



LLSD

REGISTRATION INFORMATION SHEET

The administration, faculty and staff of the Lake-Lehman School District would like to welcome you as a parent of a future Lake-Lehman student!

The following is a list of required documents you will need to register your child for school. Please check off each item as you gather it and be certain to bring each one with you to your registration appointment. If all documentation is not provided, your student's registration will be marked incomplete until all required information is received. The following **MUST** be provided at the time of registration:

- Completed Registration Packet
- Copy of Birth Certificate
- Copy of most recent immunizations
- Copy of most recent report card- This is needed in order to place your child in the correct grade.
- Copy of transcript (if available)
- Copy of any documentation regarding specialized services that your child receives- IEP (Individualized Education Plan), GIEP (Gifted Individualized Education Plan) or 504 (Accommodations).
- Proof of Residency - Acceptable documentation is as follows:

For a homeowner: Closing documents or settlement statement with address and homeowners name along with **TWO** of the following:

- Utility bill indicating the residence to which services are being provided
- Municipal/County tax receipt
- School tax receipt
- Pay-stub with name and address of employee and employer
- State/Federal Program Enrollment

For a Renter: A residency affidavit signed by both the renter and the landlord that **MUST** be **NOTARIZED** along with **TWO** of the following:

- A lease agreement that must be signed by both the landlord and you
- A pay-stub with name and address of employee and employer
- State/Federal program enrollment

Other: If you are not listed on a lease, deed or settlement statement, and are residing with someone else, that individual must accompany you to the registration appointment. The **NOTARIZED** residency affidavit and **TWO** of the following must be provided at registration:

- Utility bill indicating the residence to which services are being supplied
- School tax receipt
- Municipal/County tax receipt
- State/Federal program enrollment
- Pay stub with name and address of employee and employer

- Custody Order/Agreements (if applicable) - Please provide a copy. Also note that only biological parents or court appointed guardians are permitted to register a child for school. If there is a court ordered custody agreement or divorce decree in effect, by state law, only the parent who has primary physical custody or a court appointed guardian may enroll the child (Step-parents may NOT enroll a step-child).

If you have any questions or to schedule an appointment, please contact :

Tina Judge @ 570-255-2815

FAX 570-674-2951

School: _____ / Student ID: _____

**LAKE-LEHMAN SCHOOL DISTRICT
STUDENT REGISTRATION**

Today's Date _____ Date of Entry _____ Grade _____ Date entered grade 9: _____

Student Name _____ Date of Birth _____

Address _____ Apartment # _____

City _____ State _____ Zip Code _____ Twp _____ County _____

Home Phone # _____ Has child been enrolled at Lake-Lehman previously? **Y / N** If Yes, Grade? _____

****If Mailing address different than above:**

Address _____

City _____ State _____ Zip Code _____

Proof of Birth: _____ Birth Certificate _____ Previous School Records _____ State Issued ID _____ Other: _____

Birth State: _____ Birth City: _____ Birth Country: _____ USA _____ Other: _____

Is the Student a US citizen? _____ Y _____ N If **NO**, Country of Citizenship: _____

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Residence Type: _____ Own _____ Lease/Rent _____ Living with family members

Name of Step-parent living in residence: _____

Cell # _____ Pick-up rights? _____ Y _____ N

Please list the names and relationship to the child of anyone else living in the household:

GENDER: _____ Male _____ Female **Is the student Hispanic, Latino or of Spanish Origin?** _____ Yes _____ No

RACE: _____ White _____ Black or African American _____ American Indian/Alaskan Native _____ Asian
_____ Native Hawaiian/Pacific Islander _____ Multiracial ****If Multiracial, please check the 2 races that apply.**

HOME LANGUAGE SURVEY

Dominant Language: _____

Was your child's first language a language other than English ___Yes ___No

If yes, please specify the language spoken by the child: _____

Does your child presently speak a language OTHER THAN ENGLISH not learned in school? ___Yes ___No

What language(s) are/is spoken in your home? _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian: _____

Father/Guardian: _____

Military Active Duty: Y / N

Military Active Duty: Y / N

Address is different from above:

Address if different from above:

Cell # _____

Cell # _____

E-Mail address: _____

E-Mail Address: _____

NAMES OF OTHER CHILDREN RESIDING IN HOUSEHOLD:

_____ DOB: _____ Grade: _____ School: _____

_____ DOB: _____ Grade: _____ School: _____

_____ DOB: _____ Grade: _____ School: _____

CUSTODY ORDER - AGREEMENTS - GUARDIANSHIP - AGENCY PLACEMENT

Is there a Custody Order? Y / N

Custody Agreement Attached _____ Yes _____ No Guardianship paperwork attached _____ Yes _____ No

Agency Placement paperwork attached _____ Yes _____ No

Emergency Contacts other than parent/guardian:

Name _____ Home # _____ Cell # _____ Relation _____ Pick-Up: Y / N

Name _____ Home # _____ Cell # _____ Relation _____ Pick-Up: Y / N

Name _____ Home # _____ Cell # _____ Relation _____ Pick-Up: Y / N

Foreign Exchange Student: ___Y ___N Program: _____

Please furnish copy of Agency Placement Authorization AND your letter taking responsibility gratis.

SPECIAL EDUCATION INFORMATION

Does your child receive Special Education? ___Y ___N

Does your child have an IEP? ___Y ___N

If your child has an IEP, what was the type of support your child received (classroom placement)?

___ Emotional Support

___ Deaf/Hearing Impaired Support

___ Blind/Visual Support

___ Autistic Support

___ Multiple Disabilities Support

___ Physical Support

___ Learning Support

___ Life Skills Support

___ Speech/Language Support

If your child has an IEP, what related services does the child receive?

___ Occupational Therapy (OT)

___ Speech/Language Therapy

___ Physical Therapy (PT)

___ Social Work Services (SS)

___ Orientation and Mobility (OM)

___ Blind/Visually Impaired Services

___ Deaf/Hearing Services

___ Transportation

**Copy of IEP _____

Has your child been diagnosed with a mental health diagnosis?

___ ADD/ADHD

___ Anxiety

___ Depression

___ Bi-Polar Disorder

___ Conduct Disorder

___ Oppositional Defiant Disorder (ODD)

___ Impulsive Disorder

___ Other _____

Does your child receive any outside agency supports or services?

___ TSS

___ BSC

___ Mobile

___ Other _____

What agency is your child receiving services from?

Phone # _____

Does your child have a GIEP? ___Y ___N

Lake-Lehman School District
P.O. Box 38
Lehman, PA 18627
(570) 675-7458
Fax (570) 674-2951

PARENTAL REGISTRATION STATEMENT

Student Name: _____ Grade: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Home Phone # _____ Father's cell _____ Mother's cell _____

Pennsylvania School Code § 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 or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or 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 hereby swear or affirm that my child was _____ was not _____ previously suspended or expelled, or
Is _____ is not _____ presently suspended or expelled from any public or private school of this Commonwealth or
any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to
another person or for an act of violence committed on school property. I make this statement subject to the
penalties of **24P.S. §13-1304-A(b) and 18 Pa. C.S.A. §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.

If this student has been or is presently suspended or expelled from another school please complete the following:

Name of School from which student was suspended or expelled: _____

Date of suspension or expulsion: _____

Reason for suspension/expulsion (optional) _____

Please provide additional schools and dates of expulsion or suspension on the back of this sheet

Signature of Parent/Guardian _____ Date _____

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

Lake-Lehman School District
P.O. Box 38
Lehman, PA 18627

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

This is to certify that _____, DOB _____
Name of Student

Entered the _____ grade in the Lake-Lehman School District on _____
Enrollment Date

You will help us greatly in teaching and working with this child if you will forward to us immediately;

Permanent Academic Records and Grades
Standardized Test Scores
Discipline Reports
Health and Dental Records

Personal Health History
Psychological, Psychiatric and Social Information
Attendance Records

I hereby authorize previous school to release all above school and health records to the Lake-Lehman School District.

Name of Previous School: _____

Address: _____

Phone # _____ Fax # _____

All information above must be completed.

Parent/Guardian Signature

Date

PLEASE SEND RECORDS TO:

____ **Lake-Lehman Junior Senior High School**
Guidance Office
PO Box 38
Lehman, PA 18627
T (570)-255-2803 F (570) 674-2951

____ **Lake-Noxen Elementary School**
Guidance Office
PO Box 38
Lehman, PA 18627
T (570) 639-1129 Ext. 3602 F (570) 639-3288

____ **Ross Elementary School**
Guidance Office
PO Box 38
Lehman, PA 18627
T (570) 477-5050 Ext. 4317 F (570) 477-2461

____ **Lehman-Jackson Elementary School**
Guidance Office
PO Box 38
Lehman, PA 18627
T (570) 255-2165 ext. 2717 F (570) 674-5907

____ **Special Education Department**
PO Box 38
Lehman, PA 18627
T (570) 255-2811 F (570) 675-2166

