

# Easton Arts Academy Elementary Charter School

30 N 4<sup>th</sup> Street, Easton, Pennsylvania 18042

Phone (484) 546-4230 Fax (610) 829-6076

## New Enrollment Application

### Easton Arts Academy Elementary Charter School Registration Checklist

Academic Year \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
(Last Name) (First Name)

\_\_\_\_ Student Enrollment Notification Form

\_\_\_\_ Request for Transportation

\_\_\_\_ Emergency Contact Information Form

\_\_\_\_ Health Inventory

\_\_\_\_ Home Language Survey

\_\_\_\_ Permission for Use of Student Pictures/Videos

\_\_\_\_ PA Department of Education Data Request Form

\_\_\_\_ Authorization to Transfer Educational/Health Records

\_\_\_\_ Admission Affidavit

\_\_\_\_ Copy of Student's Birth Certificate

\_\_\_\_ Copy of Report Card (Most recent/Previous Year End)

\_\_\_\_ Proof of Residency - Copy of lease or mortgage statement or notarized affidavit \_\_\_\_\_  
**AND** two (2) current utility bills (1) \_\_\_\_\_ (2) \_\_\_\_\_

\_\_\_\_ Valid Photo ID (parent/guardian)

Medical Records: \_\_\_\_\_ Immunizations Records \_\_\_\_\_ Dental Form \_\_\_\_\_ Physical Form

\_\_\_\_ IEP Documentation/504 Documentation (if applicable)

\_\_\_\_ Custody Order/Court Documentation (if applicable)

Submitted on _____ by _____
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## Student Residency Questionnaire

**Note:** Easton Arts Academy uses this page to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435.

Answers to this residency information will help determine the services the student may be eligible to receive.

Assistance is provided by our Homeless Liaison, Mrs. Coriane Zvolanek who can be reached at (484) 546-4230; fax (484) 546-4261

Name of School: Easton Arts Academy Elementary Charter School

Name of Student: \_\_\_\_\_  
Last First Middle

Sex: \_\_\_ Male \_\_\_ Female Birth Date \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_ Student ID: \_\_\_  
Month Day Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The answer you give below will help Easton Arts Academy Elementary Charter School determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check **only** one)

- ☐ In a motel/hotel  
☐ In a shelter  
☐ With another family or other person as a result of economic hardship ("doubled-up")  
☐ In a car, park, bus, train, or campsite  
☐ Other temporary living situation (Please describe): \_\_\_\_\_  
☐ In permanent housing (**proof must be provided for enrollment**)

\_\_\_\_\_  
Print Name of Parent/Guardian  
(Student name if unaccompanied homeless youth)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian or Student  
(Student signature if unaccompanied homeless youth)

\_\_\_\_\_  
Date

**\*\*If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The liaison is required to assist the student obtaining any necessary documents, including immunization or school records after the student has been enrolled. \*\***

Submitted on \_\_\_\_\_ by \_\_\_\_\_

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## Student Enrollment Notification Form

**Warning: A child enrolled in another public school, or a nonpublic or private school, cannot be enrolled in a charter school at the same time.**

### Name of Charter

School: Easton Arts Academy Elementary Charter School

Address: 30 North 4<sup>th</sup> Street  
Easton, PA 18042

Contact Person: P. Kremer (Grades K-2) or V. Malik (Grades 3-5)

Telephone: 484-546-4230 Email: [pkremer@eastonartsacademy.org](mailto:pkremer@eastonartsacademy.org) or [vmalik@eastonartsacademy.org](mailto:vmalik@eastonartsacademy.org)

### I. Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (If Different from Home Address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### II. School District of Residence and Former School Information

School District of Residence: \_\_\_\_\_

Former School Information (Other Than Pre-School):

\_\_\_\_\_ Public School \_\_\_\_\_ Charter School \_\_\_\_\_ Home School \_\_\_\_\_ Nonpublic School

\_\_\_\_\_ Student Not Enrolled in School Preceding Enrollment in Charter School Because:

\_\_\_\_\_ Kindergarten \_\_\_\_\_ Re-Enrolling \_\_\_\_\_ Dropout \_\_\_\_\_ Other \_\_\_\_\_

Name of Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_

Previous Grade: \_\_\_\_\_ Withdraw date from previous school: \_\_\_\_\_

Was Your Child Receiving Special Education Services Based on an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\* If Yes, please attach a copy to this packet. \*\***

Submitted on \_\_\_\_\_ by \_\_\_\_\_

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## III. Parent/Guardian Information:

Child Lives With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Both Parents Alternately \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Foster Parents \_\_\_\_\_ Another Adult \_\_\_\_\_

Special Custodial Court Instructions: YES NO *(If Yes, Please Attach Copy of Court Order)*

Complete Parent/Guardian Name and Address Information as Applicable

Father's Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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If the Student Is **Not** Living with Parents, Please Complete This Section.

\_\_\_\_\_ Guardian \_\_\_\_\_ Foster Parent Name \_\_\_\_\_ Another Adult Name

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this document. My signature signifies my request that all appropriate school records be sent from the current school/district to Easton Arts Academy Elementary Charter School. My signature also certifies that my child is not, and will not be, enrolled in a public school, a nonpublic school, another charter school or a private school at the same time he or she is enrolled in Easton Arts Academy Elementary Charter School.

**Signature of**

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## IV. To Be Completed by Charter School:

Verification of Date of Birth: \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Other

Proof of Residency: \_\_\_\_\_ Mortgage Statement \_\_\_\_\_ Lease \_\_\_\_\_ Utility Bill \_\_\_\_\_ Other

Enrollment Date: \_\_\_\_\_ First Day of Attendance: \_\_\_\_\_ Grade Student Is Entering: \_\_\_\_\_

**Signature of Registrar:** \_\_\_\_\_

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## REQUEST FOR TRANSPORTATION UNDER ACT 372

(PLEASE COMPLETE A FORM FOR EACH CHILD NEEDING BUSTransportation)

Name of Child: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ (2020-2021)

Address: \_\_\_\_\_

I **do** request transportation: \_\_\_\_\_

I **do not** request transportation: \_\_\_\_\_

**If requesting bus transportation, please complete the following information:**

Bus Stop: (If known) \_\_\_\_\_

Name of School: Easton Arts Academy Elementary Charter School

Name of public-school district in which child resides: \_\_\_\_\_

If child received public school transportation last year, please indicate the bus number and district.

Bus: \_\_\_\_\_ District: \_\_\_\_\_

### Mother's Information

### Father's Information

Name (Please Print) \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_

\_\_\_\_\_

Work Phone # \_\_\_\_\_

\_\_\_\_\_

Cell Phone # \_\_\_\_\_

\_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Name & Phone Number (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Administration Only

Home School District Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Verify Miles from School: \_\_\_\_\_ Address Verification: \_\_\_\_\_ Date: \_\_\_\_\_

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## NON-PUBLIC SCHOOL STUDENT TRANSPORTATION REGISTRATION RECORD

EASTON AREA SCHOOL DISTRICT

Transportation Department

1243 Tatamy Road - Easton, PA 18045-7444 - (610) 250-2563

NAME of NON-PUBLIC SCHOOL \_\_\_\_\_

PLEASE CHECK APPROPRIATE BOX

☐ **NEW** STUDENT ENROLLING IN SCHOOL STUDENT

☐ **WITHDRAWING** FROM SCHOOL STUDENT

☐ **CHANGING ADDRESS**

### STUDENT INFORMATION:

Name of Student: \_\_\_\_\_

Last

First

Middle Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_

State

Zip Code

Name of BOTH parents: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

### **For Official Use Only**

Date of Entry: \_\_\_\_\_ Grade Student is Entering: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

AM Stop Number: \_\_\_\_\_

PM Stop Number: \_\_\_\_\_

Bus: \_\_\_\_\_

Bus: \_\_\_\_\_

Stop Location: \_\_\_\_\_

Stop Location: \_\_\_\_\_

Submitted on \_\_\_\_\_ by \_\_\_\_\_

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## Emergency Contact Information Form

STUDENT: \_\_\_\_\_  
Last Name First Name MI

ADDRESS: \_\_\_\_\_  
Street City Zip

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian #1 \_\_\_\_\_ (H) (\_\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ (H) (\_\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_

In case of an emergency, I **give/do not** give **(please circle choice)** permission for my child to be transported to \_\_\_\_\_ and for their staff to provide the necessary treatment until I arrive.

\_\_\_\_\_  
Name of Facility

In case of an emergency at EAAECS, please provide a number you would like called to receive a message from the One Call Now System – no extensions please: (\_\_\_\_\_) \_\_\_\_\_

### Emergency Contacts (other than parents/guardians)

Please list only people who have permission to transport your child to/from school.

Emergency Contact #1 \_\_\_\_\_ (H) (\_\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ (H) (\_\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact #3 \_\_\_\_\_ (H) (\_\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_

Your signature on this document indicates that the information provided is up to date and accurate.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature

Submitted on \_\_\_\_\_ by \_\_\_\_\_

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## HEALTH INVENTORY

Name of child: \_\_\_\_\_

Grade: \_\_\_\_\_

*Please circle Yes or No. If "Yes" explain and give dates. Use back of page if needed.*

1. Allergic to Medications: YES/NO \_\_\_\_\_
2. Allergic to Food: YES/NO \_\_\_\_\_
3. List any other allergies: \_\_\_\_\_
4. Food or dietary restrictions YES/NO \_\_\_\_\_
5. Asthma: YES/NO Required to use during school hours? YES/NO (times to be used): \_\_\_\_\_
6. History of Hospitalization: YES/NO \_\_\_\_\_
7. Ever had surgery: YES/NO \_\_\_\_\_
8. Fractured bones: YES/NO \_\_\_\_\_
9. Concussions/Severe head injury: YES/NO \_\_\_\_\_
10. Seizure disorder: YES/NO \_\_\_\_\_
11. Frequent ear infections: YES/NO \_\_\_\_\_
12. Hearing loss or surgery: YES/NO \_\_\_\_\_
13. Vision problems: YES/NO \_\_\_\_\_ Wears glasses/contacts: YES/NO \_\_\_\_\_
14. Chicken Pox: YES/NO Date: \_\_\_\_\_
15. Eczema/Skin problems: YES/NO \_\_\_\_\_
16. Heart/Cardiovascular problems or congenital heart disease: YES/NO \_\_\_\_\_
17. Diabetes: YES/NO \_\_\_\_\_
18. Urinary/bladder problems: YES/NO \_\_\_\_\_
19. Intestinal/bowel problems: YES/NO \_\_\_\_\_
20. Any physical, developmental or health problems at birth: YES/NO \_\_\_\_\_
21. Medication: YES/NO (Please list all current medications):  
\_\_\_\_\_
22. Medications needed during the school day: YES/NO (Please list all medications need during school hours)  
\_\_\_\_\_
23. Any physical restrictions: YES/NO \_\_\_\_\_
24. Attention Deficit Disorder (ADD/ADHD): YES/NO \_\_\_\_\_
25. Psychological/emotional issue: YES/NO \_\_\_\_\_
26. Any other health problems/issues: YES/NO \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## \*\*\*HOME LANGUAGE SURVEY\*\*\*

The Office of Civil Rights (OCR) requires that school districts and charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification of these students.

Home School District: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What is/was the student's first language:

2. Does the student speak a language other than English?

If yes, specify the language

(Do not include languages learned in school)

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

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\* The school district/charter school has the responsibility under the federal law to serve students who are limited in English proficiency and need English instructional services. Given this responsibility, the school district/charter school 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 may conduct screening or request information about students who were already enrolled in their home district as well as from students who enroll in the school district/charter school in the future. \*\*\*

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## Consent for Pictures/Video/Image Use

Student Name: \_\_\_\_\_

### Permission for the Use of Student Pictures/Video

Throughout the year, digital photographs, and video cameras record special events at EAAECS. EAAECS would like your permission to use your child's picture/video on the EAAECS website, Facebook, Twitter, Instagram, in the yearbook and press releases when appropriate.

Showing our students in action best illustrates EAAECS activities and helps promote our curriculum.

- ☐ I **give** my permission for my student's picture/video/image to be used.
- ☐ I **do not give** my permission for my student's picture/video/image to be used.

### E-Mail Address and Phone Number

Please provide your e-mail address for use by EAAECS for the purpose of communicating school information updates and announcements. EAAECS has limited the amount of documentation being sent home by students. Email addresses will be used for our One-Call-Now system.

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Parent Name **(Please Print)**: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PA Dept. of Education Data Request Form

The Pennsylvania Department of Education is planning for the development of a statewide system to improve data capabilities. PIMS (PA Information Management System) will enhance school districts capabilities to meet student-level data reporting requirements.

The following information for your child is now requested by the PDE.

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

\* If born outside of the USA, date of entry to the USA: \_\_\_\_\_

If applicable, date first enrolled in a United States School: \_\_\_\_\_

If not born in the state of Pennsylvania, date of entry to Pennsylvania: \_\_\_\_\_

Current School District: \_\_\_\_\_

School District residing prior to coming to EAAECS (if not current): \_\_\_\_\_

Name the **public school** your child would have attended if not enrolled at EAAECS (This does not include private, cyber or other charter schools.)

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted on _____ by _____
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## AUTHORIZATION TO TRANSFER EDUCATIONAL/HEALTH RECORDS

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First Name) (Last Name)

The above student has been enrolled into the Easton Arts Academy Elementary Charter School. Please submit the following educational/health documentation for their enrollment process to be complete.

Education Records (all transcripts, grades to date, PSSA scores, STARS testing, attendance records)  
Health Records, including Immunizations, Physicals and Dental Exams  
Psychological/Psychiatric/Special Education file (PTE/PTRE, ER/RR, Invite, IEP, NOREP, IFSP with EI evaluation)  
Disciplinary and Delinquency  
Attendance Records  
SAP Initiated Evaluations  
504 Documentation  
Career Readiness Documentation/Chapter 339

**Please forward all Educational Records to:**

Easton Arts Academy Elementary Charter School  
Attn: School Records  
30 N. 4<sup>th</sup> Street  
Easton, PA 18042  
Fax – 610-829-6076

**Please forward all Health Records to:**

Easton Arts Academy Elementary Charter School  
Attn: School Nurse  
30 N. 4<sup>th</sup> Street  
Easton, PA 18042  
Fax – 484-546-4257

Request sent to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If there are any questions, please contact the Registrar at 484-546-4230.

Authorization has been given for the Easton Arts Academy Elementary Charter School to request the above records.  
(Only one signature is required)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Registrar Signature

<input type="checkbox"/> 1 <sup>st</sup> request	Date Sent: _____	Received: _____
<input type="checkbox"/> 2nd request	Date Sent: _____	Received: _____

Submitted on \_\_\_\_\_ by \_\_\_\_\_

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## ADMISSIONS AFFIDAVIT, AS REQUIRED BY PENNSYLVANIA STATUTE

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
(Name of Parent/Guardian) (Name of Student)

residing at \_\_\_\_\_  
(Street Address, Apt. #)

\_\_\_\_\_  
(City) (State) (Zip-code)

do hereby swear/affirm that the above identified student (check all that apply):

- ☐ is currently on
- ☐ was previously on
- ☐ has never been on

suspension or expulsion from any public, parochial, or private school in the State of Pennsylvania or any other jurisdiction in the United States for

- ☐ the possession or use of any weapon(s), drug(s) or alcohol
- ☐ any act of violence on school property
- ☐ damage or vandalism to any school property
- ☐ any act which resulted in injury to another person

If any statement above applies to the student named above, you must provide the following information:

1. The name and address of the school from which the student was suspended or expelled:
2. The dates of any suspensions and/or expulsions:

\_\_\_\_\_

I make this statement with the full knowledge that any false information or omission makes me subject to the criminal penalties of State law 24 P.S. 130A, relating to falsification of this document and may result in expulsion of the student

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Registrar)

Submitted on \_\_\_\_\_ by \_\_\_\_\_