

**Student Information**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle) (mm) (dd) (yyyy)

Name of Nonpublic School \_\_\_\_\_ School's Phone # \_\_\_\_\_

**Gender** M F **Grade Entering** \_\_\_\_\_ Has student ever attended in this school district? Y N

<b>NOTICE OF:</b>	Entry	Withdrawal	Three (3) or more days unlawful absence (or equivalent)		
	Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____

★ Transportation is Provided per 24 PS 13-1361 as amended by Act 372 of 1972. ★

For state and federal reporting requirements select one race code and one primary ethnicity from those defined below:

- American Indian | Alaskan Native
- Asian | Pacific Islander
- Black | African American
- Caucasian | White
- Hispanic | Latino
- Multi-Racial

**Select Primary Ethnicity:** Hispanic Non-Hispanic

**Adult Resident(s) with whom student resides**

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_  
(Last) (First) (MI)

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_  
(Last) (First) (MI)

**Primary Phone Number's:** Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Physical Address of Residence) (City) (State) (Zip Code)

\_\_\_\_\_  
(Mailing Address of Residence-if different from above) (City) (State) (Zip Code)

**Exact Directions to Residence:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Name of Development/Subdivision:** \_\_\_\_\_

**Municipality to which resident pays taxes:**

- BOR | East Stroudsburg
- LEH | Lehman
- MID | Middle Smithfield
- POR | Porter
- PRI | Price
- MID | Middle Smithfield
- STB | Stroudsburg
- DEL | Water Gap
- PAR | Paradise
- STR | Stroud

**Non-Public Administrator's Statement**

I ASSERT THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT IT IS A SUMMARY CRIMINAL OFFENSE TO KNOWINGLY PROVIDING FALSE INFORMATION IN THIS SWORN STATEMENT FOR THE PURPOSE OF ENROLLING A CHILD IN THE DISTRICT'S SCHOOLS, AND THAT THE PENALTY FOR SUCH AN OFFENSE IS A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000), OR 240 HOURS OF COMMUNITY SERVICE, OR BOTH, IN ADDITION TO PAYMENT OF THE DISTRICT'S COURT COSTS AND TUITION FEES.

I further certify that I will notify the East Stroudsburg Area School District immediately in the event that the facts set for herein shall no longer be correct or shall change. I also certify that I will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of this sworn statement.

**Administrator's Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE EMAIL TO: [studentregistration@esasd.net](mailto:studentregistration@esasd.net)**