



## 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. One packet is required for each student registering.
2. If possible, please complete/fill in the packet electronically; this helps with legibility.
3. Please review and complete each page of the packet; pages 3-12 are required. Only if applicable, complete pages 14-16 (be sure to adjust the print range to include any additional pages).
4. Please print single-sided, do not print front to back.
5. Bring all documents and proofs to your scheduled appointment.
6. Visit the district website to view the registration appointment options.

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 1<sup>st</sup> Grade Student Registration Checklist

### **STEP 1: ORIGINAL DOCUMENTS TO BRING TO YOUR APPOINTMENT:**

1. **Student Proof of Birth** (An original birth certificate from the State of Birth or a copy issued by a Government Agency)  
2018-19 Enrollment: Gr K birthdate must be 8/31/2013 or earlier, Gr 1 birthdate must be 8/31/2012 or earlier  
2019-20 Enrollment: Gr K birthdate must be 8/31/2014 or earlier, Gr 1 birthdate must be 8/31/2013 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. **Two Forms of Parental Identification:** One from each of the following categories:

#### Category I:

- a. PA Driver's License or PA Photo ID with a Springfield/Morton address

#### Category II:

- a. PA Vehicle Registration
- b. PA Voter's Registration
- c. Pay Stub (**most recent-within 30 days of registration**)
- d. Bank Statement or Bank Verification Letter with current address (**most recent-within 30 days of registration**)

### **STEP 2: FORMS TO COMPLETE, PRINT AND BRING TO YOUR APPOINTMENT:**

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 BRING TO YOUR APPOINTMENT (IF APPLICABLE):**

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

\*\*\*\* PLEASE HAVE YOUR PACKET COMPLETED BEFORE YOUR SCHEDULED APPOINTMENT \*\*\*\*

# 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 <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: 100px;">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"/> 1302 Affidavit
<input type="checkbox"/> Pay Stub	<input type="checkbox"/> Deed, Lease, Mortgage
<input type="checkbox"/> Voter's Registration	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Birth Certificate
	<input type="checkbox"/> Custody Decree <sup>1</sup>
	<input type="checkbox"/> Foster - Court Letter <sup>2</sup>
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)             or  
   PM    (1:00 – 3:30)             or  
   No Preference                

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  
111 West Leamy Avenue  
Springfield, PA 19064  
610-938-6021**

**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

**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.



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, PRINT your packet now;  
SINGLE-SIDED ONLY

If you complete any of the additional forms, 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