in the home?  YES  NO

If no, please provide the name and address of natural parent and step-parent (if applicable) that the child does not reside with.

\_\_\_\_\_  
 \_\_\_\_\_

If both natural parents do not reside together, has a Court Order been entered with regard to custody of the child(ren)?  YES  NO

**If yes, please attach a copy of the Court Order.**

If there is no Court Order, do you have primary physical custody of the child(ren)?  YES  NO

If yes, describe the custody arrangement. Also, please provide last year's taxes showing you claimed the child(ren).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If no, describe the shared custody agreement:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any restrictions on who picks up the child(ren) from school?  YES  NO

If yes, are these restrictions supported by a court order?  YES  NO

**If yes, please attach a copy of the Court Order.**

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date