



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 and complete each page of the packet; pages 3-12 are required. Only if applicable, complete pages 14-16 (adjust the print range to include any additional pages if printing).
5. If printing, please print single-sided, do not print front to back.
6. Send all documents and proofs to:

Email: registration@ssdcougars.org

-or-

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

If you need assistance completing the packet or have any questions, please do not hesitate to contact our Central Registrar at 610-938-6018.

Thank you!

Kindergarten and New 1st 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)
2020-21 Enrollment: Gr K birthdate must be 8/31/2015 or earlier, Gr 1 birthdate must be 8/31/2014 or earlier
2021-22 Enrollment: Gr K birthdate must be 8/31/2016 or earlier, Gr 1 birthdate must be 8/31/2015 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 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. **Record of Divorced, Separated or Single Parents** – Please complete if applicable. Form can be found at the end of the Registration packet.
4. **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.

SEND COMPLETED PACKET(S) TO:

EMAIL: registration@ssdcougars.org OR MAIL TO/DROP OFF: Springfield School District
Attn: Central Registrar
200 S. Rolling Rd
Springfield, PA 19064

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

NAME: _____ GENDER: M F DOB: _____ SPECIAL ED:
LAST FIRST MIDDLE

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 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*: <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"/> Bank Statement	<input type="checkbox"/> Intent to Move
<input type="checkbox"/> PA Vehicle Registration	<input type="checkbox"/> Deed, Lease, Mortgage
<input type="checkbox"/> Pay Stub	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Voter's Registration	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Custody Decree ¹
	<input type="checkbox"/> Foster - Court Letter ²
Academic Yr: _____ 1 st 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

Parent Signature: _____



**SPRINGFIELD SCHOOL DISTRICT
CENTRAL REGISTRATION
200 S. Rolling Road
Springfield, PA 19064
610-938-6018**

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.

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

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?

THE NEXT FEW PAGES ARE ADDITIONAL FORMS
TO BE COMPLETED ONLY IF APPLICABLE.

If these forms do not apply, SAVE OR PRINT
(SINGLE-SIDED ONLY) your packet now

If you complete any of the additional forms and are
printing, please adjust the print range to include
these pages.

SPRINGFIELD SCHOOL DISTRICT

PROCEDURES FOR CHILDREN WHOSE PARENTS ARE DIVORCED, SEPARATED, OR SINGLE

Registration Details

Child must be living with parent residing in Springfield School District a minimum of 50% of the full week throughout the calendar year. If the child is residing with both parents equally, the resident parent will be labeled as the primary contact. If both parents reside in the District, the parent registering the child will be labeled as the primary contact. A copy of these procedures, with the signature page, will then be provided to each parent if requested. Parents are responsible for carrying out their responsibilities regarding these procedures.

Children of Single, Separated or Divorced Parents with Custody Decree

The registering parent must complete the next page and present the custody documents to the Central Registrar. The school district will follow the terms of the custody decree specifically. A copy of the document will be maintained in the child's school file, along with these procedures.

Children of Single, Separated or Divorced Parents with No Custody Decree

The registering parent must present a **notarized** letter stating the custody/living arrangements of the child. The next page of this form may be notarized and used as an alternative to a notarized letter. The school district will follow the terms of the notarized letter/form specifically. A copy of the document will be maintained in the child's school file, along with these procedures.

Student Record Details

The registering parent will routinely receive all correspondence and communications regarding their child. If allowed access, the non-registering parent may request, in writing, the same information. This request should be addressed to the building principal. Both parents will be notified and urged to attend meetings pertaining to special education placement, discussions pertaining to promotion or retention, suspensions, expulsions or other serious disciplinary matters. Therefore, it will be the parents' responsibility to keep the school informed of their current addresses, email and phone numbers.

The registering parent will be notified in the event of serious accidents. If this parent is not available, the person(s) listed on the health emergency card will be contacted. If these contact persons are not available, the non-registering parent will be contacted if possible. The non-registering parent may request, in writing, that he/she be notified in the event of a serious accident. The District will make reasonable efforts to comply with such requests.

RECORD OF DIVORCED, SEPARATED OR SINGLE PARENTS

Parents are: Divorced Separated Single **Is there a custody decree?** Yes (Copy must be submitted) No

Student's Name _____ School _____

Student's Name _____ School _____

Student's Name _____ School _____

Parent 1 – Student's Primary Residency:

Days of the week and time at residence: _____

Other People Residing in the Household of Parent 1 (e.g. Step Parent):

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Parent 2 – Student's Secondary Residency/Not Residing:

Name: _____ Relationship _____

Address: _____

Phone: _____ (H) _____ (W) _____ (C)

Days of the week and time at secondary residence (if applicable):

Other People Residing in the Household of Parent 2 (if known):

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Other pertinent information you would like for us to know:

Provide Names:

Who can pick up the child(ren) from school: _____

Who can be contacted by the nurse if registering parent unavailable: _____

Who can access HAC to grades, attendance, etc.: _____

By my signature, I affirm that the information above is correct to the best of my knowledge and that I have received a copy of the school district's procedures for children whose parents are divorced, separated or single.

(Signature of Parent/Guardian)

(Signature of Parent/Guardian)

Sworn to and subscribed before me this _____ day of _____, 20 _____

NOTARY PUBLIC

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