



# 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](http://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. 14<sup>th</sup> 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 14<sup>th</sup> 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 14<sup>th</sup> 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](http://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 - **Eye glasses 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.cattvsd.org](http://www.cattvsd.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.**

Updated: 08/06/2012  
Enrollment Form #14

# 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

**PLUS 2 of the following:**

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

**Multiple Occupant**

- Moving permit

**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