

Kindergarten Registration

2020-21 school year

Where: Sheckler Elementary School
(9:00 – 2:00) by appointment only 610-264-5601



The following is required for Kindergarten registration:

- Please bring your completed packet along with your child.
- Birth Certificate** (If you do not have a birth certificate please order one. A birth certificate takes weeks to come in the mail and your child will not get a class assignment without their birth certificate.)
- Immunizations**
- Parent's proof of residency (3 required) and Photo ID**
Own: Property Deed, Settlement Papers or Lehigh/Northampton County Tax Bill
Rent: Current Lease Agreement

Plus 2 of the following:

Current Utility Bill/Letter
Pay Stub or Government Check
Current Bank Statement
Vehicle Registration

- Custody/Guardianship papers (if applicable)**



2020-2021 KINDERGARTEN REGISTRATION

In person registration will begin on July 13th, 2020.

If you already scheduled an appointment, someone from our office will call you to reschedule.

If you have NOT scheduled an appointment, please call the Sheckler office...610-264-5601 Mondays-Thursdays from 8:00AM - 3:00PM.

Some Reminders:

1. Please bring all your documents.

All registration forms are on our website at www.cattysd.org under the Sheckler page.

2. Please wear a mask.

3. Please observe social distancing guidelines.

4. Your child does NOT need to accompany you during registration.

CATASAUQUA AREA SCHOOL DISTRICT

"Dedicated to Educational Excellence"

Sheckler Elementary School
251 N. 14th Street, Catasauqua, PA 18032
610-264-5601 fax 610-403-1120

KINDERGARTEN ENROLLMENT CHECKLIST: STUDENTS MUST ATTEND THIS APPOINTMENT

STUDENT NAME _____

DOCUMENTS TO BE BROUGHT TO ENROLLMENT APPOINTMENT

- **3 PROOF OF RESIDENCY DOCUMENTS** (property deed, settlement papers, county tax bill, lease agreement, current utility bill, pay stub or government check, current bank statement, or vehicle registration)

-
- **Copy of the immunization card**
 - **Original birth certificate or passport of student**
 - **Parent/Guardian photo identification**
 - **Copy of Special Education records (if applicable)**

IF STUDENT LIVES IN A SINGLE PARENT HOUSEHOLD THE FOLLOWING ADDITIONAL ITEMS MUST BE PRESENTED

- **CUSTODY:** Both parents will receive duplicate information regarding student: Yes _____ No _____
- **NO CUSTODY PAPERS**
- **NOTARIZED statement from the non-custodial parent acknowledging their child's enrollment in the CASD. This statement must include the parent's full name, address and telephone number.**
- **PFA or other necessary notices**

TO BE COMPLETED BY FAMILIES WHO LIVE IN A HOUSE/APT THAT THEY DO NOT OWN OR RENT (LIVING WITH PARENTS, ANOTHER FAMILY OR SIGNIFICANT OTHER)

- **___ Yes – Multiple Occupancy form must be completed. Homeowner/Leasee must also provide 3 forms of residency.**

IF A CHILD IS A FOSTER CHILD THE FOLLOWING MUST BE PRESENTED

- **___ Yes – Entrance Certificate 1305/1306**

FORMS TO BE COMPLETED PRIOR TO ENROLLMENT APPOINTMENT

- **Enrollment/Registration Form**
- **Automated Message Service – Swift Reach Network**
- **Request for Transportation**
- **Emergency Medical Card**
- **Home Language Survey**
- **Student Verification of Right to Attend CASD**
- **Sworn Statement of Residency**

Catasauqua Area School District

"Dedicated to Educational Excellence"

201 North 14th Street
Catasauqua, PA 18032

Phone 610-264-5571
Fax 610-264-5618

Date Submitted ____/____/____ Student previously enrolled in CASD: ___ Yes ___ No

Student will be attending: SES CMS CHS LCTI Outplacement

STUDENT INFORMATION

Student's Full Legal Name _____ Male Female

Date of Birth ____/____/____ Age ____ City/State of Birth _____

Home phone/primary cell phone associated with student _____

Address _____

County of Residence: ___ Lehigh ___ Northampton

Grade _____ Last School Attended _____

Last Date of Attendance ____/____/____ First Ninth Grade Entry Date ____/____/____

First Date Enrolled in PA School ____/____/____ First Date Enrolled in USA School ____/____/____

PARENT/GUARDIAN INFORMATION

Student's Legal Custodian _____

Are there any custody/guardianship/legal papers? ___ Yes ___ No Submitted? ___ Yes ___ No

Is there an active PFA in effect and is a copy being submitted? ___ Yes ___ No

If yes, Date granted ____/____/____ Date of expiration ____/____/____

Parent/Guardian Name _____ Resides with student? Yes No

Relationship to the Student _____ Currently Active in the Military? Yes No

Cell Phone _____ Email _____

Employer _____ Phone _____

Parent/Guardian Name _____ Resides with student? Yes No

Address _____ Second Mailing? Yes No

Relationship to the Student _____ Currently Active in the Military? Yes No

Cell phone _____ Email _____

Employer _____ Phone _____

Student Name _____

• Does the student receive Special Education services? _____ Yes _____ No

• IEP _____

• Has this student been suspended or expelled while attending previous educational entity?

_____ Yes _____ No

• Is this student a foster child? _____ Yes _____ No

• Is this student homeless? _____ Yes _____ No Circumstance _____

Date of homelessness ____/____/____ Has a homeless advocate been notified? ____/____/____

SIBLING INFORMATION

NAME	DATE OF BIRTH	ENROLLED IN CASD	ADDRESS (if different from student)
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY:		
All required forms submitted	YES	NO
Birth Certificate	YES	NO
Immunizations	YES	NO
Complete academic records from previous school	YES	NO

Catasauqua Area School District

“Dedicated to Educational Excellence”

Dear Parents,

Keeping you informed is a top priority at the Catasauqua Area School District, which is why we have adopted the SWIFT REACH NETWORK Notification Service. This system will allow us to send telephone, e-mail, and text messages to you providing important information about school events or emergencies.

We will use SWIFT REACH NETWORK to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, such as report card distribution, open house, and more. The system will also be used to inform parents when their child is absent from school. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately.

What you need to know about receiving calls sent through SWIFT REACH NETWORK

- Your Caller ID will display the school's main number when a general announcement is delivered (including late starts). Late start announcements will be sent no earlier than 6:00 A.M. and no later than 9:00 P.M.
- SWIFT REACH NETWORK will leave a message on any answering machine or voicemail.

To ensure that SWIFT REACH NETWORK system announcements reach the proper destinations, please complete and return the attached registration form and return it to one of our school offices. Please notify the office if changes are made to any of the contact information.

We are very excited to incorporate SWIFT REACH NETWORK as a tool to improve parent communication and look forward to having the ability to deliver real time information to you and provide awareness of events that take place within the district.

Regards,

Robert J. Spengler
Superintendent

**Catasauqua Area School District
Automated Notification System Information Form**

This information will be entered into our automated notification system.

Please print your responses clearly!

Today's Date: _____

Student's Name: _____

Submitted By: _____

Signature: _____

Contact 1 Name (Parent/Guardian): _____

Contact 1 Relationship to Student: _____

Contact 1 Primary Phone Number: _____

Contact 1 Additional Phone Number 1: _____

Contact 1 Additional Phone Number 2: _____

Contact 1 SMS (Texting) Number: _____

Contact 1 Primary Email Address: _____

Contact 1 Additional Email Address: _____

Contact 2 Name: _____

Contact 2 Relationship to Student: _____

Contact 2 Primary Phone Number: _____

Contact 2 Additional Phone Number 1: _____

Contact 2 Additional Phone Number 2: _____

Contact 2 SMS (Texting) Number: _____

Contact 2 Primary Email Address: _____

Contact 2 Additional Email Address: _____



Catasauqua Area School District

"Dedicated to Educational Excellence"

201 North 14th Street, Catasauqua PA, 18032 / Phone 610-264-5571 / Fax 610-264-5618

FEDERAL ETHNICITY AND RACE FORM

Each year the Pennsylvania Department of Education (PDE) requires the School District to complete a report which sorts data on all students by grade, homeroom, age and ethnic/race categories. Under the new guidelines provided by the U.S. Department of Education schools are required to collect the race/ethnic data by using the following two question format. Please answer the first question by choosing a Yes or No answer, the second question asks you to select an ethnic/racial group that best describes your child's ethnic/racial background.

Student's Name: _____ Grade: _____ Date of Birth: _____

1) Is the child Hispanic/Latino/Spanish? _____ Yes _____ No

(Hispanic Latino means a person of Cuban, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The federal government considers "Hispanic/Latino" to be an ethnicity, not a race. That is why Hispanic/Latino is not listed as a race identification category.

2) If applicable, please select one or more races from the following five racial groups that would best describe your child's ethnic/racial background:

_____ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.

_____ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **Black or African American:** A person having origins in any of the black racial groups in Africa.

_____ **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **White:** A person having origins in any original peoples of Europe, the Middle East or North Africa.

Parent's Signature: _____ Date: _____

CATASAUQUA AREA SCHOOL DISTRICT

201 North 14th Street - Catasauqua, PA 18032 - 610-264-5571 - Fax 610-264-5618

It is the policy of the Catasauqua Area School District that no person shall be subjected to unlawful discrimination on the ground of race, color, age, creed, religion, sex/gender, sexual orientation, ancestry, national origin, handicap/disability, familial status, genetic information, or any other legally protected classification with respect to any of its programs or activities or in the employment of any personnel. Sexual harassment or harassment relating to an individual's race, color, age, creed, religion, sex/gender, sexual orientation, ancestry, national origin, handicap/disability, family status, genetic information, or any other legally protected classification is a form of unlawful discrimination and is expressly prohibited under the School District's policy. The School Board has adopted procedures for filing complaints of unlawful discrimination/harassment with the School District and the School District's investigation and disposition of those complaints. If you would like to obtain a copy of the complete nondiscrimination policy, including the complaint procedures, please contact the Superintendent, 201 N. 14th Street, Catasauqua, PA 18032, phone 610-264-5571. The Superintendent is the District's Compliance Officer for all nondiscrimination requirements (503/504-Title VI-Title VII-Title IX-ADA Coordinator). The nondiscrimination policy and complaint procedures are also available on the District's web site: www.cattysd.org

Dear Parent,

If you think you are eligible for transportation and desire it, please complete the Request for Transportation form below and complete prior to enrollment appointment.

Please allow 2 days after start date for someone from the Transportation Department to contact you regarding bus stop, time and start date if applicable.

Request For Transportation

(Complete a separate form for each child needing bus transportation next school year and return it to the school.)

1. Name of Child _____ Date of Birth _____
Male or Female _____ Grade Entering _____

Pick Up Address: Home/Daycare (if rural address, indicate specific location) _____

2. Name of School attending _____

3. Please indicate (A or B):
A. Student will drive or will be parent transported to and from school, therefore will only require transportation in an **emergency situation**
B. Transportation **is required** (please circle one): AM only PM only AM & PM
Indicate which day(s) transportation is required:
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Mother information

Father information

Name (please print): _____
Home Phone#: _____
Cell Phone#: _____
Work Phone#: _____
Email Address: _____

Emergency Contact Names & Phone Numbers: (OTHER THAN PARENTS)

Name _____ Phone: _____
Name _____ Phone: _____
Parent(s) Signature: _____ Date: _____

MEDICAL INFORMATION CARD

CATASAUQUA AREA SCHOOL DISTRICT

STUDENT INFORMATION: Last Name: _____ First Name: _____ MI: _____

Grade: _____ Date of Birth: ____/____/____ Gender: Female Male HR Teacher: _____

Address: _____

Family Physician: _____ Phone #: _____ Fax #: _____

Family Dentist: _____ Phone #: _____ Fax #: _____

EMERGENCY CONTACTS: Please provide the names of 4 people to contact. At least 1 must be a parent/guardian.

1. Parent/Guardian Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

Work Phone #: _____ Place of Employment: _____

2. Parent/Guardian Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

Work Phone #: _____ Place of Employment: _____

3. Emergency Contact #1 Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

Work Phone #: _____ Place of Employment: _____

4. Emergency Contact #2 Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

Work Phone #: _____ Place of Employment: _____

MEDICAL HISTORY: Indicate if your child has any of the following, by checking yes or no. Include any medication providing the type and dose. Please list any other pertinent health information or additional contact information on the other side of this paper.

Yes No - Allergies
Medication: _____

Yes No - Eyeglasses or Contacts
Information: _____

Yes No - Diabetes
Medication: _____

Yes (Both Left Right) No - Hearing Impairments
Information: _____

Yes No - Asthma
Medication: _____

Yes No - Serious Operations or Accidents
Information: _____

Yes No - Convulsions or Seizures
Medication: _____

Yes No - My child has had a tetanus shot
Information: _____

Yes No - Heart Problem
Medication: _____

Yes No - My child may be given Tylenol when needed
Information: _____

Yes No - Other: Documented Medical Conditions
Please provide detailed information of the other side of this sheet.

Yes No - Currently Taking Any Other Medication
Medication: _____

CONSENT OF AUTHORIZATION: I consent to allow _____ to receive emergency first aid, administered by a registered nurse or designee in the Catasauqua Area School District in the event of sudden illness or accident. I understand the information on this card may need to be shared with appropriate personnel, on an as needed basis. If his/her condition should require treatment by a doctor, and neither I nor an emergency contact, listed on this card, can be reached, I give permission for him/her to be transported, by an emergency medical service to the appropriate location. I will assume necessary expenses, if any incur.

Signature of Parent/Guardian: _____ Date: _____

Insurance Information: _____

Siblings that attend Catasauqua Area School District:

1. Name: _____ Grade: _____ 2. Name: _____ Grade: _____

3. Name: _____ Grade: _____ 4. Name: _____ Grade: _____



HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? No Yes (language) _____
2. Does your child communicate in a language other than English? No Yes (language) _____
3. What is the language that your child first learned to speak? _____
4. In what language do you prefer to receive school communications? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes



Catasauqua Area School District

"Dedicated to Educational Excellence"

201 North 14th Street, Catasauqua PA, 18032 / Phone 610-264-5571 / Fax 610-264-5618

SWORN STATEMENT OF RESIDENCY

I/We do hereby swear and affirm that I/we am/are a resident/residents of the Catasauqua Area School District, Catasauqua, PA; that I/we currently reside at:

(Street Number and Name or Apartment Name and Number)

(City or Town and Zip Code)

and that my children whose names are listed below reside in my home.

(Parent/Guardian Signature)

(Date)

I/we further acknowledge that the submission of false or inaccurate information herein, or a change in the continued accuracy of the information set forth herein, may cause a forfeiture of the right to free school privileges, may result in the removal of the child(ren) from the enrollment in the district classes, and may result in me/us being personally liable for tuition costs for the period of enrollment during which the child(ren) is/are/was not entitled to free school privileges.

The facts set forth in this statement are certified to be true and correct to the best of the knowledge, information and belief of the undersigned, subject to penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities.

Name, school building and grade of child(ren) who will be attending Catasauqua Area School District.

Student's Name: _____ School: Sheckler CMS CHS Grade: _____

Student's Name: _____ School: Sheckler CMS CHS Grade: _____

Student's Name: _____ School: Sheckler CMS CHS Grade: _____

Student's Name: _____ School: Sheckler CMS CHS Grade: _____

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

The mission of the Catasauqua Area School District, in partnership with our community, is to achieve educational excellence and promote life-long learning.

It is the policy of the Catasauqua Area School District that no person shall be subjected to unlawful discrimination on the ground of race, color, age, creed, religion, sex/gender, sexual orientation, ancestry, national origin, handicap/disability, familial status, genetic information, or any other legally protected classification with respect to any of its programs or activities or in the employment of any personnel. Sexual harassment or harassment relating to an individual's race, color, age, creed, religion, sex/gender, sexual orientation, ancestry, national origin, handicap/disability, family status, genetic information, or any other legally protected classification is a form of unlawful discrimination and is expressly prohibited under the School District's policy. The School Board has adopted procedures for filing complaints of unlawful discrimination/harassment with the School District and the School District's investigation and disposition of those complaints. If you would like to obtain a copy of the complete nondiscrimination policy, including the complaint procedures, please contact the Superintendent, 201 N. 14th Street, Catasauqua, PA 18032, phone 610-264-5571. The Superintendent is the District's Compliance Officer for all nondiscrimination requirements (503/504-Title VI-Title VII-Title IX-ADA Coordinator). The nondiscrimination policy and complaint procedures are also available on the District's web site: www.cathysd.org

Student Verification of Right to Attend Catasauqua Area School District

Please check the appropriate section A, B, C, D, or E, attach the documentation requested, sign at the bottom, and return to the District Administration Office as soon as possible. Failure to do so may result in further investigation and action to enforce the laws concerning proper student enrollment.

Name of Student: _____ Grade: _____

Residence Address and telephone number(s) of Person Completing this Form:

Address: _____

Home Telephone Number: _____ Work Number: _____

PROOF OF RESIDENCY REQUIREMENTS: Own – Property Deed, Settlement Papers or Lehigh or Northampton County Tax Bill; Rent – Lease Agreement – PLUS TWO (2) OF THE FOLLOWING: Current Utility Bill/Letter, Pay Stub or Government Check, Current Bank Statement, Vehicle Registration, or Moving Permit.

Please also have your driver's license or photo ID to identify who is enrolling the student(s).

The student named above is entitled to attend the schools of the Catasauqua Area School District because:
CHECK ONLY ONE BELOW:

- _____ A. I am a parent or legal guardian of the student. If you are a legal guardian, check here _____ and attach a copy of the court order appointing you as guardian. If you are a parent, check one of the following:
 - _____ Both parents are residents of Catasauqua Area School District.
 - _____ I am the only living parent of the student and am a resident of Catasauqua Area School District.
 - _____ The student lives with me, a Catasauqua Area School District resident, the majority of the time (or the other parent and I have joint custody and the student's time is evenly divided between us), and there is no court order or court-approved custody agreement which would require a different school district.
 - _____ A court order or court-approved custody agreement permits the student to attend Catasauqua Area School District. Attach a copy of the order or agreement.

- _____ B. The student is living with me, and I am supporting the student without personal compensation. Complete and have notarized the statement on the back of this form.

- _____ C. I am providing paid foster care for the student. Attach a letter from the appropriate agency which verifies that the student has been placed in your care.

- _____ D. The student is homeless (without a fixed, regular, and adequate nighttime residence). Please state your relationship to the student and how you may be contacted:

- _____ E. Other reason: _____

The information on this form and on the attachments is true and correct to the best of my knowledge. I make this statement subject to the penalties of 18 PA. CONS. STAT. § 4904 (relating to unsworn falsification to authorities).

Signature: _____ Date: _____

Print Name: _____

SWORN STATEMENT

TO BE COMPLETED ONLY IF YOU CHECK "B" ON THE FRONT OF THIS FORM

Instructions: Please complete the following statement. If the student is living, or will be living, in a household with more than one resident adult who will assume responsibility for the student, all such adult residents must complete and sign this statement.

This is a legal document. You may ask to see a copy of 24 P.S. §13-1302 prior to signing this document, and consult with an attorney if you have any questions or do not understand any portion of this document.

1. Your Name _____

Home Address _____

Home Telephone Number _____ Work Number _____

2. Do you live in the school district and does the student live with you? Yes _____ No _____

3. Student's Full Name _____

Birth Date _____ Grade _____

Name & Address of Last School Attended _____

Date student began/will begin to reside in your home _____

4. Are you supporting this student gratis (without personal compensation or gain)? Your receipt of payments, such as SSI, TANF, pre-adoptive or adoptive support, maintenance on public or private health insurance, support from the military or military personnel or other payments for or on account of the student such as child support, is not considered personal compensation or gain. Yes _____ No _____

5. Will you assume all personal obligations related to school requirements for this student that may include providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent-teacher conferences, or attending meetings/hearings concerning discipline? Yes _____ No _____

6. Do you intend to keep and support the student continuously and not merely through the school term? Yes _____ No _____

Through my notarized signature, I/We understand that the school district, pursuant to guidelines issued by the Department of Education and their own written policy, may require other reasonable information to be submitted to confirm this sworn statement.

Signed by resident(s) and notarized _____

Per 24 P.S. §13-1302, a person who knowingly provides false information in the above statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with §2561 during the period of enrollment. Current tuition rate is \$11,487.88/Elementary Student and \$12,531.02/Secondary Student per year.

Catasauqua Area School District CERTIFICATE OF MULTIPLE OCCUPANCY

(More than one family per household)

The homeowner/lessee must provide current proofs of residency, as listed below, showing the Catasauqua Area School District address.

The multiple occupant must provide THREE forms of identification showing the Catasauqua Area School District address.

Homeowner/Lessee

- Property Deed, Settlement papers, Lehigh County Tax Bill OR Signed Lease Agreement listing Multiple Occupants

Multiple Occupant

- Moving permit

PLUS 2 of the following:

- Current Utility Bill
- Current Pay Stub or Government Check
- Current Bank Statement
- Current Auto, Home or Renter's Insurance

PLUS 2 of the following

- Current Bank Statement
- Current Billing Statement
- Current Health Insurance Statement
- Vehicle Registration Application for change of address

I certify that I am the legal owner or lessee of the property listed below, which is located in the Catasauqua Area School District. With the certificate, I am providing all requested proofs of residence showing my Catasauqua Area School District address. I further swear that the parent(s)/guardian and child(ren) listed below are living on a permanent full-time basis at that address. I assume responsibility for notifying Catasauqua Area School District should the described circumstances change.

Student Name(s)	Grade	Student Name(s)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

I/we verify that all the information presented and contained in this affidavit is true and correct to the best of my/our knowledge, information, and belief. I/we understand that any false statements herein are made subject to the penalties 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Through my notarized signature, I grant the Catasauqua Area School District permission to investigate the information I/we have presented in this affidavit for confirmation and factual accuracy. It is therefore, requested that you not sign the affidavit unless you are certain that the facts set forth in this document are completely true and correct. You should be aware that if the Affidavit you are about to make is not true and correct; you could be subject to criminal penalty for false swearing. False swearing and misdemeanor of the Third Degree in Pennsylvania, punishable by a fine of up to \$2,500.00, imprisonment for one year, or both. Additionally, you must subject yourself to a civil action for damages if it is later shown that the above child(ren) are not properly entitled to free school privileges.

Name of Property Owner/Lessee

Name of Parent(s)

Signature of Property Owner/Lessee

Signature of Parent

Address of Catasauqua Area SD Property

Relationship to Property Owner/Less to New Resident

Telephone Number

Date

On this day, the _____ of _____, before me the undersigned Notary Public, personally appeared

_____ & _____, known to me (or satisfactorily provided) to be the person(s) whose name(s) is/are subscribed to me within instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

NOTARY PUBLIC SIGNATURE

NOTARY SEAL