

COUNCIL ROCK SCHOOL DISTRICT
CENTRAL REGISTRATION OFFICE
30 N. CHANCELLOR STREET, NEWTOWN PA 18940
 Email: registration@crsd.org
 Phone: 215-944-1091 / Fax: 215-944-1081 or 215-944-1011

OFFICE NOTES

<input type="checkbox"/> School	<input type="checkbox"/> ESP	<input type="checkbox"/> Edulog
<input type="checkbox"/> MO	<input type="checkbox"/> Custody Agreement	
<input type="checkbox"/> Out of Boundary	<input type="checkbox"/> Home School _____	
<input type="checkbox"/> Other _____		
Initials / Date _____		

CHANGE OF ADDRESS FORM

When there is a change of address within the district, parents/guardians must present change of address, census enumeration and earned income tax forms, parent/guardian photo ID, and **four** proofs of new address, as well as custody agreement (if applicable). This information can be faxed, emailed or delivered to the Central Registration Office. We request this information within one week - student records will be updated and transportation will be notified after receipt of all requested documentation.

If your new home is located in a different school boundary, please provide a written request if you would like your child to finish the school year at the present school. Address your request to Mr. Barry Desko, Director of Secondary Education and Student Accounting.

Student Name	Council Rock School	Grade	Does student have an IEP?

Student(s) **Previous** Address _____ City _____ State _____ Zip _____

Student(s) **Current** Address _____ City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION (COMPLETE SECTIONS I AND II AS APPLICABLE)

I. Parent/Guardian Full Name _____

Address (if different than student) _____

 Email Address _____ Home Phone # _____ Mobile Phone # _____ Work Phone # _____

 Name of Stepparent (if applicable) _____ Email Address _____ Mobile Phone # _____ Work Phone # _____

II. Parent/Guardian Full Name _____

Address (if different than student) _____

 Email Address _____ Home Phone # _____ Mobile Phone # _____ Work Phone # _____

 Name of Stepparent (if applicable) _____ Email Address _____ Mobile Phone # _____ Work Phone # _____

With whom does the student reside (Check all that apply) mother father stepparent guardian

other (please explain) _____

STUDENT REGISTRATION AFFIDAVIT

In cases of divorce/separation, either a current custody agreement must be provided OR both parents must sign form to acknowledge that child/children will attend school in Council Rock School District.

(Please check one)
 This is to certify that I am the PARENT GUARDIAN of the pupil(s) registered on this form.

 Signature

 Date

(Please check one)
 This is to certify that I am the PARENT GUARDIAN of the pupil(s) registered on this form.

 Signature

 Date R9/12

COUNCIL ROCK SCHOOL DISTRICT

Office Use: **Provided with Student Registration**

CENSUS ENUMERATION FORM

Parcel # _____

(Please Print)

Date: _____

Current Address: _____

Boro/Twp: _____

Former Address: _____

Boro/Twp: _____

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)	M Sex F	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)