



Hello from Springfield School District!

Springfield School District holds re-registration for all current students entering grade six and nine. In order for your child to continue their education in the Springfield School District, you must complete the re-registration process. Below you will find a Re-Registration Checklist, detailing all necessary documents, and a Student Re-Registration packet.

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

1. One Student Re-Registration Application is required for each student re-registering.
2. If possible, please complete/fill in the packet electronically; this helps with legibility.
3. Please review, complete and sign page 3 and 4 of the packet; both pages are required. Only if applicable, complete page 6 (be sure to adjust the print range to include the additional page).
4. Please print single-sided, do not print front to back.
5. Bring all documents and proofs to your scheduled appointment. All appointments are held in the Administration Office located at 200 South Rolling Road in Springfield.

If you need assistance completing the packet or have any questions, please contact our Central Registrar at 610-938-6018 or registration@ssdcougars.org.

Thank you!

Mandatory 6th and 9th Grade Student Re-Registration Checklist

STEP 1: ORIGINAL DOCUMENTS TO BRING TO YOUR APPOINTMENT:

- 1. 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**)

- 2. 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, SIGN AND BRING TO YOUR APPOINTMENT:

- 1. Student Re-Registration Application** - One packet is required for each student.
- 2. Parental Custody and Access to School Information** - One form is required for each student.
- 3. Authorization to Verify Rental Residency** – Please complete if you lease your home.

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

SPRINGFIELD SCHOOL DISTRICT - STUDENT RE-REGISTRATION APPLICATION

STUDENT INFORMATION

PLAN 504:

NAME: _____ GENDER: M F DOB: _____ SPEC ED (IEP):
LAST FIRST MIDDLE 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:

PRESENT ADDRESS: _____ PHONE (Primary): _____
Street City State Zip

CHECK HERE IF: Change of Address: Change of Primary Parent/Guardian:

PARENT/GUARDIAN (P/G) INFORMATION STATUS (Circle One): SINGLE MARRIED SEPARATED ¹ DIVORCED ¹ GUARDIAN ¹ WIDOW/ER FOSTER ²

P/G 1 NAME: _____ RELATION TO CHILD: _____ SPOUSE (STEP/OTHER): _____
 PHONE (H): _____ (C*): _____ RECEIVE SSD SMS/TEXTS*: EMAIL: _____
 EMPLOYER: _____ PHONE (W): _____ ADDRESS SAME AS ABOVE:

P/G 2 NAME: _____ RELATION TO CHILD: _____ SPOUSE (STEP/OTHER): _____
 ADDRESS SAME AS ABOVE: -or- ADDRESS (H): _____
Street City State Zip
 PHONE (H): _____ (C*): _____ RECEIVE SSD SMS/TEXTS*: 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

OFFICE USE ONLY

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

Parent/Guardian Signature _____ Date _____

Approved By _____ Date _____



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 6 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