

EAST STROUDSBURG AREA SCHOOL DISTRICT NON-PUBLIC STUDENT REGISTRATION FORM | TRANSPORTATION (ACT 372)

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 ☐

NOTICE OF:

☐ Entry Date ____/____/____	☐ Withdrawal Date ____/____/____	☐ Three (3) or more days unlawful absence (or equivalent) 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: student-registration@esasd.net