

**EASTERN LEBANON COUNTY SCHOOL DISTRICT
ENROLLMENT CHECKLIST**

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

STUDENT NAME: _____ **GRADE:** _____

DATE: _____ **LEARNING OPTION:** ELCO IN-PERSON ELCO VIRTUAL ACADEMY

ONLINE FORMS COMPLETED (TO BE DONE PRIOR TO SCHEDULING AN IN-PERSON APPOINTMENT)

→ **To Schedule a Registration Appointment:** <https://elcoregistration.as.me/>

DOCUMENTS TO BE SUBMITTED AT SCHEDULED APPOINTMENT

PROOF OF AGE Examples: Birth Certificate, Passport, Baptismal Certificate

PROOF OF RESIDENCY Examples: Lease, Mortgage, Utility Bill (*printed bill from online account is acceptable*), Property Tax Bill, or Pay Stub showing Name, Address & Date.

IMMUNIZATION RECORDS Doctor's offices may fax to: [\(717\) 866-7084](tel:7178667084)

PARENT/LEGAL GUARDIAN ID Example: Driver's License

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

BUS STOP REQUEST FOR CHILDCARE: Complete if pick up/drop off are different than home address.

KINDERGARTEN STUDENTS *Both forms to be returned prior to or soon after the start of school.

* **PRIVATE PHYSICIAN'S REPORT**

* **PRIVATE DENTIST REPORT**

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

FOSTER CARE FORM

ACADEMIC RECORDS: Transcripts, Most Recent Report Card, Progress Reports, etc.

SPECIAL EDUCATION FILES: If Applicable (Current Copy of IEP and Most Recent Evaluations)

ATHLETIC REGISTRATION QUESTIONNAIRE: HS Students Only

TO BE COMPLETED BY THE SCHOOL

Re-Enroll

FZ -OR- JA

Appt: _____

Student I.D. # _____

School Year _____

District Entry/Reentry Date _____

PA Entry Date: _____

Library/Cafeteria ID # _____

HS - 9th Grade Entry Date: (YYYY-MM-DD) _____

Admission Code _____

HS - Expected Graduation (MM/YY) _____

Transfer From: _____

Special Ed _____ ESL _____

Temporary Living Situation: _____

Records to Sec Address

F&R

**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:

- | | |
|---|---|
| <input type="checkbox"/> Signed Lease/Rental Agreement | <input type="checkbox"/> Property Tax Bill |
| <input type="checkbox"/> Sales Agreement/Mortgage | <input type="checkbox"/> Pay Stub from Wages, Public Assistance, or Social Security |
| <input type="checkbox"/> 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.

**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.

_____ <i>Parent/Guardian Signature</i>	_____ <i>Relationship to Student</i>		
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>

FOR OFFICE USE:

DATE REQUEST SENT: _____

DATE RECORDS RECEIVED: _____