



**District Administrative Office**

200 South Rolling Road  
Springfield, Pennsylvania 19064  
Main: (610) 938-6000 • Fax: (610) 938-6005

## Kindergarten and New Grade 1 Registration

Welcome to Springfield School District!

Springfield School District centrally registers all new students to the District. Below you will find a registration checklist, detailing all necessary documents, and a student registration packet.

Here are a few tips and recommendations to keep in mind while completing the packet:

1. Download and save the registration packet before completing the forms to avoid lost data.
2. One packet is required for each student registering.
3. If possible, please complete/fill in the packet electronically; this helps with legibility.
4. Please review, complete and sign each page of the packet; pages 3-13 are required. Only if applicable, complete page 15 (adjust the print range to include the additional page if printing).
5. Please print single-sided, do not print front to back.
6. Bring all original documents and proofs to your scheduled appointment.
7. Visit the district website to view the latest news regarding registration ([www.ssdcougars.org/registration](http://www.ssdcougars.org/registration)).

Current year registration packets can be submitted electronically or by mail to the registration office, but appointments are required to review original documents (do not email photos, only scanned documents will be accepted).

Email: [registration@ssdcougars.org](mailto:registration@ssdcougars.org)

-or-

U.S. Mail/Drop Off:  
Springfield School District  
Attn: Central Registrar  
200 South Rolling Road  
Springfield, PA 19064

If you need assistance completing the packet, need to schedule an appointment or have any questions, please do not hesitate to contact our Central Registrar at 610-938-6018 or [registration@ssdcougars.org](mailto:registration@ssdcougars.org).

Thank you!

## Kindergarten and New 1<sup>st</sup> Grade Student Registration Checklist

### **STEP 1: DOCUMENTS TO SUBMIT WITH REGISTRATION PACKET:**

- 1. Student Proof of Birth** (An original birth certificate from the State of Birth or a copy issued by a Government Agency)  
2023-24 Enrollment: Gr K birth date must be 8/31/2018 or earlier, Gr 1 birth date must be 8/31/2017 or earlier  
2024-25 Enrollment: Gr K birth date must be 8/31/2019 or earlier, Gr 1 birth date must be 8/31/2018 or earlier
- 2. Student Health Records:** Proof of immunization is required along with a physical form from a licensed PA physician which has been completed within one (1) year of enrollment.
- 3. Two Proofs of Residency from District Resident:** One from each of the following categories:

#### Category I:

- a. Deed or Mortgage statement/book with address (**most recent statement-within 30 days of registration**)  
If payments are made electronically, letter from mortgage company with current address listed or previous year's 1098 tax form.
- b. Current Lease listing all occupants (Notarized Landlord Certification Letter required if lease is month to month or otherwise not current)

#### Category II:

- a. Utility Bill: Electric, Water, or Cable (Phone bill is NOT acceptable) (**most recent-within 30 days of registration**)
- 4. One Form of Parental Identification:**
- a. PA Driver's License or PA Photo ID with a Springfield/Morton address

### **STEP 2: FORMS TO COMPLETE, PRINT AND SUBMIT WITH REGISTRATION PACKET:**

- 1. Kindergarten/New First Grade Registration Packet** – One packet is required for each student registering.
- 2. Physical Form** – A generic physical form can be found under the 'Related Files' on Registration webpage.
- 3. Authorization to Verify Rental Residency** – Please complete if you lease your home. Form can be found at the end of the Registration packet.

### **STEP 3: ADDITIONAL FORMS TO SUBMIT WITH REGISTRATION PACKET (IF APPLICABLE):**

1. Academic Records from previous school.
2. Copy of the IEP, GIEP, or 504.
3. Custody Order

\*\*\*\*PLEASE HAVE YOUR PACKET COMPLETED PRIOR TO YOUR SCHEDULED APPOINTMENT\*\*\*\*

The Springfield School District strives to enroll students within two days, but in no more than five pursuant to the PA Public School Code. A student's naturalization and/or immigration status shall not hinder enrollment nor shall the delay in receiving a student's prescribed registration documents pursuant to School Board Policy.

# SPRINGFIELD SCHOOL DISTRICT - STUDENT REGISTRATION APPLICATION

**STUDENT INFORMATION**

PLAN 504:

NAME: \_\_\_\_\_ GENDER:  M  F DOB: \_\_\_\_\_  
LAST FIRST MIDDLE SPEC ED (IEP):   
 GIFTED (GIEP):

HISPANIC/LATINO:  Yes  No ETHNICITY/RACE (check all that apply): Am Indian/Alaska Native:  Asian:  Black/African American:  Nat Hawaiian/Oth Pacific Island:  White:

CITY/STATE/COUNTRY OF BIRTH: \_\_\_\_\_ CHILD of MILITARY (Active Duty):  F. EX:  MIGRANT:  IMMIGRANT:

FROM OUT OF STATE/COUNTRY - PA RESIDENCE DATE: \_\_\_\_\_ DATE 1ST ENROLLED IN US SCHOOL: \_\_\_\_\_ GR 09 ENTRY DATE: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ PHONE (Primary): \_\_\_\_\_  
Street City State Zip

PREVIOUS HOME ADDRESS: \_\_\_\_\_ PREVIOUS PRESCHOOL/SCHOOL: \_\_\_\_\_

PREVIOUS SCHOOL WITHDRAW/COMPLETED - DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ PREV. SCHOOL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN (P/G) INFORMATION	STATUS (Circle One):	SINGLE	MARRIED	SEPARATED <sup>1</sup>	DIVORCED <sup>1</sup>	GUARDIAN <sup>1</sup>	WIDOW/ER	FOSTER <sup>2</sup>
P/G 1 NAME: _____ RELATION TO CHILD: _____ SPOUSE (STEP/OTHER): _____								
PHONE (H): _____ (C*): _____ RECEIVE SSD SMS/TEXTS*: <input type="checkbox"/> EMAIL: _____								
EMPLOYER: _____ PHONE (W): _____ ADDRESS SAME AS ABOVE: <input type="checkbox"/>								
P/G 2 NAME: _____ RELATION TO CHILD: _____ SPOUSE (STEP/OTHER): _____								
ADDRESS SAME AS ABOVE: <input type="checkbox"/> -or- ADDRESS (H): _____ <small style="margin-left: 100px;">Street</small> <small style="margin-left: 150px;">City</small> <small style="margin-left: 150px;">State</small> <small style="margin-left: 150px;">Zip</small>								
PHONE (H): _____ (C*): _____ RECEIVE SSD SMS/TEXTS*: <input type="checkbox"/> EMAIL: _____								
EMPLOYER: _____ PHONE (W): _____								

\* While Springfield SD and School Messenger do not charge for receiving text messages, standard text message rates may apply.

ADDITIONAL SCHOOL-AGE CHILDREN			
NAME	SCHOOL	AGE	GRADE

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Approved By \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY	
<input type="checkbox"/> PA Driver's License or PA Photo ID (REQUIRED)	<input type="checkbox"/> Multiple Occupancy
<input type="checkbox"/> Deed, Lease, Mortgage	<input type="checkbox"/> Intent to Move
<input type="checkbox"/> Utility Bill	<input type="checkbox"/> 1302 Affidavit
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Custody Decree <sup>1</sup>
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Foster - Court Letter <sup>2</sup>
<input type="checkbox"/> Physical	
Academic Yr: _____ 1 <sup>st</sup> Day of Enrollment: _____ Bldg: _____ Gr: _____	
Student ID: _____ PA Secure ID: _____ Fam# _____	

**SPRINGFIELD SCHOOL DISTRICT**  
**KINDERGARTEN PLACEMENT PREFERENCE**

Our placement process is a multi-faceted process which includes student needs, supports, and heterogeneous grouping. This form does NOT guarantee AM/PM placements. We will take preference into consideration when possible. Please plan for child care and or transportation based on the possibility that your child may be in either session.

Child's Name: \_\_\_\_\_

AM/PM Placement Preference:

A. Session Preferred (check one):	AM (9:00 – 11:30)	<input type="checkbox"/>	or
	PM (1:00 – 3:30)	<input type="checkbox"/>	or
	No Preference	<input type="checkbox"/>	

B. Describe the specific need/reason for the session checked above:

CARPOOL INFORMATION

If you are already involved with a tentative carpool, please indicate the names of the other children.

Name

Phone

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Parent Signature: \_\_\_\_\_



## AUTHORIZATION FOR RELEASE OF RECORDS

This is an authorization to release to Springfield School District the information indicated below regarding:

\_\_\_\_\_ DOB: \_\_\_\_\_  
(Print Name of Student)

- \_\_\_ Educational records including Standardized Test Scores and official transcript
- \_\_\_ Copy of Birth Certificate
- \_\_\_ Special Education records including IEP's and CER's
- \_\_\_ Attendance and Discipline records
- \_\_\_ Medical records including diagnosis, medical history and immunizations
- \_\_\_ Psychiatric/Psychological/biopsychosocial consultations/assessments
- \_\_\_ Treatment Plans and Discharge Summaries
- \_\_\_ Continuing Care Plan(s)
- \_\_\_ Legal Services
- \_\_\_ Custody Documents

The above named student(s) has registered at Springfield School District. These records are needed for the proper evaluation of the above named student(s) for educational placement and services by Springfield School District.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian/Legal Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Building Administrator)

\_\_\_\_\_  
(Date)

### PLEASE SEND RECORDS TO:

\_\_\_ **Springfield Literacy Center**  
210 West Woodland Avenue  
Springfield, PA 19064  
P: 610-690-3100 / F: 610-690-3105

**SPRINGFIELD SCHOOL DISTRICT**  
**SPECIAL EDUCATION VERIFICATION FORM**

I certify that my child \_\_\_\_\_;  
(Print Student's Name)

\_\_\_\_\_ Is not now, nor has previously been identified as a Special Education student.

\_\_\_\_\_ Has been previously identified as a Special Education student with an IEP\*, but is no longer classified as a Special Education student.

\_\_\_\_\_ Has been identified as a Special Education student and is currently or was receiving services through an IEP\*.

Date of current IEP\* \_\_\_\_\_

Date of Evaluation Report \_\_\_\_\_

(Parent must provide a copy of the current IEP/ER)

\_\_\_\_\_ Is currently or has been receiving services through a 504 Agreement.

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

\_\_\_\_\_  
Date

\*IEP – An IEP is an Individualized Education Program and is the written plan for the education of a student who has a disability or is gifted.

**OFFICE USE ONLY**

Academic Year: \_\_\_\_\_

Bldg #: \_\_\_\_\_

PASecureID #: \_\_\_\_\_

**SPRINGFIELD SCHOOL DISTRICT**  
**SUSPENSION AND EXPULSION VERIFICATION**

**Act 26 of 1995**

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian, or other person having control or charge of a student shall, upon registration, provide a sworn statement of affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of 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."

Please complete the following:

I, \_\_\_\_\_ being the parent or person having control over  
(Parent/Guardian Name)  
student \_\_\_\_\_ hereby swear or affirm that said student has been  
(Student Name)  
suspended \_\_\_\_\_ times and/or expelled \_\_\_\_\_ times from any public or private school of the Commonwealth of Pennsylvania, or any other state, for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person or for any act of violence committed on school property\*. I make this statement subject to the penalties of 24P.S. Section 13-1304-A(b) and 18 PA. C.S.A Section 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\*Name of the school from which student was suspended or expelled; reason for suspension or expulsion; and dates of suspension or expulsion (optional).

Notice: Any willful false statement made under this act shall be a misdemeanor of the third degree. This statement shall be maintained as part of the student's disciplinary record.

**SPRINGFIELD SCHOOL DISTRICT**  
**HEALTH HISTORY FORM**

The following information is needed by the school for the health record of your child and in assisting him/her to receive the maximum benefits from school.

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Has your child had any of the following:

Allergy \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Recurring Illness \_\_\_\_\_ German Measles \_\_\_\_\_

Operations \_\_\_\_\_ Measles \_\_\_\_\_

Emotional Problems \_\_\_\_\_ Mumps \_\_\_\_\_

Serious Accidents \_\_\_\_\_ Polio \_\_\_\_\_

Eyeglasses (if so, how long) \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

Tuberculosis (any family member) \_\_\_\_\_

List any other medical problems you feel should be known:

Students in kindergarten and new entrants are required to have a complete physical examination.

Name of Family Physician \_\_\_\_\_

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

Date \_\_\_\_\_



# SPRINGFIELD SCHOOL DISTRICT

## DENTAL FORM

Students entering kindergarten or new entrance into the first grade (those students who did not attend kindergarten in a public or parochial school in the State of Pennsylvania) are required to have a dental examination. This requirement can be fulfilled if your child has had a dental examination within one (1) year prior to school entrance. If not, an evaluation will be done in school in the early part of the school year.

Please complete the parent form (Form II-PPS-24A) and if not requesting an in-school exam, have your dentist complete the dental form (Form I-PPS-23) and return it to the central registrar prior to the beginning of school.

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### FORM I – DENTIST

Re: \_\_\_\_\_

Student's Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

The above-named student had a dental examination on \_\_\_\_\_ .  
A summary of my findings follows: (Date)

(PPS-23)

\_\_\_\_\_  
Dentist

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### FORM II – PARENT

Re: \_\_\_\_\_

Student's Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

\_\_\_\_\_ I request that a dental evaluation be done in school.

\_\_\_\_\_ I will be returning the completed dental form (PPS-23) within one (1) month.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

(PPS-24A)

# SPRINGFIELD SCHOOL DISTRICT

## HOME LANGUAGE SURVEY\*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: Springfield, Delaware County

Date: \_\_\_\_\_

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

1. What language(s) is/are spoken in your home? \_\_\_\_\_

2. Does the student speak a language(s) other than English?  Yes  No

(Do not include languages learned in school.)

First Language: \_\_\_\_\_

Other Language(s): \_\_\_\_\_

3. If the student attended school outside Pennsylvania, please provide the following information (Also include schools attended that are outside the United States):

Name of School	State/Country	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Initial US Entry Date \_\_\_\_\_

Initial LEP Program Entry Date (if enrolled in LEP Program in prior school) \_\_\_\_\_

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

\*The school district/charter school/full day AVTS 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/charter school/full day AVTS 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/charter school/full day AVTS 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/charter school/full day AVTS in the future.

# SPRINGFIELD SCHOOL DISTRICT

## NEW REGISTRANT QUESTIONNAIRE

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

1. Please let us know of any significant medical history that may affect your child in school.
2. Has your child been recommended for testing or actually been tested by a speech therapist, psychologist, or other individuals for learning or behavior problems?
3. Were there any problems or concerns at your child's last school?
4. Was your child involved in any additional services at the previous school? (Examples: Resource Room, Speech, Gifted, IST, Title 1, Reading Specialist)

5. Was your child recommended to go to the next grade level? If not, what was the recommendation?

6. What are your child's strengths/needs?

7. Did your child's former school make any suggestions based on these strengths/needs?

8. Are you interested in any information on parenting skills?

9. Would you like to discuss any information or concerns with school personnel?



## PARENTAL CUSTODY AND ACCESS TO SCHOOL INFORMATION

Recent court decisions and legal opinions have made it clear that school officials must remain neutral toward parents who are separated or divorced. We **may not side** with one parent against the other regardless of the child's residence or guardianship. Like you, teachers and school officials hope that students can be protected from emotional stress resulting from parental disagreement over matters involving the school.

If you have a court decree which establishes you as legal guardian, please make sure that a copy of that document is forwarded to District Office as soon as possible. In some cases, a document can provide a legal basis for working with one parent at the exclusion of another.

In the absence of such a document, you must be aware that school officials cannot deny either parent access to his/her child, or the child's school records. We could not refuse to provide information or refuse to meet with or work with the other parent. We could not prevent the other parent from picking up the child from school property or withdrawing the child from the school and enrolling them in another school.

Please Check the appropriate response and sign below to indicate that you have read this statement and understand its content.

- N/A – (Parents/Guardians are residing together) or (Only one surviving Parent/Guardian)
- Parents/Guardians are NOT residing together – Child Custody Agreement is being sent to District Office, Registrar.
- Parents/Guardians are NOT residing together and **choose not to provide a copy** of the Child Custody Agreement.
- Parents/Guardians are NOT residing together and the below parent/guardian swears, or affirms, that there is **NO Child Custody Agreement in affect**.

Student Name (Print) \_\_\_\_\_

Grade: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

IF LEASING YOUR HOME,  
COMPLETE THE NEXT PAGE.

If the form does not apply, SAVE AND PRINT  
your packet now (single-sided).

If you complete the next page, please adjust the  
print range to include page 15 prior to printing.

**SPRINGFIELD SCHOOL DISTRICT**  
**AUTHORIZATION TO VERIFY RENTAL RESIDENCY**

I, \_\_\_\_\_, do hereby give the Springfield School District authorization to contact my landlord to verify residency on the following property:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Rental Beginning and Ending Dates

Authorization Form dated \_\_\_\_\_

\_\_\_\_\_  
Landlord's Name

\_\_\_\_\_  
Lessee's Signature

\_\_\_\_\_  
Landlord's Telephone Number

\_\_\_\_\_  
Lessee's Telephone

\_\_\_\_\_  
Landlord's Fax Number