SPRINGFIELD SCHOOL DISTRICT

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

Hello from Springfield School District!

Springfield School District requires an annual renewal of all Section 1302 registrants. Below you will find a Section 1302 Renewal Checklist and the forms required to complete your renewal.

For the 2025-2026 school year, Springfield School District will also require proofs of residency and identification. All documents and proofs must be submitted before the start of the school year.

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

1. Download and save the packet before completing the forms to avoid lost data.
2. Complete the forms electronically.
3. Review and complete required pages 3-4.
4. Please print single-sided, do not print front to back.
5. The Affidavit for Certification must be notarized.

Appointments are required to return forms and proofs to the Central Registrar. If you need assistance completing the packet or have any questions, please contact our Central Registrar at 610-938-6118 or registration@ssdcougars.org.

Thank you!

Annual Section 1302 Renewal Checklist

DISTRICT RESIDENT'S DOCUMENTS TO SUBMIT WITH RENEWAL PACKET:

1. **District Resident's Two Proofs of Residency:** One from each of the following categories:

   Category I:

   a. Deed or Mortgage statement/book with address **(most recent statement)**
   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 and specific terms (**If lease is month to month or not current, a notarized letter from your landlord on letterhead is required**)

   Category II:

   a. Utility Bill: Electric, Water, or Cable (Phone bill is NOT acceptable) **(most recent statement)**

2. **District Resident's Identification:**

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

FORMS TO COMPLETE AND PRINT:

1. **Application for Affidavit** – This form must be completed by the district resident.
2. **Affidavit for Certification** – This form must be completed and notarized by the district resident.

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

BLDG #: _____
School Yr: _____
Grade: _____
Fam#: _____

SPRINGFIELD SCHOOL DISTRICT

SPRINGFIELD, PENNSYLVANIA 19064

APPLICATION FOR AFFIDAVIT
Section 1302 – Pennsylvania School Law

I, _____, request approval to enroll _____
in the Springfield School District as a Section 1302 student(s). (Student(s) Name)

What is your relationship to the child(ren)? _____

What are the reasons for your request?

_____

Describe the extent for which you will be responsible for the child(ren):

_____

How will you financially support the child(ren)?

_____

How long a period of time do you intend to support the child(ren)?

_____

What portion of the week will the child(ren) reside in your home?

_____

_____ _____
Signature of Resident Assuming Parental Responsibility Present Address

_____ _____
Signature of Parent/Guardian Present Address

_____ _____
Signature of SSD Representative Date

White: Registration Yellow: Parent/Guardian Pink: School Rev 07/2022
Reference – Policy No. 202

BLDG #: _____
School Yr: _____
Grade: _____
Fam#: _____

SPRINGFIELD SCHOOL DISTRICT

SPRINGFIELD, PENNSYLVANIA 19064

AFFIDAVIT FOR CERTIFICATION REQUIRED IN CONNECTION WITH SECTION 1302 OF THE PENNSYLVANIA SCHOOL LAW

This is to certify that my permanent residence is in the Springfield School District. I am supporting _____ gratis, meeting one hundred percent (100%) of his/her necessary financial obligations and providing permanent lodging. I intend to support the child continuously, and not merely through the school term. In so doing, I accept the following responsibilities:

- I assume all responsibility for proper school attendance.
- Any and all matters of discipline or misconduct in school will be my responsibility.
- I will have the sole responsibility for giving permission for psychological counseling, medical treatment, excusal from school, field trip permission, and any other authorization needed by the school.
- I fully understand that the school will contact me regarding any and all school related matters which pertain to the child.
- I will assume the responsibility for notifying the school district should there be any change in residency.

I am aware that the facts, as stated above, are subject to investigation. Should it be determined that the above information is not a true statement of fact, either now or in the future, I shall be liable to reimburse the Springfield School District at the current tuition rate*, prorated for the days of non-resident attendance in this District. The estimated costs are $6,230.48 for Kindergarten, $12,460.96 for elementary, and $12,194.67 for secondary for the school year.

I have read the above and I fully understand and agree to the responsibilities I have assumed.

_____ _____
Signature of Resident Assuming Parental Responsibility Date

_____
Address of Resident Assuming Parental Responsibility

_____ _____
Signature of Parent/Guardian Date

_____
Address of Parent/Guardian

_____
School District in which Parent(s)/Guardian(s) Lives

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

_____ _____
NOTARY PUBLIC Signature of SSD Representative Date

Rev 07/2024

White: Registration Yellow: Parent/Guardian Pink: School Reference – Policy No. 202