

**EASTERN LEBANON COUNTY SCHOOL DISTRICT
ENROLLMENT CHECKLIST**

DISTRICT OFFICE (717) 866-7117 / Fax# (717) 866-7084

STUDENT NAME: _____ **GRADE:** _____
LEARNING OPTION: ELCO IN-PERSON ELCO ONLINE SYNCHRONOUS ELCO VIRTUAL ACADEMY

To schedule a registration appointment please visit: <https://elcoregistration.as.me/>

DOCUMENTS REQUIRED TO BE SUBMITTED AT SCHEDULED APPOINTMENT

- PROOF OF AGE** Original Birth Certificate, Passport, State Issued ID or Driver's License (in student's name)
- PROOF OF RESIDENCY** Lease, Mortgage, CURRENT Utility Bill (printed bill from online account is acceptable), Property Tax Bill, or Pay Stub showing Name, Address & Date.
- IMMUNIZATION RECORDS** Showing all Vaccines to Date. Doctor's Offices may Fax to: (717) 866-7084
- PARENT/LEGAL GUARDIAN ID** Driver's License with Current Address

ENROLLMENT FORMS to be completed at the scheduled enrollment appointment. To expedite the appointment, forms may be downloaded from the ELCO website Student Registration page and completed in advance of the appointment.

- RESIDENCY AFFIDAVIT** – Attach Proof of Residency *See Examples Above
If renting, landlord's signature is required on Residency Affidavit unless student's name is listed on the lease.
If homeowner is other than self, see center section of Residency Affidavit and have homeowner sign the form.
- RELEASE OF INFORMATION** (N/A for kindergarten students enrolling for the first time)
- TRANSPORTATION FORM: KINDERGARTEN** **TRANSPORTATION FORM: GRADE 1-12**
Required for all kindergarten students. Complete if pick up/drop off are different than home address.

KINDERGARTEN STUDENTS

- * **PRIVATE PHYSICIAN'S REPORT** *Needed Prior to the Start of School
- * **PRIVATE DENTIST REPORT** *Needed Prior to the Start of School

ADDITIONAL DOCUMENTS TO BRING TO APPOINTMENT IF APPLICABLE AND/OR AVAILABLE:

If other than the natural, adoptive or foster parent(s) the following is required:

- COURT ORDER** If Applicable, Granting Legal Guardianship
- OR -
- GUARDIANSHIP - SWORN STATEMENT BY RESIDENT UNDER 13-1302:**
Contact Tina Kunder at (717) 866-7117 ext. 10803 or tkunder@elcosd.org to discuss. MUST BE NOTARIZED.
- CUSTODY AGREEMENT:** If Applicable
- SPECIAL EDUCATION FILES:** If Applicable (Current Copy of IEP and Most Recent Evaluations)
- ACADEMIC RECORDS:** Transcripts, Most Recent Report Card, Progress Reports, etc.
- FREE & REDUCED LUNCH APPLICATION:** If Applicable (Does not carry over from prior school district)
- ATHLETIC REGISTRATION QUESTIONNAIRE:** HS Students Only

**EASTERN LEBANON COUNTY SCHOOL DISTRICT
RESIDENCY AFFIDAVIT**

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the Eastern Lebanon County School District and amend the residency affidavit. Any false statements can and will be punishable by law.

Student Name: _____

I/We, _____ currently reside at
Parent/Guardian Name(s)

Address

PROOF OF RESIDENCY – Must provide one of the following documents showing name, street address of homeowner or lessee and current date:

Signed Lease/Rental Agreement

Property Tax Bill

Sales Agreement/Mortgage

Pay Stub from Wages, Public Assistance, or Social Security

Utility Bill within past 45 days

HOMEOWNER'S VERIFICATION **If homeowner is other than self*

Homeowner's Name _____ **Telephone #** _____

Approval has been granted for _____ to reside
Student & Parent(s) / Guardian(s)

with _____ at the address identified above.
Homeowner

Homeowner's Signature _____ **Date** _____

LANDLORD VERIFICATION **If renting*

Landlords Name _____ **Telephone #** _____

Approval has been granted for _____ to reside
Student & Parent(s) / Guardian(s)

with _____ at the address identified above.
Lessee

Landlord's Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date:** _____

If at any time, the ELCO School District should have any questions regarding the accuracy of the residency information provided above, you may be required to provide more documentation and/or proof of residency and have this form notarized.

24 P.S. § 13-1302 Guidelines

Rev. 1/20/2021

**EASTERN LEBANON COUNTY SCHOOL DISTRICT
RELEASE OF INFORMATION**

STUDENT: _____ **DATE:** _____

DOB: _____ **SCHOOL YEAR:** _____

GRADE: _____

TRANSFERRING FROM:

SCHOOL DISTRICT: _____

BUILDING: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE#: _____

I hereby consent to the release of all pertinent education, medical, and psychological information to the Eastern Lebanon County School District. I understand this information will be treated in a confidential and professional manner.

Parent/Guardian Signature

Relationship to Student

Address

City

State

Zip

DATE REQUEST SENT: _____

DATE RECORDS RECEIVED: _____