SECTION: STUDENTS

TITLE: ENROLLMENT – RESIDENT STUDENTS

<table>
<thead>
<tr>
<th>1. Purpose</th>
<th>The Board shall enroll school age students eligible to attend District schools, in accordance with applicable laws and regulations, Board policy, and administrative regulations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Reference</td>
<td><strong>School age</strong> shall be defined as the period from the earliest admission age for the District’s kindergarten program until graduation from high school or the end of the school term in which a student reaches the age of twenty-one (21) years, whichever occurs first. <strong>District of residence</strong> shall be defined as the school district in which a student’s parents/guardians reside.</td>
</tr>
</tbody>
</table>
| 3. Guidelines | School age resident students shall be entitled to attend District schools. The District shall not enroll a student until the parent/guardian has submitted proof of the student’s age, immunizations, a completed Parent Registration Statement, and **two proofs** of residence from the following list, as required by law and regulations.  

Signer is a resident of the District:  
1. Utility bill  
2. Pennsylvania Department of Transportation identification or driver’s license  
3. Pennsylvania Department of Transportation vehicle registration  
4. Copy of state/federal program enrollment  
5. Copy of paycheck stub with name and address of employee and employer  
6. Residency affidavit  

The District shall administer a home language survey to all students enrolling in District schools for the first time.  

The District shall normally enroll a school age, eligible student the next business day, but no later than five (5) business days after application. |
4. Delegation of Responsibility

The Superintendent or designee shall develop and disseminate administrative regulations for the enrollment of eligible students in District schools.

The District shall immediately enroll identified homeless students, even if the student or parent/guardian is unable to produce the required documents.

The District shall not inquire about the immigration status of a student as part of the enrollment process.

Enrollment requirements and administrative regulations shall apply to nonresident students approved to attend District schools, in accordance with Board policy.
Wilson Area School District
RESIDENCY AFFIDAVIT

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. Any false statements can and will be punishable by law.

I/We _______________________________________________________, currently reside at:

(Parent(s)/Guardian(s))
Address: ______________________________________________________________________________________
______________________________________________________________________________________________
Phone: (Home) _______________________________ Phone: (Cell) _______________________________

Homeowner’s Verification
Homeowner’s Name: __________________________________________________________________________________
Phone: (Home) _______________________________ Phone: (Cell) _______________________________
approval has been granted for (child’s name) __________________________________________________________ to
reside with __________________________________________________________, at the address identified above.
Homeowner’s Signature: _______________________________ Date: __________________________

-OR-

Landlord’s Verification
Landlord’s Name: __________________________________________________________________________________
Phone: (Home) _______________________________ Phone: (Cell) _______________________________
approval has been granted for (child’s name) __________________________________________________________ to
reside with __________________________________________________________, at the address identified above.
Landlord’s Signature: _______________________________ Date: __________________________

Through my notarized signature, I/we grant the Wilson Area School District permission to investigate the above information that I/we have presented in this affidavit for confirmation and factual accuracy.

Parent(s)/Guardian(s) Signature: _________________________________________________________________________

PLEASE NOTE: A PERSON WHO KNOWINGLY PROVIDES FALSE INFORMATION IN THIS SWORN STATEMENT FOR THE PURPOSE OF ENROLLING IN A SCHOOL DISTRICT FOR WHICH THE CHILD IS NOT ELIGIBLE COMMITS A SUMMARY OFFENSE AND SHALL UPON CONVICTION FOR SUCH VIOLATION BE SENTENCED TO PAY A FINE OF NO MORE THAN $300.00 FOR THE BENEFIT OF THE SCHOOL DISTRICT IN WHICH THE PERSON RESIDES OR TO PERFORM UP TO 240 HOURS OF COMMUNITY SERVICE, OR BOTH. IN ADDITION, THE PERSON SHALL PAY ALL COURT COSTS AND SHALL BE LIABLE TO THE SCHOOL DISTRICT FOR THE COST OF TUITION DURING THE PERIOD OF ENROLLMENT.

Sworn and Subscribed before me
this ________day of ___________________________, 20__. ________________________________________________
Notary Public