

# Fleetwood Area School District

801 North Richmond Street  
Fleetwood PA 19522  
Business Office 610-944-8111 Ext. 1200

## **Change of Address Procedures**

Please provide us with **2 items, one from each list** in order to establish residency, If you do not have 2 at this time no change of address can occur without at least **one** item from **LIST 1**.

### **List 1**

- Agreement of Sale - Lease/Rental Agreement
- Property deed
- Property Tax bill/receipt - Current Homeowners bill/policy

### **List 2**

- Bill or receipts showing new address
- Current electric and/or phone bill
- TV cable or satellite activation/bill
- Utility "turn on" service statement
- Vehicle registration card/change of address
- Vehicle insurance card
- Driver's license/application for change of address
- Check or pay stub
- Post office address change, mail forward order
- Voter registration card

**Complete the forms enclosed and return them along with the  
PROOF OF RESIDENCY.**

***You can send all forms and proofs of residency back to school with your student, bring all forms to the Business Office or scan and email the forms and proofs to [clesher@fleetwoodasd.org](mailto:clesher@fleetwoodasd.org)***

***No changes in Transportation or computer data can be made until these items are received.***

**Office hours when school is in session: 7:30am – 3:30pm**

**SUMMER OFFICE HOURS: 7am – 2:30pm**

***Thank you for your cooperation.***

**Fleetwood Area School District  
Student Enrollment/Withdrawal Form**

School year \_\_\_\_\_ Enrollment \_\_\_\_\_ Transfer \_\_\_\_\_  
 \_\_\_\_\_ Withdrawal \_\_\_\_\_ Address Change \_\_\_\_\_  
 Building \_\_\_\_\_ Re-enrollment \_\_\_\_\_

**Student Information**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Gender \_\_\_\_\_ ID# \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
 City of Birth \_\_\_\_\_ State of Birth **PA** Country of Birth **USA** Hispanic YES / NO  
 RACE CODE - WHITE 2- BLACK 4 - AM NATIVE 9 - ASIAN RESIDES WITH: PARENT / GUARDIAN / FOSTER

**Guardian Information**

Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Guardian Address \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
 City \_\_\_\_\_ State **PA** Zip \_\_\_\_\_ Municipality \_\_\_\_\_

**Transfer Information/Address Change/PIMS**

| From                      | To                        |
|---------------------------|---------------------------|
| School _____              | School _____              |
| Street Address _____      | Street Address _____      |
| City and State _____      | City and State _____      |
| Telephone _____ Fax _____ | Telephone _____ Fax _____ |

Is a parent and/or guardian currently an active duty member of a branch of the armed forces (Army, Navy, Marine Corp, Coast Guard) including full time Reserve or National Guard duty?

**Other Information**

Circle one: YES or NO

\_\_\_\_\_

I/we the parent 1302 affiant, guardian, and/or student make this statement, being familiar with the facts and having the authority to do so: and that all statements in the foregoing application for enrollment are true and correct to the best of my/our knowledge, information, and belief. I/we further state that I/we understand that the statements made herein are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_ Secretary's Signature *Christina Leshner*

**For DISTRICT USE ONLY**

|   |   |
|---|---|
| Type of Student _____                                     | <b>WITHDRAWAL</b>                       |
| Type of Resident _____                                    | Last Attendance Date _____              |
| <b>ENROLLMENT</b>   | Withdrawal Reason _____                 |
| First Attendance Date _____                               | <b>PIMS</b>                             |
| Immunizations _____                                       | 1st Year in PA School _____ Grade _____ |
| Birth Certificate _____                                   | Failed _____ Grade _____                |
| Date Records Requested _____ IEP _____                    | <b>Entered in Eschools</b> _____        |
| (Business Office) Bldg Secretary Food Svc. PIMS Secretary | Special Ed. Tech Transportation         |

# CONTACT FORM

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

First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Borough/Township FLEETWOOD MAIDENCREEK RICHMOND

Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_

Alert 1 # \_\_\_\_\_ Alert 2 # \_\_\_\_\_

*(AUTOMATED ANNOUNCEMENTS FROM THE DISTRICT WILL BE SENT TO THE ABOVE ALERT #'S)*

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Guardian 3 Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact other than parent or guardian:

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

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

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Please list other adults or siblings below that reside at this address: Grade if applicable.....

1. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

4. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

5. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital in case of Emergency: \_\_\_\_\_