



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"/> **Proof of Residency (<i>Two Required</i>) | _____ | (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"/> **Proof of Age | _____ | (District Office) |
| <input type="checkbox"/> **Proof of proper immunizations | _____ | (Nurse) |
| <input type="checkbox"/> **Parental Discipline Statement (Transfers Only) | _____ | (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: _____