



Crestwood School District
281 South Mountain Boulevard
Mountain Top, PA 18707
570-474-6782, Ext. 304 for Enrollment Appointment

IMPORTANT – PLEASE READ

To Parents/Guardians Enrolling New Students:

This enrollment packet MUST be printed single-sided. Please be aware that enrollment is not complete and student may not begin school without the following items, which MUST be presented with this completed enrollment packet:

- Withdrawal grades or official transcripts from previous school (student will not receive a schedule until this is received) - Crestwood School District will fax pp. 10 & 11 to the previous school to obtain these documents (if *not* presented at enrollment appointment)
- Immunization records, which have been reviewed and approved by the school nurse
- A copy of student's IEP (gifted or special education)
- Pages 6 and 25 of the enrollment packet *must* be signed in the presence of a Notary Public; Pages 19-20 of the enrollment packet must be signed by the Property Owner/Landlord in the presence of a Notary Public, if applicable
- Student's birth certificate
- Three proofs of residency (see next page)

Falsification of any information or documents required for this verification may result in revocation of registration for the student.



Accredited by the Middle States Association of Colleges and Schools

Crestwood School District

3 proofs of residency documentation are required:

Note: please begin proof of residency with the most applicable of the following:

- Property Deed**
- Lease Agreement containing your name and verified by building owner**
- Agreement of Sale/Mortgage Document**

Additionally, support the above document with 2 of the following:

- PA Department of Transportation identification or driver's license
- PA Department of Transportation vehicle registration
- Property tax bill
- Copy of State/Federal program enrollment (ie: including, but not limited to, TANF or CHIP)
- Current credit card bill
- W-2 statement/IRS statement or tax return
- Homeowner's /tenant's insurance statement
- Voter registration card noting Township or Borough
- Current Utility bill

Every enrolled student must present a total of three (3) proofs of residency within the Crestwood School District boundaries. The Crestwood School District reserves the right to discuss residency at any time during enrollment in the school district.

PA code § 11.11 —

School district has no obligation to enroll a child until the parent, guardian or other person having control or charge of the student making the application has supplied proof of the child's age, residence and immunizations as required by law.



Changes to regulations: — needed upon school entry, or risk exclusion:

- 4 doses of tetanus, diphtheria and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given) **
- 2 doses of measles, mumps, rubella ***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

* Usually given as DTP or DTaP or DT or Td

**A 4th dose not necessary if the 3rd dose was administered at age 4 or older and 6 months after the previous dose

*** Usually given as MMR

Immunizations – 7th grade

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) by the first day of 7th grade
- 1 dose of meningococcal conjugate vaccine (MCV) by the first day of 7th grade

Immunizations – 12th grade

- 1 dose of meningococcal conjugate vaccine (MCV) by the first day of 12th grad



Crestwood School District

281 South Mountain Boulevard
Mountain Top, PA 18707

Date _____

Student full (legal) name, according to birth certificate, adoption, court record:

First

Middle

Last

Grade: _____ **Age:** _____ **Student's Place of birth:** _____

State

Country

Birthdate: _____

Gender: M / F

Resident: Yes / No

IEP: Yes / No

GIEP: Yes / No

Section 504: Yes / No

Has student been enrolled in Crestwood SD before? Yes / No **School:** _____

Student lives with (check only 1)

- Both biological parents Biological father ONLY Biological mother ONLY
- Biological father and step-mother Biological mother and step-father Homeless
- Other _____ (please specify relationship to student)

Ethnicity/Race: The U.S. Department of Education requires all students to have an ethnicity and a race recorded in their student data file. Please respond to **BOTH** parts.

Is the student Hispanic/Latino

- NO, not Hispanic/Latino
- YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Dominican, South or Central American, or other Spanish culture or origin, regardless of race)

What is the student's race? (choose 1 or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Home address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Siblings: _____ Grade: _____ _____ Grade: _____

_____ Grade: _____ _____ Grade: _____

(For School Use Only) Student ID # _____ **Student Pin #** _____



Crestwood School District

Parent/Guardian 1:

Name: _____

FIRST

MIDDLE

LAST

Relationship to Student: _____ Email: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Address: _____

Employer: _____ Work Phone: _____

Parent/Guardian 2:

Name: _____

FIRST

MIDDLE

LAST

Relationship to Student: _____ Email: _____

Home phone: (_____) _____ Cell Phone: (_____) _____

Address: _____

Employer: _____ Work Phone: _____



Is the student's parent and/or guardian an active duty member of a branch of the Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard), including full time National Guard Duty:
Yes / No

Important:

Does this student have any serious condition that you would like the faculty to be aware of? Example: asthma, diabetes, bee sting allergies, food allergies. Please indicate and include pertinent instructions or information.

Medical information: _____

Physician: _____ Dentist: _____ Hospital: _____

Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to student: _____ 2nd Phone: _____



Crestwood School District

Sworn statement by resident under §13-1302
To be completed by resident only in the presence of a Notary Public

Instructions: Please complete the following statement. If the potential 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.

Your Name _____

Home Address _____

Home Telephone Number _____ Work Number _____

Do you live in the school district and does the child live with you? Yes _____ No _____

Child's Full Name _____

Birth Date _____ Grade _____

Name & Address of Last School Attended _____

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

Are you supporting this child gratis (without personal compensation or gain)? Yes _____ No _____

Will you assume all personal obligations related to school requirements for this child 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 _____

Do you intend to keep and support the child 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.

IN WITNESS WHEREOF, the parties have hereunto signed this document this _____ day of _____, 20____, intending to be legally bound.

NOTARY PUBLIC SIGNATURE

NOTARY SEAL



Crestwood School District Discipline Statement

Student Name _____

Date of Birth: _____ Grade: _____

Parent or Guardian Name: _____

Address: _____

Telephone Number: _____

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 action of offense involving a weapon, 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 any act of violence committed on school property. I make this statement subject to the penalties of 24 P.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:

Name of the school from which student was suspended or expelled: _____

Dates of suspension or expulsion: _____

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional): _____

(Signature of Parent or 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*



Crestwood School District

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? _____

Parent/Guardian Signature: _____

Date: _____

Interpreter Provided No Yes





Crestwood School District

CHILD FIND ASSESSMENT

Individuals registering a new student or taking a phone call inquiring about special education services or testing please ask the following questions and check all that apply:

How did you hear about the special education program or services that the Crestwood School District offers?

- Special Education Brochure
- Newspaper article
- School District calendar
- In-service/Workshop
- Student Handbook
- Friend/acquaintance
- Physician
- Teacher
- Newsletter
- Other
- My son/daughter received services in another school district

School receiving the inquiry:

- Crestwood High School
- Crestwood Middle School
- Fairview Elementary School
- Rice Elementary School

Date of inquiry: _____ Staff member signature: _____

This form will be forwarded to the Special Education office



Crestwood School District

Name of school last attended: _____

Address/Fax #: _____

To the school: _____

Please provide cumulative records, including test scores, medical records, scholastic records, discipline, attendance, IEP/GIEP/ER and other pertinent information for the below student to the corresponding school building:

Crestwood Secondary Campus

GUIDANCE OFFICE

281 South Mountain Blvd.

Mountain Top, PA 18707

Phone # (570)474-6782 / Fax # (570)474-1175

Fairview Elementary School

Building Secretary

117 Spruce Street

Mountain Top, PA 18707

Phone # (570)474-5942 / Fax # (570)403-0496

Rice Elementary School

Building Secretary

3700 Church Road

Mountain Top, PA 18707

Phone # (570)868-3161 / Fax # (570)868-3147

Student Name: _____

Date of Birth: _____

Grade: _____

Signed: _____ Date: _____

(Parent or legal guardian)

This is official notification the above named student has registered and will be a student of the Crestwood School District when registration process is complete.



Crestwood School District

281 South Mountain Blvd.
Mountain Top, PA 18707
(570) 474-6782

Student Name: _____ Grade: _____

Sent to: _____ School District

Fax #: _____ Date sent: _____

Section 24 PS13-1305-A of the Pennsylvania School Code, states “Whenever a pupil transfers to another school entity, a certified copy of the student’s disciplinary record shall be transferred. The school entity to which the pupil has transferred should request the record. The sending school entity shall have ten (10) days from receipt of the request to supply a certified copy of the student’s disciplinary record.”

THIS SECTION IS TO BE COMPLETED BY PREVIOUS SCHOOL:

Please accept this form as the certified copy of the student’s disciplinary record:

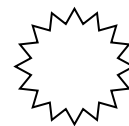
_____ This student has **NO** disciplinary record on file

_____ This student **DOES** have a disciplinary record on file (please attach paperwork of disciplinary infractions)

Signature of School Official: _____

Title of School Official: _____

Date: _____



School Seal

Crestwood School District Computer and Internet Acceptable Use Policy and Waiver/Consent Form

The Internet has become a vital part of our information infrastructure. Used daily by educators, businesses, government agencies, and private individuals, mastery of this relatively new medium has become vital to success in our daily lives. Internet access is becoming increasingly available to teachers and students of the Crestwood School District. The District believes that this will provide our students with nearly limitless opportunities. The goal in providing this access is to promote educational excellence by facilitating, and encouraging, resource sharing, innovation, collaboration, and communication.

The Crestwood School District strongly believes in the educational value of the Internet and recognizes the potential of such to support our curriculum and student learning in our district. The Crestwood School District also recognizes the potential for misuse, or abuse, which is inherent on the Internet, and will make reasonable efforts to protect its students and teachers. The District shall install and maintain software that is designed to limit access to harmful matter on the Internet. Such filtering software, however, may not adequately protect users from accessing all harmful matter on the Internet. The installation of such software does not relieve harmful matter. Parents/guardians are advised that it may be possible for a student, using the District Internet services, to purchase goods and services for which a student's parent/guardian may be liable. All users must remain vigilant, and be continuously on guard to avoid appropriate or illegal interaction with members of the Internet community.

Please read this document carefully. If you violate these provisions, access to the Internet and/or any computer usage may be denied. You may be subject to legal and/or disciplinary actions including:

- Loss of computer/Internet privileges
- Monetary compensation for replacement of damages
- Detention
- Suspension
- Expulsion

Terms and Conditions of this Policy:

1. **Personal Responsibility:** I accept personal responsibility for my use of District Internet services.
2. **Acceptable Use:** My use of the Internet must be in support of education and research, and within the education goals and objectives of the Crestwood School District.
3. **Prohibited Use:** The following uses for the Internet/computer access are prohibited:
 - a. Any use which is in violation of federal, state or local law. This includes, but is not limited to, the transmission of copyrighted materials.
 - b. The Crestwood School District's computers/network is intended for the exclusive use of its registered users. As a user, you are responsible for the use of your password and account. Any problems which arise from the use of a user's account are the responsibility of the account holder. Any misuse will result in suspension of the account privileges.
 - c. Deletion, examination, copying, or modification of files and/or data belonging to other users without their prior consent is prohibited.
 - d. Commercial software is placed on the computer for the use and convenience of students and staff. Any unlawful use such as the copying of copyrighted material without the express written permission of the owner or the proper license is prohibited.
 - e. Any unauthorized, deliberate action which damages or disrupts a computing system (including the willful introduction of computer "viruses" or other disruptive/destructive programs), alters its normal performance, or causes it to malfunction is prohibited. Intentional attempts to "crash" network systems or programs are punishable disciplinary offenses.
 - f. Knowingly by passing or penetrating any Internet security measures, including gaining entry to "hacking" into files or systems, or accessing restricted material without authorization.
 - g. Any use which assists, supports, or promotes another person's Internet/computer use in violation of these rules.
 - h. E-mail is not permitted. Messaging or chatting of any kind with any person is not permitted.
 - i. Production, transmission or storage of any communication or material which may be considered:
 - 1) Harmful or offensive matter including obscene or explicit material.
 - 2) Defamatory, abusive, harassing or threatening toward another person. Communications or materials which denigrate persons based upon race, ethnicity, religion, gender or disability are prohibited.
 - 3) Promoting, encouraging or supporting the use of controlled substances.

- 4) Commercial activities by individuals or for-profit entities.
 - 5) Violating another person's right to privacy.
 - 6) Using a false identity on the Internet.
4. **Privileges:** Use of the Internet and computers are a privilege, not a right, and inappropriate use will result in withholding of that privilege. Each person who is granted access must have on file a signed acknowledgment form. The Crestwood School District Administration shall be the final arbitrator regarding decisions of appropriateness, and may deny, revoke, or suspend access to the Internet for violating of this policy. Privileges may be suspended pending investigation of suspected violations of this policy.
 5. **No Expectation of Privacy:** Users of the Crestwood School District's network are reminded that the network is District property and that they have no expectation of privacy. Files on machines connected to the network may be inspected at any time. Inappropriate and/or unlicensed files/programs will be deleted and disciplinary action taken as necessary.
 6. **Services:** The Crestwood School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Crestwood School District will not be responsible for any damages suffered while on this system. These damages include loss of data, inability to complete work due to system downtime or accessibility issues, and loss of privacy. Use of information obtained via the Internet is at your own risk. The Crestwood School District specifically disclaims any responsibility for the accuracy of information obtained through its services.
 7. **Security:** Security on any network is a high priority because of the many people relying on that network. If you suspect a security problem, notify the appropriate school personnel at once. Never demonstrate the problem to others users. Never use another individual's password or account. Never give your password to another person. Any use identified as a security risk will be denied access to the network and may face disciplinary action.
 8. **Vandalism:** Vandalism is defined as any malicious attempt to harm, or destroy, anyone else's data, or any attempt to deprive other users of network services or computers. This includes, but is not limited to, the creation and uploading/downloading of viruses, unauthorized tampering with the Control Panel settings on computers, physical damage to any piece of equipment. Vandalism will result in the loss of computer access, possible monetary compensation to the district, disciplinary action, and legal referral.
 9. **Updating:** The Director of Technology may occasionally update this document as necessary to reflect changing requirements.

Direct any questions to 570-474-6782 ext. 343.

Please use ink

The following must be read and signed by you and your parent or legal guardian and returned to your homeroom.

By signing this Consent and Waiver form, I _____ Graduation Year _____
 (Print name)

and my parent(s) or guardian(s) agree to abide by the above restrictions. I have discussed these rights and responsibilities with my parent(s) or guardian(s).

Student Signature: _____ **Date** _____

Parent/Guardian Name _____

(Please Print)

Parent Signature _____ **Date** _____



Crestwood School District

New Student Computer/Skyward Account Request

(will be forwarded to Technology Department)

AND

New Student Information for Cafeteria Pin Number

(will be forwarded to Crestwood Food Service Director – Fax # 570-474-2254)

Please Print

Student Name: _____

Student Email: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Building: _____ Secondary Campus _____ Rice _____ Fairview

(For School Use Only)

Cafeteria PIN #: _____ Year of Graduation: _____

Homeroom Teacher: _____ Grade: _____

Student ID #: _____



Crestwood School District
Medical Registration
These pages will be forwarded to school nurse

Last Name			First	Middle	Sex	Grade Level
Address				City		Zip Code
Father's Name		Occupation		Place of Employment		
Mother's Name		Occupation		Place of Employment		

Last School Attended:

Name of School		
Address		
City	State	Zip Code
Area Code & Phone #		

Student name: _____ Grade: _____

List any medical problems, illnesses or handicaps:

Health History

Please answer each question by writing an X in the appropriate box.

	NO	YES		NO	YES
Has your child received a TB (tuberculosis) skin test?			Epilepsy		
Has your child had the following illnesses?	-	-	Hay Fever		
Chickenpox Year _____			Diabetes		
Red or hard measles			Hemophilia (free bleeding)		
German or three-day measles (rubella)			Cancer		
Other (please indicate below)			<i>If yes, what?</i>		
Does your child have any of the following health problems?	-	-		-	-
Vision problems			Physical handicaps		
<i>If yes, what?</i>			<i>If yes, what?</i>		
Glasses or corrective lenses			Cystic fibrosis		
Chronic ear infections			Muscular dystrophy		
Tubes in ears			Severe reaction to insect bites		
Hearing aids			Rheumatic fever		
Other hearing problems			Mental handicaps (e.g. autism, developmental delay)		
<i>If yes, what?</i>			<i>If yes, what?</i>		
Asthma				-	-
Heart problems			Has your child ever been hospitalized?		
<i>If yes, what?</i>			<i>If yes, for what reason?</i>		
	-	-	Has your child been seen by a physician in the last year?		
	-	-	Has your child been seen by a dentist in the last year?		

Student name: _____

Grade: _____

Does your child now have, or has your child in the last year had any of the following problems?	No	Yes has now	Yes in last year		No	Yes
Headaches				Has your child ever had a serious accident (for example, broken bones, bad cuts, poisoning)?		
Problems with eyes (i.e. squinting, crusting lids, wandering eye)				<i>If yes, what?</i>		
Chronic colds (more than 6 in one year, or a cold lasting more than 3 weeks)				Please answer the following questions about the pregnancy, labor and delivery of your child	-	-
Shortness of breath				Did the mother have difficulties during the pregnancy, labor or delivery of your child?		
Severe cough				<i>If yes, what?</i>		
Throat infection				Was your child born at home or at any place other than a hospital or medical clinic?		
Ear infection				<i>If yes, where?</i>		
Tooth pain, cavities, mouth sores				Did your child have difficulties at birth or shortly after (i.e., jaundice [yellow skin], breathing problems, infection, high fever, feeding problems)?		
Swollen glands, lumps				<i>If yes, what?</i>		
Stomach aches				Did your child weight less than 5 ½ pounds at birth?		
Eating/drinking too much				If yes, how much did the child weight?		
Eating/drinking too little				Was your child born prematurely?		
Weak urinary system (frequent urination)				If yes, how many weeks?		
Pain or burning upon urination					-	-
Bed wetting				Was your child born post-maturely?		
Constipation				If yes, by how many weeks?		
Diarrhea				Was your child placed in a neonatal intensive care nursery or high-risk nursery after birth?		
Unusual difficulty standing or walking				<i>If yes, how many days?</i>		
Trouble sleeping					-	-
Tiring easily					-	-
Joint pain					-	-
Seizures, convulsions or fits				Has your child ever seen, or is your child currently seeing a medical specialist (i.e. cardiologist, neurologist)?		
Bleeding problems (i.e. bruising easily, frequent nose bleeds)				<i>If yes, what type of specialist?</i>		
Other (please indicate)				Please make sure you have answered every item. Then, write in the space below any additional comments you have about your child's health history		
COMMENTS:						



**Crestwood School District
Busing Registration Form**

For Office Use Only	
	AM Bus #
	PM Bus #

School student will be attending: _____

Registration date: _____ School Year: _____ Grade: _____

Bus To: (Circle One) Secondary Campus / Rice / Fairview / Non-Public School

Bus From: (Circle One) Secondary Campus / Rice / Fairview / Non-Public School

Name: _____ Birthdate: _____

Street Address: _____

City/Town: _____

Development: _____

Municipality (Township or Borough): _____

Parent/Guardian: _____ Phone: _____

LOCATION OF HOME:

Exact: Please pinpoint the exact location of your home to determine a new or existing bus stop location.

Example: Two doors down on the right side from the post office or second house on left side from the fire hall.

IMPORTANT INFORMATION REGARDING BEFORE AND AFTER SCHOOL CHILD CARE!

PLEASE NOTE: If a student is to be picked up in the morning and returned to a child care center at dismissal time, please give the name of the center, person, address and telephone number. **THIS IS TO BE ON A DAILY BASIS.**

Any changes **MUST** be approved by the child's School Principal.

**Crestwood School District
Owner/Landlord Verification of Multiple Occupancy**

This form is to be completed and signed by the Property Owner/Landlord

I acknowledge having received and read **Instructions/Forms for Proof of Multiple Occupancy (Instructions)**, a copy of which is attached hereto and incorporated herein by reference. After review of the Instructions, I make the following acknowledgements, representations and verifications.

I represent and verify that I am the owner as indicated below of the property listed below which is located in the Crestwood School District (herein called the Residence Property). Attached to this verification, I am providing a property real estate tax bill plus one other form of acceptable documentation to establish proof of my ownership of (and if applicable) my residency at the Residence Property.

Address of Residence Property: _____

Name of Owner: _____

Address of Owner if different than Residence Property: _____

Telephone Number of Owner: _____

For a student to be eligible for enrollment in the Crestwood School District a parent or guardian of the student must be a resident of the School District. I represent and verify that the student(s) listed below (herein called Multiple Occupant Student) and the parent/guardian of the student(s) listed below (herein called Multiple Occupant Parent/Guardian) (and collectively herein called the Multiple Occupant) are living on a permanent full-time basis at the Residence Property. I agree to immediately notify Crestwood School District if the Multiple Occupant ceases to reside at the Residence Property.

Name of Multiple Occupant Parent(s)/Guardian(s): _____

If Residence Property is rented to a tenant (who is not the Multiple Occupant), I represent that I am the Landlord and that:

(a) The name and telephone number of tenant(s) is as follows:

Name of Tenant(s): _____

Telephone Number of Tenant(s): _____

(b) The name and telephone numbers of all persons (including children) who are occupying the Residence Property with my consent:

Name of adult(s): _____

Telephone Number of adult(s): _____

Name(s) of all children: _____

I understand and acknowledge that the Crestwood School District is relying upon the facts I have stated in this verification and the proofs of my ownership of the Residence Property for purpose of enrolling in the School District the Multiple Occupant Student(s) listed herein. If the Multiple Occupant continues to reside at the Residence Property and continues to have the Multiple Occupant Student(s) enrolled at the Crestwood School District, I agree to complete this Form at the beginning of each school year.

I understand that the facts as stated herein are subject to investigation at any time. Should it be determined that any statement made in this Form is not true, either now or in the future, the School District has the right to remove the Multiple Occupant Student(s) from the School District. If the Multiple Occupant Student is determined to be a non-resident of the School District I will be liable to pay to the School District all expenses (including tuition fees) to educate the Multiple Occupant Student. I may also be subject to a civil action resulting from fraud, negligent misrepresentation, and negligence.

I verify that the facts set forth herein are true and correct to the best of my knowledge, information and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa C S §4904) related to unsworn falsification to authorities. A violation of Section 4904 of the Crimes Code may result in a criminal prosecution and if found guilty may subject you to fines and/or imprisonment.

Signature of Owner/Landlord: _____

Print Name of Owner/Landlord: _____

Date _____

IN WITNESS WHEREOF, the parties have hereunto signed this document this _____ day of _____, 20____, intending to be legally bound.

NOTARY PUBLIC SIGNATURE

NOTARY SEAL

**Crestwood School District
Tenant Verification of Multiple Occupancy**

This form is to be completed and signed by the Tenant under a Lease Agreement

I acknowledge having received and read **Instructions/Forms for Proof of Multiple Occupancy (Instructions)**, a copy of which is attached hereto and incorporated herein by reference. After review of the Instructions, I make the following acknowledgements, representations and verifications.

I verify that I am the tenant as indicated below of the property listed below which is located in the Crestwood School District (herein called the Residence Property). Attached to this verification, I am providing a lease plus one other form of acceptable documentation to establish proof of my residency at the Residence Property. All persons (including children) who are permitted to occupy the Residence Property under the Lease are either named in the Lease or are occupants with the consent of the Landlord.

Address of Residence Property: _____

Name of Tenant(s): _____

Telephone Number of Tenant(s): _____

Name of Landlord: _____

Telephone of Landlord: _____

For a student to be eligible for enrollment in the Crestwood School District a parent or guardian of the student must be a resident of the School District. I represent and verify that the student(s) listed below (herein called Multiple Occupant Student) and the parent/guardian of the student(s) listed below (herein called Multiple Occupant Parent/Guardian) (and collectively herein called the Multiple Occupant) are living on a permanent full-time basis at the Residence Property. I agree to immediately notify Crestwood School District if the Multiple Occupant ceases to reside at the Residence Property.

Name of Multiple Occupant Student	Grade	School

Name of Multiple Occupant Parent(s)/Guardian(s): _____

I understand and acknowledge that the Crestwood School District is relying upon the facts I have stated in this verification and the proofs of my residency at the Residence Property for purpose of enrolling in the School District the Multiple Occupant Student(s) listed herein. If the Multiple Occupant continues to reside at the Residence Property and continues to have the Multiple Occupant Student(s) enrolled at the Crestwood School District, I agree to complete this Form at the beginning of each school year.

I understand that the facts as stated in this verification are subject to investigation at any time. Should it be determined that any statement made in this Form is not true, either now or in the future, the School District has the right to remove the Multiple Occupant Student(s) from the School District. If the Multiple Occupant Student is determined to be a non-resident of the School District you will be liable to pay to the School District all expenses (including tuition fees) to educate the Multiple Occupant Student. You may also be subject to a civil action resulting from fraud, negligent misrepresentation, and negligence.

I verify that the facts set forth herein are true and correct to the best of my knowledge, information and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa C S §4904) related to unsworn falsification to authorities. A violation of Section 4904 of the Crimes Code may result in a criminal prosecution and if found guilty may subject you to fines and/or imprisonment.

Signature of Tenant: _____

Print Name of Tenant: _____

Date _____

Crestwood School District

Instructions/Forms for Proof of Multiple Occupancy (More than one family per household)

Under the Pa Public School Code, 24 P.S. §1301 & 1302 persons having children of school age must be a resident of the School District to enroll their children. The School District is authorized to require proof of residency of the parent or guardian with whom the child resides. 22 Pa Code § 11.11 (b). The School District will approve residency if proper proof is submitted by the parent or guardian.

The instructions set forth below relate to persons having school age children who neither own nor rent a residence within the School District, but are residing with a person who either does own or rent a residence within the School District.

All persons who are living in a dwelling which they do not own or rent from a landlord, but are sharing the dwelling with one or more families who either own the property or rent the property from a landlord are considered to have a living arrangement called Multiple Occupancy. Under Multiple Occupancy the parent/guardian of the child is known as the Multiple Occupant and the property where the Multiple Occupant is living and residing is known as the Residence Property.

Any parent or guardian of a school age child can establish residency in the School District as a Multiple Occupant by providing satisfactory proofs to the School District that demonstrate that they are living and residing at the Residence Property on a permanent, full-time basis. Permanent means that the parent/guardian is living at the Residence Property daily, weekly, monthly and yearly. Full-time means that the parent/guardian and child consider the Residence Property their principal place of abode to the exclusion of all other places and that they spend most of their non-working time including the time spent eating and sleeping at the Residence Property.

To prove residency as a Multiple Occupant, the School District requires that the following forms be returned to the School District prior to enrollment.

Forms to be returned by the Owner/Landlord or Tenant:

- Owner/Landlord Verification of Multiple Occupancy (see attached)
 - Owner/Landlord must provide a current real estate tax bill and one other current proof of ownership.
- Tenant Verification of Multiple Occupancy (see attached)
 - Tenant must provide **THREE** current proofs of residency in the Crestwood School District.

Forms to be returned by the parent or guardian:

- Parent or Guardian Verification of Multiple Occupancy (see attached)
 - Parent or Guardian must provide **THREE** current proofs of residency in the Crestwood School District.

All proofs of residency must identify the Owner/Tenant and parent/guardian (Multiple Occupant) by full name and address of the Residence Property. Examples of acceptable proofs are listed below (provided they include the person's full name and the Residence Property address):

Acceptable Proof from Owner/Landlord and Tenant	Acceptable Proof from Parent/Guardian (Multiple Occupant)
<ul style="list-style-type: none"> • Current property real estate tax bill Or Lease Agreement*** AND one of the following: <ul style="list-style-type: none"> ▪ Current Utility Bill ▪ Current Credit Card Bill ▪ Current Real Estate tax bill ▪ Current Bank Statement ▪ Current Vehicle Registration Card ▪ Current Health Insurance Card/Insurance Statement ▪ Letter from Employer (if not self-employed) ▪ Other proof acceptable to District 	<ul style="list-style-type: none"> • Current Credit Statement • Current Bank Statement • Letter from employer (if not self-employed) • Post Office Address change/ forwarding order • Current Vehicle Registration • Current Health Insurance Card/ Insurance Statement • Other proof acceptable to District

Important notices to the parent/guardian, owner and tenant:

1. **If the Multiple Occupant is residing with a tenant of the Residence Property, the Multiple Occupant (both parent/guardian and child) must be acknowledged by the owner/landlord as living at the Residence Property either by being named in the lease as a lawful occupant or by a verified statement from the owner/landlord that parent/guardian and child have landlord's consent to reside at the Residence Property.**

2. **Parent/guardian, owner and tenant acknowledge that all facts set forth on the forms signed by them are subject to investigation at any time. Should it be determined that any statement made in the forms submitted and signed are not true, either now or in the future, the School District has the right to remove the student(s) from the School District. If the student is determined to be a non-resident of the School District the parent/guardian, tenant and owner of the Residence Property will be jointly and severally liable to pay to the school district all expenses (including tuition fees) to educate the student. They may also be subject to a civil action resulting from fraud, negligent misrepresentation, and negligence.**

3. **The School District will pursue all lawful civil remedies against the parent/guardian, tenant, and/or owner of the Residence Property for all expenses (including tuition fees) to educate the student if the School District determines that the Multiple Occupant is not in fact a resident of the School District.**

4. **All forms signed by the parent/guardian, tenant and owner of the Residence Property will contain the following verification:**

I verify that the facts set forth herein are true and correct to the best of my knowledge, information and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa C S §4904) related to unsworn falsification to authorities. A violation of Section 4904 of the Crimes Code may result in a criminal prosecution and if found guilty may subject you to fines and/or imprisonment.

5. **A criminal prosecution may also be initiated based on 18 Pa C S §4904.**

Crestwood School District

Notification of Offense Involving Weapons, Alcohol or Drugs
Infliction of injury to another person, or
Any act of violence committed on School Property

REMOVE THIS PAGE AND COMPLETE IN THE PRESENCE OF A NOTARY PUBLIC

The Crestwood School District is committed to comply with the Safe Schools Act and the safety and well-being of our students.

According to Pennsylvania Act 26, of 1995, "Prior to admission to any school entity, the parent/guardian or other persons having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously 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 any act of violence committed on school property**; the registration shall be maintained as part of the student's disciplinary record." In addition, under Act 26, of 1995, "Any willful, false statement made under this section shall be a misdemeanor of the third degree."

Please be advised that Pennsylvania Act 26, of 1995, also required all public and private schools to transfer a student's discipline records and to maintain cumulative disciplinary records. Thank you for your cooperation.

Please identify the act or offense in the spaces provided:

I hereby swear or affirm that _____ (Student)
_____ has NOT _____ HAS (check one)
Previously been suspended or expelled for any act or offense listed in Pennsylvania Act 26, of 1995 (stated above).

Parent's Signature

Act / Offense	Where Committed	Date(s)
1. _____		
2. _____		
3. _____		
4. _____		

Subscribed and sworn to before me this
_____ day of _____, 20 ____

Printed name of Notary

Signature of Notary

For School District Use Only
Please sign upon receipt of completed form:
Registrar: _____
Administrator: _____