Welcome to Spring Grove!

Enrollment/Registration Packet

Complete the enrollment packet and call the District Enrollment Office at 717-225-4731, ext. 3043, to schedule an appointment.

Please bring the following to your appointment along with the completed enrollment packet:

- Child’s Birth Certificate
- Proof of up to date immunizations
- Proof of Residency (driver’s license, signed lease agreement, signed sales agreement, utility bill, payroll stub with name and address of employee and employer)
- Transcript from prior school (grades 7-12)
- IEP or Chapter 15 service agreement (if applicable)
- Custody Agreement (if applicable)

Spring Grove Area School District
Educational Service Center
100 East College Avenue
Spring Grove, PA 17362
**Packet Contents**

All forms must be completed by the parent/guardian attending the registration appointment.

The following will explain the contents of this packet:

- **ATT-1 Registration Form** – This form is required.
  - Please remember a copy of your child’s birth certificate.

- **Student Registration** – This form is required.
  - Please remember a copy of your child’s birth certificate.

- **Student Health History Form and Release of Information (2 pages)** – This form is required.

- **Parental/Residency Statements (A or B)** – Complete the form (A or B) that best describes your residency status:
  - Complete **form A** if you are a resident (renter or homeowner) of the Spring Grove Area School District. You will have to provide one of the following for proof of residency (at that address) at the time of registration appointment:
    - Driver’s license
    - Vehicle registration
    - Copy of lease
    - Purchase agreement
    - Apartment lease
    - Copy of paycheck with stub, with name and address of employee and employer
    - Utility bill
    - Residency Affidavit
  - Complete **form B** if you are not the primary resident, but are residing with a resident of the Spring Grove Area School District. **NOTE:** The primary resident does not have to attend the registration appointment; however, they will have to sign form B and you will have to provide one of the following to show proof of residency for the primary resident, at the time of registration appointment:
    - Driver’s license
    - Vehicle registration
    - Copy of lease
    - Purchase agreement
    - Apartment lease
    - Copy of paycheck with stub, with name and address of employee and employer
    - Utility bill
    - Residency affidavit
  - Residency Statement **Form C Group Home/Institution** and **Form D Emancipated Student** available upon request.

- **Parental Registration Discipline Statement** – This form is required.

- **Student Emergency Information** – This form is required.
  - Please remember custody documentation, if applicable.

- **Student Registration Home Language Survey** – This form is required.

- **English as a Second Language Information Form** – Complete this form, only if any language other than English was listed on the Student Registration Home Language Survey.

- **Certification of Transfer/Request for Student Records** – This form is required.

- **Information for Adams or York County Residents** – The 2nd page of this form must be completed and mailed or faxed to the York or Gettysburg TAX Office. Address/fax is on the top of the 1st page. **DO NOT RETURN THIS FORM TO THE SCHOOL DISTRICT.**
ATT-1 Registration Form

Student Name: ___________________________  Gender:  Male  Female

Last  First  Middle  Grade  Date of Birth  Birth City/State

Student ID#: ___________________________  Entered Pennsylvania

Entered United States  9th Grade Entry

Ethnicity/Race:
1 – American Indian/Alaska Native
3 – Black/African American
4 – Hispanic/Latino
5 – White/Caucasian
9 – Asian
10 – Native Hawaiian/Other Pacific Islander

Resides with:  Father  Mother  Stepfather  Stepmother  Guardian  Other Adults

Circle all that apply.

Adult Resident #1  Relationship to student  
Home #: ___________________  Cell: ___________________  Work: ___________________  Email

Adult Resident #2  Relationship to student  
Home #: ___________________  Cell: ___________________  Work: ___________________  Email

Address: ___________________ ___________________ ___________________ ___________________

Street  City  State  Zip Code  Township

2nd Parent NOT residing with child:  Father  Mother  Stepfather  Stepmother  Guardian  Other Adults

Circle all that apply.

Adult Resident #1  Relationship to student  
Home #: ___________________  Cell: ___________________  Work: ___________________  Email

Adult Resident #2  Relationship to student  
Home #: ___________________  Cell: ___________________  Work: ___________________  Email

Address: ___________________ ___________________ ___________________ ___________________

Street  City  State  Zip Code  Township

List all school age children living with student and the school or program they currently attend (ie. SG School, St. Rose, Cyber):


Parent/Guardian Signature: ___________________________  Date: __________

Office Use Only

Register Date: __________  Effective Date: __________  Building #: __________  PA Secure ID: __________

Insert Code: Entry: __________  Re-Entry: __________  Withdrawal: __________  Grad Status: __________  Address Chg: __________

Building/Program Assigned: ___________________________  (List school, district, LLI, YT, etc.)

Administrator’s Signature: ___________________________  Form completed by: ___________________________

Cc:  Student Folder  Attendance  Child Acct. Dept.  Transportation Dept.  Food Services  Pupil Services

Common/District/Forms/ATT-1.10/6/17
SPRING GROVE AREA SCHOOL DISTRICT  
Spring Grove, Pennsylvania 17362

**Student Registration**

This Registration Form is to be completed for the current school year by the parent/guardian of the new/transferring student. This information is intended to facilitate initial instructional placement prior to the receipt of official school records.

Student Name ___________________________ Grade _______ Date of Birth ____________

(Office Use) Starting Date ________________

Former Address

Last School/School District Resided in

Previous School City/State

**PARENT MUST COMPLETE THE FOLLOWING:**

1. Is the student in compliance with Pennsylvania immunization requirements? ______ Yes _______ No
   Out of state students must submit immunization records prior to enrollment.

2. Does the student have any special health considerations? ______ Yes _______ No
   Please note allergies/health considerations

3. Has the student been previously enrolled in the Spring Grove Area School District? ______ Yes _______ No
   If YES, please list grades attended ________________

4. Is the student receiving special education services? ______ Yes _______ No
   If YES, please indicate the exceptionality and sign the SE-602 form, which is the release of information statement.

   ___ Learning Support ___ Visually Impaired Support ___ Emotional Support ___ Speech / Language Support ___ Hearing Impaired Support

5. Does your child receive: ______ Special Reading ______ Gifted/Talented Support ______ ESL ______ 504 Plan ______ Occupational Therapy ______ Physical Therapy

6. Is the student receiving free/reduced lunches? ______ Yes _______ No

7. Has the student been expelled from public school for violation of Act 26 (possession of weapons)? ______ Yes _______ No

8. Does the student live with his/her natural parent(s)? ______ Yes _______ No
   If NO, with whom does the student reside (i.e., relationship to student)? ____________________________
   (NOTE: If the student resides with a guardian, a notarized 1302 statement may be a requirement prior to enrollment.)

9. Did your child attend pre-school? (for kindergarten registrants only) ______ Yes _______ No

10. What grade did the student last attend? (N/A for kindergarten registrants) _____________

11. Either parent in the ACTIVE Military? ______ Yes _______ No

I verify that I am a resident of Spring Grove Area School District and have legal custody or guardianship of the student listed above.

_________________________  ________________________
(Parent/Guardian Signature)  (Date)
Spring Grove Area School District
Student Health History Form and Release of Information

Student Name (print first) ____________________ (print last) ____________________
Grade _____ Date of Birth _____/_____/____  ☐ Male  ☐ Female

Your child’s health history is important to provide the best care at school. The Health Services program provides student health screenings for vision, hearing, height and weight. If there is a new or existing health condition which affects a student’s ability to participate in school activities, it is the responsibility of the parent/guardian to notify the school. If your student is prescribed medication, it is the responsibility of the parent/guardian to notify the school and provide the medication, if needed during school hours. Please contact the school nurse to obtain the necessary forms. Medication forms are also available on the district website.

Release of Information: The disclosure of health information within the school is limited to information necessary to serve the student’s health and education interests. Your signature gives permission for the nurse to inform school staff of procedures to protect your child at school and develop emergency health plans, if required. I am providing this information on a voluntary basis. I authorize school nurse to obtain a copy of my child’s most recent physical exam report from the doctor if I have not provided one with this packet.
Parent(s)/Guardian(s) (signature) ___________________________ Date _____/ _____/ _____
Parent(s)/Guardian(s) (printed) ___________________________

<table>
<thead>
<tr>
<th>Health History (Y = Yes / Current N = No history R = Resolved)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
</tr>
<tr>
<td>Arthritis</td>
</tr>
<tr>
<td>Asthma(Inhaler: Y or N)</td>
</tr>
<tr>
<td>Bone/Joint Problem</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Color Blindness</td>
</tr>
<tr>
<td>Chronic Dental Issue/Injury</td>
</tr>
<tr>
<td>Eating Disorder</td>
</tr>
<tr>
<td>Emotional/Behavioral</td>
</tr>
<tr>
<td>Fetal Alcohol/Drug</td>
</tr>
<tr>
<td>Chronic Headache/Migraine</td>
</tr>
<tr>
<td>Hearing Loss/Issue</td>
</tr>
<tr>
<td>Heart Condition</td>
</tr>
<tr>
<td>Hepatitis</td>
</tr>
<tr>
<td>Lactose Intolerance</td>
</tr>
</tbody>
</table>

Specify Allergy(ies) (food, drug, latex, iodine, airborne, insect, other) ___________________________
Describe Reaction (rash, hives, itching, breathing difficulty, other) ___________________________
Antihistamine Prescribed: ☐ Yes  ☐ No  Epi-pen Prescribed: ☐ Yes  ☐ No
Current Allergy Action Plan: ☐ Yes  ☐ No
Year of most recent exam: Physical: ________ Vision: ________ Dental: ________
Psychologist/Counselor: ________
☐ My child does not have medical concerns nor require medication during school hours at this time.

Please list any detailed medical information on this page.
Medication used during the school day requires a completed Medication Administration Form. This includes prescription and over the counter medication. All medications should be kept in the School Nurse Office, per Student Handbook policy, Section III. Students are permitted to carry prescribed emergency medications, such as an inhaler, Epi-pen, or diabetic products when the required form is completed by the student's health care provider and parent / guardian.
List medication:

Health Care Provider Name: ___________________________ Phone: ___________________________
☐ Home ☐ School ☐ Both Medication Administration Form Completed: ☐ Yes ☐ No

List medication:

Health Care Provider Name: ___________________________ Phone: ___________________________
☐ Home ☐ School ☐ Both Medication Administration Form Completed: ☐ Yes ☐ No

List medication:

Health Care Provider Name: ___________________________ Phone: ___________________________
☐ Home ☐ School ☐ Both Medication Administration Form Completed: ☐ Yes ☐ No

Medical Concerns / Diagnosis:

Health Care Provider Name: ___________________________ Phone: ___________________________
Will this condition require school nursing care? ☐ Yes ☐ No ☐ medication administration ☐
treatments
Emotional/behavioral/ psychological issues (panic attacks, OCD, other):

Health Care Provider Name: ___________________________ Phone: ___________________________
Will this condition require school nursing care? ☐ Yes ☐ No ☐ medication administration ☐
treatments
Will any of the medical conditions or health issues listed affect your child's ability to participate in PE, sports, or classroom activities during the school day? Please explain issues and limitations:

Would you like to speak to the nurse privately regarding your child? ☐ Yes ☐ No
Contact Phone: 1) ___________________________ 2) ___________________________ 3) ___________________________
Email address:
Please list any other concerns or comments in the space provided:
PARENTAL / RESIDENCY STATEMENT (A)

Student Name ____________________________

Date of Birth ____________________________ Grade ____________

Address ____________________________________________________________

I, __________________________________________, hereby verify that I am the primary custodial parent or legally appointed guardian of _______________________, and that I reside with my child at the residence address listed above in the Spring Grove Area School District.

Under Pennsylvania Law, a child is considered to be a resident of the school district in which his/her parent or legal guardian maintains a residence. It is also required that the student dwells continuously at this residence in the Spring Grove Area School District.

I also agree to notify the Spring Grove Area School District of any information that changes, such as, but not limited to, a change in telephone number, residence address, or custodial parent change.

18 PA.C.S.A. Section 4904. Unsworn falsification to authorities
(a) In general. —A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he: (1) makes any written false statement which he does not believe to be true; (2) submits or invites reliance on any writing which he knows to be forged, altered or otherwise lacking in authenticity; or (3) submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he knows to be false.

(b) Statements “under penalty”. —A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

(c) Perjury provisions applicable. —Section 4904(c) through (f) of this title (relating to perjury) applies to this section.

I further verify that I have not misled, withheld, or falsified any information and the statements herein are true and correct. I understand that false statements are made subject to the penalties of 18 PA C.S.A, Section 4904 relating to unsworn falsification to authorities.

Parent Signature ____________________________ Date ____________________________

NOTE: Verification of residency should be attached to this form (driver’s license; vehicle registration; copy of lease; purchase agreement; apartment lease; copy of paycheck stub, with name and address of employee and employer, utility bills, or Residency Affidavit.)
SPRING GROVE AREA SCHOOL DISTRICT
Spring Grove, Pennsylvania 17362

PARENTAL / RESIDENCY STATEMENT (B)

Student Name ________________________________

Date of Birth ___________________________ Grade ________________

Address


I, ________________________________, hereby verify that I am the primary custodial parent or legally appointed guardian of ________________________________, and that I reside with my child at the residence address listed above in the Spring Grove Area School District;

and

I, ________________________________, hereby verify that I am the resident of the address listed above in the Spring Grove Area School District and that the above-named child and parent/guardian are residing with me at this time. Under Pennsylvania law, a child is considered to be a resident of the school district in which his/her parent or legal guardian maintains a residence. It is also required that the student dwell continuously at this residence in the Spring Grove Area School District;

and

I/We also agree to notify the Spring Grove Area School District of any information that changes, such as, but not limited to, a change in telephone number, residence address, or custodial parent change.

18 P.A.C.S.A. Section 4904. Unsworn falsification to authorities
(d) In general. —A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he: (1) makes any written false statement which he does not believe to be true; (2) submits or invites reliance on any writing which he knows to be forged, altered or otherwise lacking in authenticity; or (3) submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he knows to be false.

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(f) Perjury provisions applicable. —Section 4904(c) through (f) of this title (relating to perjury) applies to this section.

I further verify that I have not misled, withheld, or falsified any information and the statements herein are true and correct. I understand that false statements are made subject to the penalties of 18 PA C.S.A, Section 4904 relating to unsworn falsification to authorities.

Parent Signature ________________________________ Date ___________________________

Resident Signature ________________________________ Date ___________________________

NOTE: Verification of residency should be attached to this form (driver’s license; vehicle registration; copy of lease; purchase agreement; apartment lease; copy of paycheck stub, with name and address of employee and employer, utility bills, or Residency Affidavit.)
Parents must complete the following:

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 act of 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 expulsions 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.
24 P.S. §13-1317.2
## Spring Grove Area School District
### Student Emergency Information

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Gender</th>
<th>Birthdate</th>
<th>Phone</th>
<th>Ethnicity</th>
<th>HR#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Home Address Line 1</td>
<td>Student Home Address Line 2</td>
<td>Student City</td>
<td>Student State</td>
<td>Student Zip</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Does student live with an active military or deployed national guard member? [YES or NO]

### Is there a written custody agreement in effect? [YES or NO]

### If yes, have you provided the most recent copy to the school? [YES or NO]

<table>
<thead>
<tr>
<th>Contact 1</th>
<th>Relationship</th>
<th>Lives w/child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Email</td>
<td>Address 1</td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
<td>Address 2</td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact 2</th>
<th>Relationship</th>
<th>Lives w/child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Email</td>
<td>Address 1</td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
<td>Address 2</td>
</tr>
<tr>
<td>Work Phone</td>
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</tbody>
</table>

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<tr>
<th>Contact 3</th>
<th>Relationship</th>
<th>Lives w/child</th>
</tr>
</thead>
<tbody>
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<td>Email</td>
<td>Address 1</td>
</tr>
<tr>
<td>Cell Phone</td>
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<td>Address 2</td>
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<tr>
<td>Work Phone</td>
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<tr>
<th>Contact 4</th>
<th>Relationship</th>
<th>Lives w/child</th>
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<tbody>
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<td>Home Phone</td>
<td>Email</td>
<td>Address 1</td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
<td>Address 2</td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Doctor Name | Doctor Phone # | Hospital Preference

### Health Concerns (including medications taken regularly)

### Parent/Guardian Signature: Date:
The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: ________________________________ Date: ________________

School: _______________________________________

Student’s Name: ________________________________ Grade: ________________

1. What is/was the student’s first language? __________________________

2. Does the student speak a language(s) other than English?  
   (Do not include languages learned in school.)
   Yes  No

If yes, specify the language(s): _______________________________________

3. What language(s) is/are spoken in your home? ________________________

4. Has the student attended any United States school in any 3 years during his/her lifetime?  
   Yes  No

If yes, complete the following:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>State</th>
<th>Dates Attended</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Person completing this form (if other than parent/guardian): __________________________

Parent/Guardian signature: __________________________________________

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

Revised 10/2010
s6AP200 Att. Home Language Survey
SPRING GROVE AREA SCHOOL DISTRICT  
SPRING GROVE, PA 17362  
ENGLISH AS A SECOND LANGUAGE INFORMATION FORM

Student’s Name ___________________________ Grade: ___  Bldg: SH M SGI NS P SGE  
Sex:   F   M  Date of Birth _______________ Place of Birth ____________________  
Dominant Language ________________________  Address ________________________  
Telephone No. ___________________________  Form Completed by: ________________  
Relationship to Student ________________

A. GENERAL BACKGROUND

What country is the student from? ____________________________

When did the student come to the U.S? __________ To this area? ___________

B. EDUCATIONAL BACKGROUND

<table>
<thead>
<tr>
<th>GRADE</th>
<th>YEARS</th>
<th>AGE</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-K</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Elementary (K-4)</td>
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<td></td>
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</tr>
<tr>
<td>Middle Level (5-8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School (9-12)</td>
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<td></td>
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</tr>
</tbody>
</table>

Has the student ever repeated a grade? ______________________

Does the student currently receive any special services in school?  Yes  No

If yes, please identify: _______________________________________

Has the student ever studied English? ______ Where? ______ How long? ______

C. BACKGROUND

This information is essential in order to provide meaningful instruction for all students. Please complete the following questions concerning your child:

1. What language does the child speak to his/her mother most of the time_______________
   To his/her father _______________ to his/her brother and sisters _____________________
   What language does the child read? ____________________________________________

2. What language does the child write? _________________________________________

PLEASE CIRCLE YES or NO:

4. YES NO  Do you have any concerns about your child’s English language abilities?

5. YES NO  Do you ever have trouble understanding your child’s speech?
   Explain: ________________________________________________________________

6. YES NO  Is your child’s language development progressing as rapidly as the language development of your other children?

7. YES NO  Do other people find it difficult to understand your child’s speech?

8. YES NO  Does your child have difficulty answering questions or following directions?
Certification of Transfer/Request for Student Records

PLEASE RETURN THIS FORM OR A COPY WITH THE STUDENT RECORDS

Student’s Name: ___________________________ Date of Birth ________________ Current Grade ________________

Date Enrolled in Spring Grove Area School District ________________ Date Entered 9th Grade ________________

Please forward all original school records, as indicated below, to the Spring Grove Area School District as soon as possible. These records will be utilized by professional personnel to aid in the development of the student’s educational program.

- Academic Records / Cumulative File Data
- Attendance Information
- Career Artifacts
- Psychological / Psychiatric Evaluation
- Evaluation Reports (ER) / Gifted Written Reports (GWR)
- Individual Educational Plan (IEP) / Gifted Individual Education Plan (GIEP)
- Notice of Recommended Educational Placement (NOREP) /
  Notice of Recommended Assignment (NORA)
- Health / Dental Records (In PA, the original Health records and PA State Health Card must be sent)
- Culminating Project at High School Level (if applicable)
- OT / PT / SL / HI / VI Evaluations
- Certified Discipline Records (as per Act 26 of 1995, this certified record shall be provided within ten days of receipt of this request)

I hereby give permission for ___________________________________________ School to release the above mentioned information to Spring Grove Area School District for the above named student.

_________________________  ______________________________
Signature Parent/Guardian/Surrogate Parent  Date

(FERPA, Final Rule in Educational Records – June 17, 1976
Parent Permission is no longer necessary to release information between schools.)

The above records are to be sent to:

☐ Spring Grove Sr. High School
  1490 Roth Church Road
  Spring Grove, PA 17362

☐ Spring Grove Middle School
  244 Old Hanover Road
  Spring Grove, PA 17362

☐ Spring Grove Intermediate School
  1480 Roth Church Road
  Spring Grove, PA 17362

☐ Spring Grove Elementary
  1450 Roth Church Road
  Spring Grove, PA 17362

☐ New Salem Elementary
  3745 Salem Road
  York, PA 17404

☐ Paradise Elementary
  6923 Lincoln Highway, West
  Thomasville, PA 17364

COMPLETED BY SENDING SCHOOL

Disciplinary Records Request (as per 24PSB-1305A)

Please check the appropriate box:

☐ Certified disciplinary record enclosed
☐ Student has no disciplinary record

The signature of the following individual certifies the disciplinary records enclosed are the true and accurate discipline records of the above-indicated student

_________________________  ______________________________  ______________________________
School Official  Position  Date

Records Requested  Records Received  Follow-up contact made:

Revised November 21, 2019
INFORMATION FOR ADAMS OR YORK COUNTY RESIDENTS:

Greetings! Whether you have recently moved to the area from out-of-state, or if you have resided in Pennsylvania all your life, it is important for you to understand Pennsylvania local taxes that may impact you.

In Pennsylvania, in addition to the state personal income tax collected by the PA Department of Revenue, municipalities, school districts and the county may each levy several different types of taxes. These may include the following:

Real Estate Tax – levied by the county, school district and municipality on real estate owned within their jurisdictions. Each taxing authority will levy a different millage rate, and bills are mailed in the spring for county and municipal tax and in the summer for school district tax. This tax may or may not be paid through your mortgage company. Your municipality has a locally elected real estate tax collector who will collect this tax.

Earned Income Tax – levied by the municipality and school district where you reside. It is a tax on gross wages and net profits. Tax rates are 1% or higher depending on the school district where you live, and the tax is shared between the municipality and school district. If you work within Pennsylvania your employer is required to withhold the tax and remit it to the collector where the employer is located. The York Adams Tax Bureau collects the tax for most of York and all of Adams Counties. If you are self-employed or work out-of-state, you are required to make estimated quarterly payments of the tax due. An annual individual Earned Income Tax Return must be filed with the YATB by April 15 following the end of the tax year. A return must be filed even if you had no earned income. Only permanently retired or disabled individuals are exempt from filing.

Local Services Tax – levied by some municipalities where you work. It is an occupational privilege tax of a maximum of $52.00 per year, withheld by your employer at no more than $1.00 per week. YATB is the LST collector for certain municipalities in York and Adams Counties. In other cases, the locally elected tax collector has been appointed to collect the tax. Low income exemptions may apply.

Per Capita Tax – This is an annual head tax of $5.00 or $10.00 levied by some municipalities and school districts. It is collected by your locally elected tax collector. YATB collects delinquent per capita tax for some municipalities and school districts in York and Adams Counties.

Other Taxes – Depending on where you live, you may also pay a street light tax, a fire hydrant tax, an occupational assessment tax or some other special taxes. Check with your municipal office regarding these taxes.

The York Adams Tax Bureau is the appointed collector of Earned Income Tax (EIT) for the following school districts:

Adams County:
Bermudian Springs School District
Conewago Valley School District
Fairfield Area School District

Gettysburg Area School District
Littlestown Area School District
Upper Adams School District
York County:  
Central York School District  
Dallastown Area School District  
Dover Area School District  
Eastern York School District  
Hanover Public School District  
Northern York School District  
Northeastern School District  
Red Lion Area School District  
South Eastern School District  
South Western School District  
Southern York Co. School District  
Spring Grove Area School District  
West York Area School District  
School District of the City of York  
York Suburban School District  

Individual Annual Earned Income Tax forms and payments may be filed online at www.palite.org. Additional forms and information may be found at www.yatb.com.

All residents of the above districts who are not permanently retired or disabled must file an earned income tax return with the York Adams Tax Bureau by April 15 of each year, even if they had no earned income. Earned income tax (EIT) is a tax on gross wages and net profits and is levied by the municipality and school district where you reside.

Individuals who are self-employed or whose employers do not withhold the tax are required to make estimated quarterly payments of the tax due. (Due dates: April 30, July 30, Oct. 30 and Jan. 30.) Quarterly return forms may be found at www.yatb.com.

Questions? In York County please contact our Taxpayer Services Department at 717-845-1584, option 1, or by email at info@yatb.com. Adams County residents may call 717-334-4000.

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NEW RESIDENT/CHANGE OF ADDRESS FORM

Name of Taxpayer A:  

Taxpayer A Social Security Number:  

Name of Taxpayer B:  

Taxpayer B Social Security Number:  

CURRENT ADDRESS INFO:
Street Address (must include house number):  

P.O. Box (if used):  

City, State, Zip:  

Phone:  

Email:  

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FORMER ADDRESS INFO:
Street Address (must include house number):  

P.O. Box (if used):  

City, State, Zip:  

(Mail or fax the completed form to the address on the letterhead above.)
Pennsylvania Migrant Education Program
School Referral Form - Spring Grove Area SD

This form is to determine if your children (ages 0 to 21) can qualify for the Pennsylvania Migrant Education Program and the FREE additional educational services provided by the program. We will contact you based on your responses.
ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Parent or Guardian Name ___________________________ Date ______________

Address ____________________________________________________________________________

Telephone Number ________________________________________________________________

Names of your Children: _______________________________________________________________

_________________________________________________________________________________

Please answer “yes” or “no” if it applies to you.

(1) Has anyone in your household moved from another country, town or school district within the past 3 years? _____Yes _____No

(2) Has anyone in your household worked or looked for work at the following occupations within the last three (3) years? _____Yes _____No

☐ Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)?

☐ Work related to logging, timber growing or harvesting? Work at a food processing plant, such as vegetable or poultry processing plants, packing apples, vegetables, pork or beef?

If your children qualify for the Migrant Education Program, they will be offered FREE supportive educational services that may include after school tutoring, summer school programs, pre-college activities and referrals to other agencies that help you and your children. Your children will also receive free lunch in school.