## STUDENT REGISTRATION CHECKLIST

## Welcome to Wattsburg Area School District!

All documents under the Registration Requirements below must be submitted together. Registration cannot be completed unless all requirements are provided. All applicable forms in the Registration Packet must be physically signed.

We are here to make this process as easy as possible for you! Please contact the Wattsburg Area School District Registrar with any questions.

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Fax: 814-824-5200

## **Registration Requirements:**

charge for students entering grades K, 3<sup>rd</sup> or 7<sup>th</sup>.

| Proof of Age: Acceptable documentation includes: original birth certificate; notarized copy of birth certificate; baptismal certificate; copy of the record of baptism – notarized or duly certified and showing the date of birth; notarized statement from the parents or another relative indicating the date of birth; a valid passport; a prior school record indicating the date of birth. |
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| Parent/Guardian ID: Acceptable documentation includes: Valid PA Driver's License or PA State Identification Card.  |
| Proof of Residency (two forms required): Acceptable documentation must be current and includes: a deed, a lease, utility bill, credit card bill, property tax bill, vehicle registration.  |
| Immunization Record  |
| Custody Order / Court Placement Order (If applicable)  |
| Student Registration Packet  |
| Student Registration Form  |
| Home Language Survey   |
| Parental Registration Statement  |
| Student Health History   |
| Request for Student Records  |
| New Student Transportation Request   |
| Media & Directory Opt Out (If applicable)  |
| Network/Internet Acceptable Use Policy Signoff   |
| Other Forms: If applicable, these will be due to the school office prior to or on first day of school.   |
| Physical Examination: Private Physician Form unless designated on Student Health History to be done by school physician at no charge for students entering grades $K$ , $6^{th}$ or $11^{th}$ .  |
| <u>Dental Examination:</u> Private Dentist Form unless designated on Student Health History to be done by school dentist at no   |

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