

Huntingdon Area School District

Student Registration Information

All students who reside within or who are new to the Huntingdon Area School District are eligible for enrollment. We know enrolling in a new school is not always easy but we want to make the process of becoming a Huntingdon Bearcat as smooth as possible. Registration for students occurs at the Administrative Office.

Registration process:

1. **Fill out the Enrollment Forms**
2. **Submit the Enrollment Forms and Required Documents for Enrollment in person or by email to moaks@huntsd.org**

NOTE: If you do not finish the second step, your registration is not complete.

If you do not have access to online registration, please call 814-641-2112, leave a message with your name and phone number and we will set up an appointment. Please allow 24 hours for a return call.

To help make the registration process as efficient as possible, please use the list below. There is required documentation for registration.

- **Proof of Age**
 - Official birth certificate (preferred)
 - Passport
 - Baptismal certificate
 - Legal notarized statement indicating name, date of birth, and place of birth.
- **Photo ID** (Parent or Guardian) If an adult other than the parent is registering the child, a copy of the Guardianship papers or a sworn affidavit must be presented at registration.
- **Current Custody Papers** (if applicable)
- **Proof of Residency**
 - Current lease or deed
 - Utility bill
 - Vehicle Registration
 - Driver's License
 - Dept of Transportation identification card
- ***Immunizations:** Shot Record. ([See List of Mandatory immunizations.](#))
 - ***Exclusion from starting school until required immunizations documentation is provided**

[Physical Exam - Needed in Kindergarten, Grades 6 and 11](#)

Pennsylvania School Health Law requires a physical exam for all kindergarten students. In the Huntingdon Area School District, the exam must be done no more than 12 months prior to the start of school and may be done during the school year. The exam can be given by your family physician or provided by the District at no cost. Physical form can be found [here](#).

[Dental Exam - Needed in Kindergarten, Grades 3 and 7](#)

By state mandate all kindergarten students are required to provide evidence of having received a dental examination. An examination completed 12 months prior to the start of school or anytime during the present school year will be accepted. This exam can be given by your personal dentist or provided by the District at no cost. Dental form can be found [here](#).

HUNTINGDON AREA SCHOOL DISTRICT
Student Registration Form

2024-2025 School Year

Student's Legal Name _____

First

Middle

Last

Grade _____

Male _____

Female _____

Date of Birth _____

Place of Birth _____

Month

Day

Year

City

State

Ethnicity: _____ American Indian/Alaskan Native _____ Hispanic (any race)

_____ Asian

_____ Black or African American

_____ Native Hawaiian or other Pacific Islander

_____ White

_____ Multi-Racial

Indicate if student is Actively Receiving Services for:

_____ IEP

_____ 504

_____ Gifted

_____ ELL

_____ Economically Disadvantaged

Parent/Guardian Information:

Address _____

Street

City

State

Zip

Father's Name _____ Father's Phone Number _____

Address if different from student _____

Email _____ Cell Phone Number _____

Employer _____ Work Phone Number _____

Mother's Name _____ Mother's Phone Number _____

Address if different from student _____

Email _____ Cell Phone Number _____

Employer _____ Work Phone Number _____

Student lives with: _____ Both Parents _____ Father _____ Mother _____ Other _____

If parents are separated or divorced, who has custody? _____

(Documentation of Custody must be provided from parent/guardian)

Is the student's parent/guardian an active duty member of a branch of the armed forces, including full time National Guard duty? _____ Yes _____ No

Siblings:

Name(s)	Date of Birth	Gender	HASD Student?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous School attended last:

Has your child previously attended Huntingdon Area School District? _____ Yes _____ No

_____ **School Name** _____ **School District**

_____ **School Address**

THIS FORM WAS COMPLETED BY:

Print Full Name _____

Relationship to Student _____

Signature _____

Date _____

COMPLETE FOR KINDERGARTEN REGISTRATION ONLY:

Is the child attending a preschool or daycare center?

_____ No _____ Yes If yes, name of center _____

Has the child attended kindergarten in another school district?

_____ No _____ Yes If yes, name of district _____

To be completed by school personnel:

Student ID Number _____ **PA Secure ID** _____

- Received* _____ **Immunization Records**
- _____ **Proof of Residency**
- _____ **Proof of Age**
- _____ **Photo ID**
- _____ **Current Custody Papers (if applicable)**

HUNTINGDON AREA SCHOOL DISTRICT

Home Language Survey



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 ____

HUNTINGDON AREA SCHOOL DISTRICT
Parental Registration Statement - Act 26 Questionnaire

Student's Name _____

PARENTS/GUARDIANS ARE REQUIRED, BY PENNSYLVANIA STATE LAW, TO RESPOND TO THE FOLLOWING STATEMENTS:

Please check either "YES" or "NO" next to each statement.

1. Yes No My son/daughter has been suspended or expelled from a public or private school system, anywhere in the United States, for an act or offense involving weapons, defined as any type of firearm, cutting tool, nunchaku, or implement capable of inflicting serious bodily injury.

2. Yes No My son/daughter has been suspended or expelled from a public or private school system, anywhere in the United States, for an act or offense involving drugs or alcohol.

3. Yes No My son/daughter has been suspended or expelled from a public or private school system, anywhere in the United States, for the willful infliction of injury to another person and/or any act of violence committed on school property.

4. Yes No My son/daughter has been suspended or expelled from a public or private school system, anywhere in the United States, for the sexual assault offense to another student/person in the same school committed on school property.

If any of the above statements are marked "Yes", indicate the question number, the approximate date of Suspension/Expulsion, the school district, and a brief explanation of the Incident which led to the Suspension/Expulsion.

I/WE understand that any willful false statement made to any of the four questions above would be a Misdemeanor Of The Third Degree, Punishable Pursuant To 24 PS 13-1304-A.

I/WE also understand that any false statements herein are made subject to the Penalties Of The 18 Pa C.S. 4904 relating to unsworn falsification to Authorities.

I/WE affirm that the information provided on this Parental Registration Statement is true and correct to the best of my knowledge, information and belief.

Parent/Guardian Signature _____ Date _____

HUNTINGDON AREA SCHOOL DISTRICT

District Residency Statement

The Huntingdon Area School District is proud to offer a high quality public education to our residents. The District also has a very active residency verification program to protect our community resources and abide by state auditing procedures. This program can include, but is not limited to, complete documentation verification, investigation by District personnel, independent investigation by law enforcement officials and surveillance.

It is the intent of the District to prosecute to the fullest extent of the law any individual furnishing false information for the purpose of enrolling non-resident students. In accordance with Public School Code Section 1302, penalties for providing false information are as follows:

- Immediate removal from school after notice and an opportunity to appeal
- A criminal penalty of a fine of up to \$300 and/or up to 240 hours of community service
- Any individuals involved in filing the false statement will be liable for tuition during the period of enrollment

Address _____
Street City State Zip

This address reflects the following parents/guardians and student:

___ Both Parents ___ Father ___ Mother Other _____

Parents/Guardians are:

___ Homeowners

___ Rent/Lease (Must provide documentation of agreement or Landlord’s signature on form)

Landlord Signature _____ Date _____

I certify that I have read and understand the above notice. Additionally, I agree to pay the District its full tuition cost as well as any other applicable costs, penalty, or amounts if the student enrolled is found to be a non-resident.

Parent/Guardian Signature _____ Date _____

This completed form along with proof of residency should be turned into Student Registration. Acceptable documents to establish residency include a deed, a lease, utility bills, vehicle registration, driver’s license or Dept. of Transportation identification card.

HUNTINGDON AREA SCHOOL DISTRICT
Student Residency Questionnaire

Your response to these questions will help determine what residency documents are necessary for the enrollment of your child(ren). Thank you for your cooperation.

In what type of setting is the student now living?

- In an emergency or transitional shelter**
- Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason**
- In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations**
- Other places not designed for, or ordinarily used as regular sleeping accommodations for human beings.**
- None of the above choices apply**

Reasons why a student might be homeless (precipitating events):

- Abandonment**
- Act of Nature/Natural Disaster**
- Death of Parent/Guardian**
- Domestic Violence**
- Eviction**
- Fire**
- Hospitalization of Parent/Guardian**
- Incarceration of Parent/Guardian**
- Left Home**
- Military**
- Parental Job Loss/Loss of Income**
- Parent Divorce/Separation**
- Separated from Family**
- Other Poverty-related Situation**
- Other (Please describe): _____**
- Unknown**

Parent/Guardian Signature _____ Date _____

HUNTINGDON AREA SCHOOL DISTRICT
Authorization of Release of Student Records

2024-2025 School Year

The following student has registered at the Huntingdon Area School District:

Student's Legal Name _____
First Middle Last

Grade _____ Date of Birth _____

Previous School Attended: _____

Official Start Date at Huntingdon Area School District _____

Information requested:

- Academic Records (grades, transcripts, standardized test scores)
- Health and Immunization Records
- Attendance Records
- Discipline Records
- Chapter 339 Career Exploration Records
- Initial Evaluation and Current Re-Evaluation (if applicable)
- Current IEP or Gifted IEP
- Current NOREP or NORA
- 504 Plan (if applicable)
- Any other pertinent information

Please forward records to the following:

Huntingdon Area School District

Attn: Mitzi Fouse

2400 Cassady Avenue, Suite 2

Huntingdon, PA 16652

Email: moaks@huntsd.org

Phone: 814-641-2112

Parent/Guardian Signature _____ Date _____

School Official Signature _____ Date _____