

# SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT

## REGISTRATION CHECKLIST

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

Parent Use	Office Use Only
<p><b>BRING THE FOLLOWING TO REGISTRATION:</b></p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Proof of Age</p> <ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Valid passport</li> </ul> <p><input type="checkbox"/> Immunization Records</p> <p>4 doses of tetanus* (1 dose on or after the 4th birthday)</p> <p>4 doses of diphtheria* (1 dose on or after the 4th birthday)</p> <p>3 doses of polio</p> <p>2 doses of measles**</p> <p>2 doses of mumps**</p> <p>1 dose of rubella (German measles)**</p> <p>3 doses of hepatitis B</p> <p>2 doses of varicella (chickenpox) vaccine or history of disease</p> <p><i>*Usually given as DTP or DTaP or DT or TD</i></p> <p><i>** Usually given as MMR</i></p> <p><b>7th Grade additional requirements:</b></p> <p>1 dose of tetanus, diphtheria, acellular pertussis (Tdap) (if 5 years has elapsed since last tetanus immunization)</p> <p>1 dose of meningococcal conjugate vaccine (MCV)</p> <p><input type="checkbox"/> Proof of Residency</p> <ul style="list-style-type: none"> <li>• Homeowners – tax bill or deed</li> <li>• Rent Receipt or affidavit from the landlord with a copy of the lease</li> </ul> <p><input type="checkbox"/> Parent/Guardianship ID Documents accepted</p> <ul style="list-style-type: none"> <li>• Photo ID</li> <li>• Valid Driver’s License</li> </ul> <p><input type="checkbox"/> Recent Transcript/Report Card</p> <p><input type="checkbox"/> SPECIAL EDUCATION RECORDS (IEP)</p> <p><input type="checkbox"/> Registration Form</p> <p><input type="checkbox"/> Residency Affidavit</p> <p><input type="checkbox"/> Consent for Release of Student Records</p> <p><input type="checkbox"/> Home Language Survey</p> <p><input type="checkbox"/> Any court document or formal agreements explaining custody arrangements</p>	<p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Proof of Age</p> <p><input type="checkbox"/> Immunization Records</p> <p><input type="checkbox"/> Proof of Residency</p> <p><input type="checkbox"/> Special Education Files (if applicable)</p> <hr/> <p><input type="checkbox"/> Registration Form</p> <p><input type="checkbox"/> Residency Affidavit</p> <p><input type="checkbox"/> Consent for Release of Student Records</p> <p><input type="checkbox"/> Home Language Survey</p> <p><input type="checkbox"/> Agency Letter</p> <p><input type="checkbox"/> Custody Paperwork</p> <p><input type="checkbox"/> Foster Form</p> <p><input type="checkbox"/> Sworn Statement</p> <p><input type="checkbox"/> Notarized Parent Letter</p> <p>-----</p> <p><input type="checkbox"/> Release Sent</p> <p><input type="checkbox"/> Email/Scan</p> <p><input type="checkbox"/> Bus</p>

**For office use only:**

<p>Start Date _____</p> <p>Information Received and Entered on _____</p> <p>Received by _____</p> <p>Received by _____</p>
--