

**EASTERN LEBANON COUNTY SCHOOL DISTRICT
ENROLLMENT CHECKLIST**

DISTRICT OFFICE (717) 866-7117 / Fax# (717) 866-7084

STUDENT NAME: _____ **GRADE:** _____

DATE: _____ **LEARNING OPTION:** ELCO IN-PERSON ELCO VIRTUAL ACADEMY

ONLINE FORMS COMPLETED (TO BE DONE PRIOR TO SCHEDULING AN IN-PERSON APPOINTMENT)

→ **To Schedule a Registration Appointment:** <https://elcoregistration.as.me/>

DOCUMENTS TO BE SUBMITTED AT SCHEDULED APPOINTMENT

PROOF OF AGE Examples: Birth Certificate, Passport, Baptismal Certificate

PROOF OF RESIDENCY Examples: Lease, Mortgage, Utility Bill (*printed bill from online account is acceptable*), Property Tax Bill, or Pay Stub showing Name, Address & Date.

IMMUNIZATION RECORDS Doctor's offices may fax to: [\(717\) 866-7084](tel:7178667084)

PARENT/LEGAL GUARDIAN ID Example: Driver's License

ENROLLMENT FORMS to be completed at the scheduled enrollment appointment. To expedite the appointment, forms may be downloaded from the ELCO website Student Registration page and completed in advance of the appointment.

RESIDENCY AFFIDAVIT – Attach Proof of Residency **See Examples Above*

If renting, landlord's signature is required on Residency Affidavit unless student's name is listed on the lease.
If homeowner is other than self, see center section of Residency Affidavit and have homeowner sign the form.

RELEASE OF INFORMATION *N/A for kindergarten students enrolling for the first time

BUS STOP REQUEST FOR CHILDCARE: Complete if pick up/drop off are different than home address.

KINDERGARTEN STUDENTS *Both forms to be returned prior to or soon after the start of school.

* **PRIVATE PHYSICIAN'S REPORT**

* **PRIVATE DENTIST REPORT**

ADDITIONAL DOCUMENTS TO BRING TO APPOINTMENT (IF APPLICABLE AND/OR AVAILABLE):

If other than the natural, adoptive, or foster parent(s) the following is required:

COURT ORDER If Applicable, Granting Legal Guardianship
- OR -

GUARDIANSHIP - SWORN STATEMENT BY RESIDENT UNDER 13-1302:

Contact Tina Kunder at (717) 866-7117 ext. 10803 or tkunder@elcosd.org to discuss. *MUST BE NOTARIZED.

CUSTODY AGREEMENT: If Applicable

FOSTER CARE FORM

ACADEMIC RECORDS: Transcripts, Most Recent Report Card, Progress Reports, etc.

SPECIAL EDUCATION FILES: If Applicable (Current Copy of IEP and Most Recent Evaluations)

ATHLETIC REGISTRATION QUESTIONNAIRE: HS Students Only

TO BE COMPLETED BY THE SCHOOL

Re-Enroll

FZ -OR- JA

Appt: _____

Student I.D. # _____

School Year _____

District Entry/Reentry Date _____

PA Entry Date: _____

Library/Cafeteria ID # _____

HS - 9th Grade Entry Date: (YYYY-MM-DD) _____

Admission Code _____

HS - Expected Graduation (MM/YY) _____

Transfer From: _____

Special Ed _____ ESL _____

Temporary Living Situation: _____

Records to Sec Address

F&R