

# **AASD** AUSTIN AREA SCHOOL DISTRICT

138 Costello Avenue • Austin, Pennsylvania • 16720  
Phone 814-647-8603 • FAX 814-647-8869

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

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To whom it may concern:

We would appreciate receiving a complete transcript of grades, current levels in reading and math, health records, any special services, guidance information, discipline reports, and any psychological reports for the student(s) listed below who enrolled in our school on \_\_\_\_\_ . Also, please include PA Secure ID numbers if applicable.

Your prompt attention to this request is greatly appreciated.

Sincerely,

Austin Area School District

Student Name

Birthdate

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I hereby give my permission to forward official transcripts of all school records for the above named student(s) to:

**Austin Area School District - 138 Costello Avenue, Austin, PA 16720**

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

\_\_\_\_\_  
Date

# AUSTIN AREA SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: 3/15/2023

REVISED:

## 200-AR-1. ENROLLMENT FORM

### STUDENT INFORMATION

Student's Name \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_  F  M

Address \_\_\_\_\_  
House Number Street/Apartment Number City/State ZIP Code

**\*\* Copy of Original Birth Certificate must accompany this form \*\***

ETHNIC GROUP (Check all that apply)

- White  Hispanic  American Indian or Alaskan  Filipino  Black  Asian
- Pacific Islander  Other: \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

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

Address \_\_\_\_\_ Relationship \_\_\_\_\_

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### Check if living with student:

Father \_\_\_\_\_  
Last First

Mother \_\_\_\_\_  
Last First

Guardian \_\_\_\_\_  
Last First

Guardian \_\_\_\_\_  
Last First

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

200-AR-1. ENROLLMENT FORM

**Children in household (give last name if different from above):**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  F  M

School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  F  M

School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  F  M

School \_\_\_\_\_ Grade \_\_\_\_\_

**Previous schools attended (include Pre-K & Kindergarten):**

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Address of School \_\_\_\_\_  
Street City State

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Address of School \_\_\_\_\_  
Street City State

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Address of School \_\_\_\_\_  
Street City State

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**OTHER INFORMATION**

Support Services/Special Education Services/Related Service (check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Instructional Support (IST)              | <input type="checkbox"/> Vision Support      | <input type="checkbox"/> Gifted Support                |
| <input type="checkbox"/> Secondary Instructional Support (SIS)    | <input type="checkbox"/> Physical Support    | <input type="checkbox"/> Multiple Disabilities Support |
| <input type="checkbox"/> Student Assistance Program (SAP)         | <input type="checkbox"/> Life Skills Support | <input type="checkbox"/> Occupational Therapy          |
| <input type="checkbox"/> Emotional Support                        | <input type="checkbox"/> Learning Support    | <input type="checkbox"/> Physical Therapy              |
| <input type="checkbox"/> Speech and Language Support              | <input type="checkbox"/> Autistic Support    | <input type="checkbox"/> Adapted Physical Education    |
| <input type="checkbox"/> Deaf or Hearing Support                  | <input type="checkbox"/> Behavior Support    | <input type="checkbox"/> Probation                     |
| <input type="checkbox"/> Mobile Therapy/Therapeutic Staff Support | <input type="checkbox"/> ESL                 |  |

**PDE 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.

- 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? \_\_\_\_\_

Interpreter Provided  No  Yes

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

In the event of separation or divorce, check here if you have primary custody. Proof of custody is required.

Registered By: \_\_\_\_\_

# AUSTIN AREA SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

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REVISED:

## 200-AR-2. PARENTAL REGISTRATION STATEMENT

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

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/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 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.”

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:  
\_\_\_\_\_

\_\_\_\_\_  
(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.

# AUSTIN AREA SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: 3/15/2023

REVISED:

## 200-AR-4. SWORN STATEMENT BY RESIDENT (TO BE COMPLETED BY RESIDENT ONLY)

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.**

1. Your Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Telephone Number Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
2. Do you live in the school district? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does the child live with you? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Child's Full Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Name & Address of Last School Attended \_\_\_\_\_  
Date child began/will begin to reside in your home \_\_\_\_\_
5. Are you supporting this child gratis (without personal compensation or gain)? Yes \_\_\_\_\_ No \_\_\_\_\_
6. 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 \_\_\_\_\_
7. 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.

**AUSTIN AREA SCHOOL DISTRICT  
HEALTH HISTORY**

NAME OF STUDENT: \_\_\_\_\_ Circle One: Male Female

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

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

1. Last Physical Examination - Date: \_\_\_\_\_ by Doctor: \_\_\_\_\_

2. Present Health Status

A. Is your child under the doctor's care now?  Yes  No

If yes, for what condition? \_\_\_\_\_

B. Is your child taking medication regularly?  Yes  No

If yes, please list: \_\_\_\_\_

C. Does your child need to take any meds while at school?  Yes  No

(If yes, a permission card will be provided for you to complete)

D. Does your child receive regular dental care?  Yes  No

Dentist's Name: \_\_\_\_\_

E. Is there any reason why your child cannot participate in regular physical education?  Yes  No

If yes, list reason: \_\_\_\_\_

F. Has your child every been examined by an eye doctor?  Yes  No

If yes, Dr.'s Name: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Does your child wear glasses/contacts  Yes  No

3. Check if your child has a history of disease or condition with approximate date:

Orthopedic Problem \_\_\_\_\_  Eye Problems \_\_\_\_\_  Heart Disease \_\_\_\_\_

Frequent Stomach Aches \_\_\_\_\_  Ear Problems \_\_\_\_\_  Fainting Spells \_\_\_\_\_

Speech Problems \_\_\_\_\_  Kidney Disease \_\_\_\_\_  Rheumatic Fever \_\_\_\_\_

Head Injury \_\_\_\_\_  Convulsions \_\_\_\_\_  Poor Appetite \_\_\_\_\_

Frequent Colds \_\_\_\_\_  Tires Easily \_\_\_\_\_  Whooping Cough \_\_\_\_\_

Hepatitis \_\_\_\_\_  Diabetes \_\_\_\_\_  Asthma \_\_\_\_\_

Chicken Pox \_\_\_\_\_  Measles \_\_\_\_\_  German Measles \_\_\_\_\_

Bee Sting sensitivity \_\_\_\_\_

Allergy (if so, to what?) \_\_\_\_\_

Describe reaction & severity: \_\_\_\_\_

Other illnesses, operations, injuries & age of occurrence: \_\_\_\_\_

4. Which of the following have you observed in your child? Please check all that apply:

Angers easily  Nail Biting  Is Distrustful  Stressful  Is Withdrawn

Hyperactive  Depression  Cries easily

Other - List: \_\_\_\_\_

5. Any other information which might help the school to understand and work with you and your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form/ relationship

\_\_\_\_\_  
Date

**Austin Area School District  
BUS INFORMATION**



**Student name:** \_\_\_\_\_

**Where will your child be PICKED UP?**

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

**Adult Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Color of house:** \_\_\_\_\_

**Is this a house, mobile home or apartment?** \_\_\_\_\_

**Please describe your home and exactly where it is located.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where will your child be DROPPED OFF?**

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

**Adult Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Color of house:** \_\_\_\_\_

**Is this a house, mobile home or apartment?** \_\_\_\_\_

**Please describe your home and exactly where it is located.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

138 Costello Avenue Austin, Pennsylvania 16720

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**STUDENT RESIDENCY QUESTIONNAIRE**

Name of School \_\_\_\_\_

	Name of Student		
	Last	First	Middle

Sex:	<input type="checkbox"/> Male	D.O.B.	____/____/____	Grade:	_____	ID#:	_____
	<input type="checkbox"/> Female		<i>Month Day Year</i>		<i>(preschool-12)</i>		<i>(optional)</i>

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement?    \_\_\_ Yes    \_\_\_ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?    \_\_\_ Yes    \_\_\_ No

**If you answered YES to the above questions, please complete the remainder of this form.  
If you answered NO, you may stop here.**

Where is the student currently living? (*Check one box.*)

- In a hotel/motel
- In a shelter
- With another family or person because of loss of housing or as a result of economic hardship (living "doubled-up")
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.*

 \_\_\_\_\_  
**Print name of Parent, Guardian, or  
Student (for unaccompanied homeless youth)**

 \_\_\_\_\_  
**Signature of Parent, Guardian, or  
Student (for unaccompanied homeless youth)**

 \_\_\_\_\_  
**Date**

Please send a copy to \_\_\_\_\_ at the Central Office.

Fax: \_\_\_\_\_

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act/ESSA.

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 McKinney-Vento Liaison and/or Foster Care POC Signature

Student name: \_\_\_\_\_

**\*I affirm that the residency information provided herein is true and accurate.**

**\*I have been advised of my child's rights and my rights under the McKinney-Vento Federal Homeless Assistance Act**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.*

**Name of LEA Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Comments/Changes:**

**Transportation Request**

**School District Information**

Homeless Liaison

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

Phone Number: \_\_\_\_\_ Email

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

District of Origin

(DOO): \_\_\_\_\_

District of Residence

(DOR): \_\_\_\_\_

**Transportation Information**

Pick-up

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

Drop off

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

Arrival Time: \_\_\_\_\_ Departure

Time: \_\_\_\_\_

**Transportation Department Only:**

Vehicle Number	
Chargeback	<b>AM</b> <b>PM</b>
Start Date	
End Date	
Pick-up Time	
Drop-off Time	