

**COUNCIL ROCK SCHOOL DISTRICT
PARENTAL REGISTRATION STATEMENT**

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 or offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property."

To be completed by the Parent or Guardian:

Student: _____ DOB: _____

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 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. 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.

<i>Please complete this section if student has been or is presently suspended or expelled from another school:</i>	
Name of school from which student was suspended or expelled:	
Dates of suspension or expulsion: (Please provide additional schools and dates of suspension/expulsion)	
Reason for suspension/expulsion: (optional)	

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

**COUNCIL ROCK SCHOOL DISTRICT
HOME LANGUAGE SURVEY***

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEAs) 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 initial step in the identification process.

(Please Print)

School District: COUNCIL ROCK SCHOOL DISTRICT Date: _____

School: _____ Grade: _____

Student's Name: _____

1. In what country was your child born? _____

2. What is/was the student's first language? _____

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

If yes, specify the language(s): _____

4. What language(s) is/are spoken daily in your home? _____

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

If yes, complete the following:

<u>Name of School</u>	<u>State</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian Signature: _____

*The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA 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 LEA may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll the LEA in the future.

OFFICE USE: Student ID# _____
English Proficiency Level: _____ Program Start Date: _____

If one of the answers is a language other than English or the country of origin is other than the United States, send a copy of this form to the District ELL Coordinator and the school's ELL teacher. Place the original in the child's cumulative folder. ***This form and accompanying ELL entry form test remains in the folder throughout the child's school career.***

**COUNCIL ROCK SCHOOL DISTRICT
CENSUS ENUMERATION FORM**

(Please Print)

Parcel # _____ Date: _____

Current Address: _____ City/State/Zip: _____

Former Address: _____ City/State/Zip: _____

Do you: Own your home Rent (name of landlord _____)

How long have you been a resident at your current address? _____

PLEASE LIST ALL RESIDENTS OVER 18 YEARS OF AGE

*Failure to note occupation will result in being taxed at the highest rate

Name (Last, First, Middle)	Date of Birth (Month/Day/Year)	Total Years Education
*Occupation	Employer	Employer Address
Name (Last, First, Middle)	Date of Birth (Month/Day/Year)	Total Years Education
*Occupation	Employer	Employer Address
Name (Last, First, Middle)	Date of Birth (Month/Day/Year)	Total Years Education
*Occupation	Employer	Employer Address
Name (Last, First, Middle)	Date of Birth (Month/Day/Year)	Total Years Education
*Occupation	Employer	Employer Address

PLEASE LIST ALL CHILDREN UNDER 18 LIVING AT YOUR ADDRESS (FROM OLDEST TO YOUNGEST)

Name (Last, First, Middle)	Sex	Date of Birth (Month/Day/Year)	School	Grade

Please state intention of pre-school children to attend **public, private or parochial school**

THIS INFORMATION IS REQUIRED FROM ALL RESIDENTS OF COUNCIL ROCK SCHOOL DISTRICT

COUNCIL ROCK SCHOOL DISTRICT

KEYSTONE COLLECTIONS GROUP / EARNED INCOME TAX REGISTRATION FORM

A completed Earned Income Tax Registration Form will fulfill your registration requirements under the Earned Income Tax rules and regulations adopted by Council Rock School District and your resident municipality. More importantly, this information will ensure that your tax dollars are sent to your home taxing jurisdiction. **All residents should complete this form**, regardless of employment status (unemployed, retired, college student, military personnel, or homemaker). If you have recently moved, please give your current and former address.

Most resident taxpayers will have this tax deducted by their employers. If you work in a jurisdiction where it is not withheld, or you are self-employed, you will have to pay the tax directly to Keystone Collections Group. Your completed registration form will be forwarded to Keystone Collections Group, who will create an accurate tax account reflecting your correct reporting status and send you the necessary tax forms.

We appreciate your cooperation in completing the form. Kindly refer to the general questions and answers about the Earned Income Tax. If you have any additional questions, contact Keystone Collections Group at 724-978-0300 or in person at your local Keystone Collections Group office in Warrington (888-519-3898).

ALL RESIDENTS SHOULD COMPLETE THIS FORM		
PLEASE PRINT		
	YOUR INFORMATION	SPOUSE'S INFORMATION
Name:		
Street Address:		
City/Zip:		
Phone Number:		
Social Security #:		
Municipality:		
Employer:		
School District:	COUNCIL ROCK SD	COUNCIL ROCK SD
County:	BUCKS COUNTY	BUCKS COUNTY

Revised 3/12

(Office Use: Provided with Student Registration)