



FLEETWOOD AREA SCHOOL DISTRICT

BUSINESS OFFICE / ENROLLMENT • 801 N. Richmond Street, Fleetwood, PA 19522

Phone: 610-944-8111 Ext. 10204 Fax: 610-944-6842

Email: khawkins@fleetwoodasd.org

To register a student the following must be submitted along with the enrollment packet. The registration process cannot be started without these documents.

Original birth certificate or legible copy _____

Immunization record _____

Copy of IEP (if applicable) _____

Grades/Transcripts (Transcripts 9/12) _____

2 proofs of residency _____

Please provide us with **one** item from **List 1** and **one** item from **List 2**.

List 1

- Agreement of Sale
- Property deed
- Property Tax bill/receipt
- Current Homeowners bill/policy
- Lease/Rental Agreement

List 2

- Current electric and/or phone bill
- Bill or receipts showing new address
- TV cable or satellite activation/bill
- Utility "turn on" service statement
- Vehicle registration card/change of address
- Vehicle insurance card
- Driver's license/application for change of address
- Check or pay stub
- Post office address change, mail forward order
- Voter registration card

Note: Any other official document listing your name and address not listed above may be submitted and will be considered for approval.

When you have completed the packet and you have **all** the necessary documents, please drop the completed packet with the documents in the gray box outside of the District Administration door at 801 N Richmond St, Fleetwood, Pa, 19522. This box is checked daily. We will contact you when we have received the packet and your enrollment is in progress.

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NOTE: Because of a new state law, your student will not be **OFFICIALLY** enrolled until the building nurse has reviewed your child's immunization record. The nurse **WILL** contact you if your child needs any additional immunizations in order to start school.

Andrew Maier Elementary Office – 610-926-2502

Willow Creek Elementary Office – 610-944-8404

Fleetwood Middle School Guidance Office – 610-944-7634 Ext. 3520

Fleetwood High School Guidance Office – 610-944-7656 Ext. 2520

# Fleetwood Area School District Student Enrollment/Withdrawal Form

## Student Information

|                  |                |               |
|------------------|----------------|---------------|
| First Name       | Middle Name    | Last Name     |
| Gender           | ID#            | Birth Date    |
| Grade            |                |               |
| City of Birth    | State of Birth | PA            |
| Country of Birth | USA            | Hispanic      |
| YES              | /              | NO            |
| RACE CODE        | 1 - WHITE      | 2 - BLACK     |
| 4 - AM NATIVE    | 9 - ASIAN      | RESIDES WITH: |
| PARENT           | /              | GUARDIAN      |
| /                | FOSTER         |               |

## Guardian Information

|                  |              |
|------------------|--------------|
| Guardian Name    | Relationship |
| Guardian Address | Home #       |
| Cell #           |              |
| City             | State        |
| PA               | Zip          |
| Municipality     |              |

## Transfer Information/Address Change/PIMS

|                            |                |
|----------------------------|----------------|
| From                       | To             |
| School                     | School         |
| Street Address             | Street Address |
| City and State             | City and State |
| Telephone                  | Fax            |
| Telephone                  | Fax            |
| PIMS 1st Year in PA School | Grade          |
| Failed                     | Grade          |

## Other Information

|  |
|--|
|  |
|--|

I/we the parent 1302 affiant, guardian, and/or student make this statement, being familiar with the facts and having the authority to do so: and that all statements in the foregoing application for enrollment are true and correct to the best of my/our knowledge, information, and belief. I/we further state that I/we understand that the statements made herein are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Signature X

Date

Secretary's Signature

Kimberly Hawkins

## For DISTRICT USE ONLY

|                       |                        |
|-----------------------|------------------------|
| Type of Student       | WITHDRAWAL             |
| Type of Resident      | Last Attendance Date   |
| Other Svcs. Req.      | Withdrawal Reason      |
| ENROLLMENT            | Immunizations          |
| First Attendance Date | Pupil Schedule         |
| Teacher               | Birth Certificate      |
| Homeroom/Section      | Date Records Requested |
| Locker                | IEP                    |
| (Business Office)     | Bldg Secretary         |
| Food Svc.             | Tech                   |
| Transportation        | Student Svc.           |

# FLEETWOOD AREA SCHOOL DISTRICT

## Student Registration Assistance Form

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

Did your child receive special assistance, instruction or services in his/her previous school?

\_\_\_\_\_ YES (Please check all that apply)

\_\_\_\_\_ NO (Please just sign and date at bottom)

### ***Regular Education Support Services***

\_\_\_\_\_ English as a Second Language Services

\_\_\_\_\_ Alternative Education      Where: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

### ***Special Education Services***

\_\_\_\_\_ Learning Support (please specify) \_\_\_\_\_

\_\_\_\_\_ Lifeskills Support (please specify) \_\_\_\_\_

\_\_\_\_\_ Emotional Support (please specify) \_\_\_\_\_

\_\_\_\_\_ Speech & Language Support (please specify) \_\_\_\_\_

\_\_\_\_\_ Gifted Support (please specify) \_\_\_\_\_

### ***Other Services***

\_\_\_\_\_ Occupational Therapy (please specify) \_\_\_\_\_

\_\_\_\_\_ Physical Therapy (please specify) \_\_\_\_\_

\_\_\_\_\_ Behavior Intervention Plan (please specify) \_\_\_\_\_

\_\_\_\_\_ Nursing Services (please specify) \_\_\_\_\_

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ My child has missed an extended amount of school due to illness or other reasons \_\_\_\_\_

**Parents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# FLEETWOOD AREA SCHOOL DISTRICT

BUSINESS OFFICE • ENROLLMENT 801 N. Richmond Street, Fleetwood, PA 19522-1031  
Phone: 610-944-8111 Ext. 10204 • FAX: 610-944-6842 / [khawkins@fleetwoodasd.org](mailto:khawkins@fleetwoodasd.org)

## REQUEST FOR RECORDS

To Whom it May Concern:

\_\_\_\_\_ (DOB: \_\_\_\_\_), is being enrolled in our  
school system. Their anticipated start date is \_\_\_\_\_.

Please forward the following to:

\_\_\_\_\_ **Andrew Maier Elementary, 355 Andrew Maier Blvd, Blandon, PA 19510**  
P - 610-926-2502 / F - 610-926-0923 / [brusso@fleetwoodasd.org](mailto:brusso@fleetwoodasd.org)  
\_\_\_\_\_ **Willow Creek Elementary, 605 Crisscross Rd, Fleetwood, PA 19522**  
P - 610-944-8404 / F - 610-944-5341 / [kskriletz@fleetwoodasd.org](mailto:kskriletz@fleetwoodasd.org)  
\_\_\_\_\_ **Fleetwood Area Middle School, 407 N Richmond St, Fleetwood, PA 19522**  
P - 610-944-7634 / F - 610-944-5307 / [jbashore@fleetwoodasd.org](mailto:jbashore@fleetwoodasd.org)  
\_\_\_\_\_ **Fleetwood Area High School, 803 N Richmond St, Fleetwood, PA 19522**  
P - 610-944-7656 / F - 610-944-6952 / [shawkins@fleetwoodasd.org](mailto:shawkins@fleetwoodasd.org)

Health and Dental Records Grades and Test Records  
Career Portfolio  
PA Secure ID#  
Record of current standing this semester  
Original ER, Current RR and IEP, Due Process Forms, Psychological, if applicable  
Guidance Records  
Discipline Records

ACT 26 Safe Schools Act of the Pennsylvania Public School Code provides for information to be shared between schools on any suspension or expulsion of a student from any public or private school of the 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.

Thank you for your cooperation.

I hereby authorize the release of the above records.

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

\_\_\_\_\_  
Date

## Over the Phone Interpretation: Quick reference guide

Customer: **Allegheny Intermediate Unit**

**Tip:** Using your mute button and dialing on the key pad are the fastest way to an interpreter.

1. Dial: **855-886-2901**
2. Once connected, our Voice Response System will prompt you to speak or enter your Customer Number: **3878776 followed by your CUSTOMER PIN:** Your PIN # is 5635
3. Our Voice Response System will ask you to request a language. You can respond by saying the language needed (e.g., "German") or by spelling the first three letters of the language on your telephone key pad (e.g., 437 for "German").
4. Confirm the language by **dialing 1 for "Yes", or 2 for "No"**. You will then be connected directly to your qualified medical interpreter.

All 170 languages can be requested in this manner. Below is a quick reference guide.

|                      |                       |
|----------------------|-----------------------|
| <b>Arabic 272</b>    | <b>Lithuanian 548</b> |
| <b>Bulgarian 285</b> | <b>Mandarin 626</b>   |
| <b>Czech 293</b>     | <b>Polish 765</b>     |
| <b>Cantonese 226</b> | <b>Portuguese 767</b> |
| <b>Danish 326</b>    | <b>Romanian 766*</b>  |
| <b>Dutch 388</b>     | <b>Russian 787</b>    |
| <b>Finnish 346</b>   | <b>Serbian 737</b>    |
| <b>French 373</b>    | <b>Slovak 756</b>     |
| <b>Hebrew 432</b>    | <b>Somali 766*</b>    |
| <b>Hindi 446</b>     | <b>Spanish 772</b>    |
| <b>Hungarian 486</b> | <b>Swedish 793</b>    |
| <b>Japanese 527</b>  | <b>Turkish 887</b>    |
| <b>Korean 567</b>    | <b>Vietnamese 843</b> |

\*a further step will be given, due to the numbers being the same as another language.

**If you experience any issues:** Call Customer Service at **(855) 886-2909 or (480) 403-4179** or email: [tri-customerservice@transperfect.com](mailto:tri-customerservice@transperfect.com) A live Customer Service Agent is available 24x7x365 for immediate support.

## IMMUNIZATION WAIVER

I/We, \_\_\_\_\_ the parent(s)/legal guardian(s) of \_\_\_\_\_ hereby acknowledge that my/our child is not immunized according to the immunization schedule recommended by the American Academy of Pediatrics.

**Please mark the appropriate statement as it applies to this child:**

\_\_\_\_\_ My/Our child has not received ANY immunizations.

\_\_\_\_\_ My/Our child has not received the following immunizations:

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**My/Our child has not been immunized according to the immunization schedule recommended by the American Academy of Pediatrics for the following reason:**

\_\_\_\_\_ **Medical Disability** (Attach a letter from a certified Health Care Provider detailing the specific medical disability which precludes the child from receiving immunizations.)

\_\_\_\_\_ **Religious Doctrine, Tenant or Law** (Attach a letter from your religious leader detailing the mandated religious tenant, doctrine or law which precludes the child from receiving immunizations.)

\_\_\_\_\_ **Personal Conviction or Creed** (Attach a personal statement detailing the personal conviction or creed which precludes the child from receiving immunizations.)

I/We further recognize that my/our child is at risk of contracting the disease(s) he/she is not immunized against and that should he/she contract any of these diseases he/she will be excluded from participating in the program until he/she is no longer contagious, as per the programs Communicable Diseases Policy. I/We recognize that while many other children in the child care program are immunized, this does not mean that the bacteria/viruses that cause these diseases are not present in the center. In fact, it is likely that the bacteria/viruses are present as a natural part of life and may present a risk of infection to my/our child. Recognizing all of these factors, as well as others discussed with my/our child's health care provider, I/we have made the conscious choice not to immunize my/our child and will not hold Shady Lane Child Development Center responsible, liable nor negligent in any way should my/our child contract one or more of the diseases for which he/she not immunized.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# FLEETWOOD AREA SCHOOL DISTRICT

Name of School \_\_\_\_\_

Name of Student: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Birth Date \_\_\_\_\_ Age: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement? \_\_\_\_ Yes \_\_\_\_ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  
\_\_\_\_ Yes \_\_\_\_ No

**If you answered YES to the above questions, please complete the remainder of this form.  
If you answered NO, you may stop here.**

Where is the student presently living? (Check one box.)

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

Name of Parent(s)/Legal Guardians(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

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

=====

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
McKinney-Vento Liaison Signature

# CONTACT FORM

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

First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Borough/Township FLEETWOOD MAIDENCREEK RICHMOND

Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_

Alert 1 # \_\_\_\_\_ Alert 2 # \_\_\_\_\_

(AUTOMATED ANNOUNCEMENTS FROM THE DISTRICT WILL BE SENT TO THE ABOVE ALERT #'S)

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_ Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Guardian 3 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_ Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact other than parent or guardian:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

~~~~~  
Please list other adults or siblings below that reside at this address: Grade if applicable.....

1. _____ Date of Birth _____ Grade _____

2. _____ Date of Birth _____ Grade _____

3. _____ Date of Birth _____ Grade _____

4. _____ Date of Birth _____ Grade _____

5. _____ Date of Birth _____ Grade _____
~~~~~

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital in case of Emergency: \_\_\_\_\_



# Fleetwood Area School District

ADMINISTRATION OFFICE • 801 N. Richmond Street, Fleetwood, PA 19522-1031

Phone: 610-944-8111 • FAX: 610-944-9408



## HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this, and other forms associated with the identification process.

### **Student Information (Parents/Guardians should complete this section):**

Child's name: \_\_\_\_\_

Child's Date of Birth (Month/Day/Year): \_\_\_\_\_

### **Questions for Parents or Guardians**

1. What is the language that your child first learned to speak? \_\_\_\_\_

2. Is a language other than English spoken in the child's home? ☐ No ☐ Yes

What is the language? \_\_\_\_\_

3. Does your child communicate in a language other than English? ☐ No ☐ Yes

What is the language? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime? ☐ No ☐ Yes

If yes, complete the following:

Name of Last School Attended: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of Previous School Attended: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Interpreter Provided: ☐ No ☐ Yes

\*The school district 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 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 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 in the future.

**FASD...committed to excellence**



# **Migrant Education Program Preliminary Form**

Email: [RA-Migrated@pa.gov](mailto:RA-Migrated@pa.gov)  
Phone Number: 717-783-6466  
Fax Number: 717-231-4071



We would like to know if you or your children may be eligible to participate in the **Migrant Education Program**. The Migrant Education Program is federally funded and provides **free** supplemental **educational services** for the **children of agricultural workers**. Some of our services may include - **Free/reduced-cost lunch, after-school tutoring, home visits, school-readiness programs and a six-week summer school**.

Please answer the following questions and return it to the Fleetwood Ares School District Business Office. If you have any questions, you may call the Migrant Education Program office at 717-783-6466.

Your Name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

1. Does anyone in the household work in the agricultural industry? Yes ☐ No ☐

If yes, please continue the form.

2. Have you or your family moved in the last 3 years? Yes ☐ No ☐

If yes, which family members \_\_\_\_\_?

Where did you live before? Address: \_\_\_\_\_

3. Where have you or your spouse applied for employment?

Please list: \_\_\_\_\_

\_\_\_\_\_

4. Who in your household is under the age of \_\_\_\_\_

22? \_\_\_\_\_

\_\_\_\_\_