



# LITTLESTOWN AREA SCHOOL DISTRICT

162 Newark Street  
Littlestown, PA 17340  
717-359-4146



Littlestown High School 200 E. Myrtle Street Littlestown, PA 17340 Phone 717-359-4146 x 2262 Fax 717-359-9461 Grades 9-12	Maple Avenue Middle School 75 Maple Avenue Littlestown, PA 17340 Phone 717-359-4146 x 3239 Fax 717-359-4133 Grades 6-8	Alloway Creek Elementary School 162 Newark Street Littlestown, PA 17340 Phone 717-359-4146 x 4254 Fax 717-359-5491 Grades K-5
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## Student Enrollment Packet Information Sheet

Students must be enrolled at the building they will attend. The enrollment process must be completed prior to the first day of attendance. Please call to set up an appointment for registration. It is the responsibility of parents/guardians to bring the following documentation with you to the appointment:

- Birth Certificate (original)
- Immunization Records (Please note that immunization records must be up to date for child to be admitted to school.)
- **Two** proofs of residency - Mortgage/Lease/Rental Agreement, etc. - see packet details
- Photo ID of parent/guardian who is enrolling child
- Multiple Occupancy form (if you reside with someone living in the district; the resident must also bring a photo id)
- Last report card from previous school with school name and address
- Documentation if student received any special services previously (e.g. IEP document)
- Copies of any custody or legal guardianship papers, if applicable

It is the responsibility of the parent/guardian to have officially withdrawn the student from any previous school.

Any tuition-paid students must have tuition moneys paid in advance.



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## Acceptable Proofs of Residency

Parents/Guardians **MUST** provide **TWO** proofs by choosing a different item from EACH column.

Column A	Column B
<b>Property settlement statement</b> – must show name, date and address of property <i>Note: Written or verbal agreements are not proof of residency.</i>	<b>Current Property Tax Bill</b>
<b>Deed or current lease</b> – must show to whom residence is leased, address of leased residence, and effective date.	<b>Credit card bill</b> current or within one month OR <b>Utility bill</b> current within one month
<b>Current driver's license or DOT identification card</b> <b>AND</b> <b>Current vehicle registration</b> (Both count as 1 together)	<b>Current driver's license or DOT identification card</b> <b>AND</b> <b>Current vehicle registration</b> (Both count as 1 together)
<p>A <b>Multiple Occupancy Form</b> is required when someone has taken residency with an established resident of our district.</p> <p>An <b>Affidavit of Support Form</b> is required when a student is residing gratis free with a district resident.  <b>In each case, the established resident must then provide proof of residency using this chart.</b></p>	

In accordance with Purdon's Statutes, Basic Education Circular, Enrollment of Students, the above proofs of residency are listed in Required Enrollment Documentation, Section 3. Additional documents which may be requested, but NOT as a condition of enrollment, are listed in Enrollment of Students, Documents Which May Be Requested But Not As A Condition of Enrollment, first paragraph. They are picture identification, health or physical examination records (a school district may not require a physical exam be conducted as a condition of enrollment), attendance records, and IEP or other special education records.



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<input type="checkbox"/> Littlestown High School	<input type="checkbox"/> Maple Avenue Middle School	<input type="checkbox"/> Alloway Creek Elementary School
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**Check Appropriate Building - Please Print All Information on both sides of form**

<b>Student Information</b>				
Legal Last Name	First Name	Middle Name	Nickname	Grade
Residence Address – Street No.	City, State, Zip Code		Home Phone	
<b>Ethnicity – required by State of Pennsylvania</b>				
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic (any race)	<input type="checkbox"/> White or Caucasian (not Hispanic)	<input type="checkbox"/> Multi-racial
			<input type="checkbox"/> Asian	<input type="checkbox"/> Native American or Pacific Islander
Country of Birth	If U.S., City & State of Birth	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last School Attended	Last School Street Address	Last School City, State, Zip Code	Last Grade Level	
Has Student Previous Attended Littlestown Area School District <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, What Building?	If Yes, What Year?	If Yes, Grade Level	
<b>Biological Parent/Legal Guardian Information</b>				
Biological Father Name	Address (if same as student above check <input type="checkbox"/> )	Email Address	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	
Court Custody Document (if yes, copy MUST be on file in school) <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Lives With Child <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Employer Address	Work Phone	Cell Phone	Okay to Auto Call cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Biological Mother Name	Address (if same as student above check <input type="checkbox"/> )	Email Address	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	
Court Custody Document (if yes, copy MUST be on file in school) <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Lives With Child <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Employer Address	Work Phone	Cell Phone	Okay to Auto Call cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Guardian Name	Legal Guardian Address	Legal Guardian Email Address		
Employer	Work Phone No.	Cell Phone No.	Can Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Emergency Contact Information – Person to contact other than parent if child becomes ill or injured. Contact must be at least 18 years old.</b>				
Name	Telephone No.	Relationship	Can Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Telephone No.	Relationship	Can Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Telephone No.	Relationship	Can Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Transportation Information</b>				
Walking Group <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Car Pick-up <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Y-AM Care <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Y-PM Care <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
Bus Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AM <input type="checkbox"/> From Home OR <input type="checkbox"/> From Sitter <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> PM <input type="checkbox"/> To Home OR <input type="checkbox"/> To Sitter <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		
Sitter Name	Sitter Address	Sitter Phone		
<b>Home Language – The Office of Civil Rights requires that school districts identify limited English proficient (LEP) students in order to provide appropriate language instructions programs for them. Therefore the district has the right to ask for information it needs to identify them. The district may also conduct screenings, ask for related information from currently enrolled students, and ask for related information from students enrolled in the future.</b>				
Prior countries of residence:				
First language child learned to speak	Language child speaks most often at home	Language parent speaks to child		

**Home Language Continued**

Language spoken most often in home	Does child understand but not speak English?	Does child understand but not speak a language other than English?
Does parent read English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does parent speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many siblings at home? Please list below including gender and age
Sibling	Sibling	Sibling
Sibling	Sibling	Sibling

**Special Services**

Student was receiving the following services in prior school district. Please check all that apply.

Learning Support	Emotional Support	Speech	Hearing	Gifted/Talented	Occupational Therapy	Physical Therapy
504 Plan	ELL	Special Ed	Migrant	Title 1 Language Math Reading	Counseling	

**McKinney Vento Act 42 U.S.C. 11435**

Is your current address a temporary living arrangement? Yes  No   
 If you answered Yes, please answer the following questions. If you answered No, please skip the following questions.

Is this temporary living arrangement due to the loss of housing or economic hardship? Yes  No 

Where is the student currently living?

- In a motel
- In a shelter
- Moving from place to place
- Sharing housing with other families or individuals because of loss of housing
- In a place not designed for ordinary sleeping arrangements such as a car, park, or campsite

**Foster Enrollment – to be completed by caseworker**

Natural Mother Name	Natural Mother Address	Has custodial rights Yes <input type="checkbox"/> No <input type="checkbox"/>
Natural Father Name	Natural Father Address	Has custodial rights Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the foster care parents receiving a stipend? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Authorization**

I hereby give the Littlestown Area School District authorization to contact any or all of the following to obtain verification of my address which is on file, or which I have used in filing forms with them. I further authorize the agency or employer contacted to release the requested information which will verify my address upon receipt of a faxed or electronically transmitted request from the district.

Internal Revenue Service

Employer

Welfare Agency or related Health Service Agencies

Bureau of Motor Vehicles

U.S. Postal Service

Credit Reporting Agencies

Landlord

All information completed upon registration of my child/children is complete and correct to the best of my knowledge. I understand that false information will result in the immediate removal of the student from our school district and will make me personally liable for the annual tuition rate.

Student Name	Signature of Parent/Guardian (must be witnessed by school employee)
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Signature of School Employee and date

*For Office Use:**Scan completed form and save to appropriate folder. Send scanned electronic copy to Nurse, Child Accounting, Transportation*



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STUDENT HEALTH HISTORY		DATE:	
Student Name	Student Address	Student Date of Birth	
Home Phone Number	Biological Father/Legal Guardian Name	Biological Mother/Legal Guardian Name	
Person with whom student resides (other than parent)			
Student's Physician	Physician Phone Number		
Student's Dentist	Dentist Phone Number		
<b>Allergies – Does your student require an EpiPen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bee Stings	Foods (Please list)	Medications (Please list)	Other Allergies (Please list)
<b>Medications</b>			
Does your student routinely take any prescription medications? If so, please list and specify for what condition:			
<b>Conditions – Has your student had any of the following:</b>			
Operation(s) – <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does student require <input type="checkbox"/> inhaler <input type="checkbox"/> nebulizer		
Seizures – <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No		
Heart Condition <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify	Hearing Problem <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vision Problem <input type="checkbox"/> Yes <input type="checkbox"/> No Wears Glasses or contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Concussion or Brain Injury <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Year of Injury:		
Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No		
Measles <input type="checkbox"/> Yes <input type="checkbox"/> No	Whooping Cough <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does student have any other medical conditions than those listed above? If yes, please specify condition.			
In case of emergency, please transport student to _____ hospital.			
Parent Signature _____			



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## Permission to Dispense Over-the-Counter Medications

Student Name and grade		Parent Name (printed)	
As the parent/guardian of the above student, I hereby give permission for the Littlestown Area School District to dispense the following over-the-counter medications, as needed, to my above student.			
Parent Signature			
Please mark an X next to the medicines you wish to have dispensed.			
Tylenol	Ibuprofen	Benadryl	
Maalox	Pepto-Bismol	Tums	
Cough Drops	Throat Lozenges		

**\*\* Reminder: For all **prescription** medication, a **PHYSICIAN-SIGNED** authorization form is required. Authorization forms are available in all district health offices.**



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## AFFIDAVIT OF INFORMATION

Under the provisions of Article XIII-A of Act 2 of 1995, prior to a student's admission to any school entity, a sworn statement is required concerning the student's prior disciplinary record.

\_\_\_\_\_ is requesting admission as a student to the Littlestown Area  
Student Name

School District in Grade \_\_\_\_\_ assigned to the following building:

Please check correct building

- Alloway Creek Elementary School, grades K-5
- Maple Avenue Middle School, grades 6-8
- Littlestown High School, grades 9-12

Please list the previous schools the above named student has attended and the requested information.

Name of School District Public and Private	Building Name	Address of School Building	Grade(s) Attended

(Check appropriate response)

- The above named student **WAS NOT** previously suspended or expelled from any school for an act involving weapons, alcohol, or drugs or for violence to persons or property.
- The above named student **WAS** previously suspended or expelled from any school for an act involving weapons, alcohol, or drugs, or for violence to persons or property.

I understand that a certified copy of the above named student's disciplinary record will be received by LASD and will only be inspected by the student, school officials, state and local law enforcement officials, or me as parent/guardian.

I understand my signature verifies that the above information is true and correct. If the information is found to be false, the above named student may be suspended or expelled from the Littlestown Area School District.

Signature of Parent Guardian

Date

Signature of Witness  
Rev. June 2017

Date



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## PERMISSION TO RELEASE RECORDS

**To:** \_\_\_\_\_  
 (Name of Prior School or Institution)

\_\_\_\_\_

(Street/Road)

\_\_\_\_\_

(City, State, Zip Code)

### I give my permission to release the following records:

- Permanent Record (including birth certificate)
- Standardized Test Scores
- Health Records
- Report Cards or Grades to Date
- Psychological, Psychiatric
- Discipline & Attendance
- PA Secure ID

**For:** \_\_\_\_\_  
 (Student Name)

who entered our district on: \_\_\_\_\_  
 (Date)

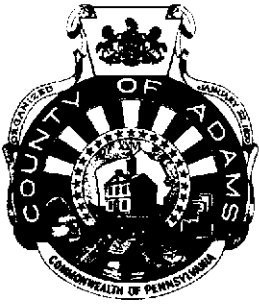
to be released to the school selected above.

\_\_\_\_\_  
 (Date) (Signature of Parent/Guardian)

**Request Sent:**

**Records Received:**





**ADAMS COUNTY TAX SERVICES DEPARTMENT**

117 BALTIMORE ST. RM. 202

GETTYSBURG, PA 17325

PHONE # 717-337-9837 FAX # 717-334-2091

**Adams County School Census and Occupation Assessment**

NAME \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWNSHIP/BORO: \_\_\_\_\_

\_\_\_\_\_ SCHOOL DIST: \_\_\_\_\_

PREVIOUS ADDRESS if different than above \_\_\_\_\_

\_\_\_\_\_ Phone No.: \_\_\_\_\_

EMAIL address: \_\_\_\_\_ PO BOX if one is used: \_\_\_\_\_

**INFORMATION IS NEEDED FOR ALL ADULTS AND CHILDREN WITHIN THIS HOUSEHOLD.**

*FOR ADULTS: Indicate the average number of hours worked per week. If retired from a previous job, but are now working part-time or full-time, please give the new title and hours. If you are a full-time student and working, list all information.*

*FOR CHILDREN: List which school they attend and current grade, if applicable.*

*Birthdates are used as identifiers to avoid duplication of persons with the same name.*

Entire Name (include middle initial)	Birthdate	Job Title or School/Grade	Hrs per week
1 _____	_____	_____	_____
	Employer's Name ▶	_____	
2 _____	_____	_____	_____
	Employer's Name ▶	_____	
3 _____	_____	_____	_____
	Employer's Name ▶	_____	
4 _____	_____	_____	_____
	Employer's Name ▶	_____	
5 _____	_____	_____	_____
	Employer's Name ▶	_____	
6 _____	_____	_____	_____
	Employer's Name ▶	_____	

**For more information regarding the purpose of this form:**  
[www.adamscounty.us/Dept/TaxServices/Assessment/Appraising](http://www.adamscounty.us/Dept/TaxServices/Assessment/Appraising)

Thank You



York Office  
1405 N. Duke St.  
PO Box 15627  
York, PA 17405-0156  
Phone (717) 845-1584  
Fax (717) 854-6376  
<http://www.yatb.com>

Gettysburg Office  
240 West Street  
PO Box 4374  
Gettysburg, PA 17325  
Phone (717) 334-4000  
Fax (717) 337-2565  
email: [info@yatb.com](mailto:info@yatb.com)

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## INFORMATION FOR ADAMS OR YORK COUNTY RESIDENTS:

Greetings! Whether you have recently moved to the area from out-of-state, or if you have resided in Pennsylvania all your life, it is important for you to understand Pennsylvania local taxes that may impact you.

In Pennsylvania, in addition to the state personal income tax collected by the PA Department of Revenue, municipalities, school districts and the county may each levy several different types of taxes. These may include the following:

**Real Estate Tax** – levied by the county, school district and municipality on real estate owned within their jurisdictions. Each taxing authority will levy a different millage rate, and bills are mailed in the spring for county and municipal tax and in the summer for school district tax. This tax may or may not be paid through your mortgage company. Your municipality has a locally elected real estate tax collector who will collect this tax.

**Earned Income Tax** – levied by the municipality and school district where you reside. It is a tax on gross wages and net profits. Tax rates are 1% or higher depending on the school district where you live, and the tax is shared between the municipality and school district. If you work within Pennsylvania your employer is required to withhold the tax and remit it to the collector where the employer is located. The York Adams Tax Bureau collects the tax for most of York and all of Adams Counties. If you are self-employed or work out-of-state, you are required to make estimated quarterly payments of the tax due. An annual Individual Earned Income Tax Return must be filed with the YATB by April 15 following the end of the tax year. A return must be filed even if you had no earned income. Only permanently retired or disabled individuals are exempt from filing.

**Local Services Tax** – levied by some municipalities where you work. It is an occupational privilege tax of a maximum of \$52.00 per year, withheld by your employer at no more than \$1.00 per week. YATB is the LST collector for certain municipalities in York and Adams Counties. In other cases, the locally elected tax collector has been appointed to collect the tax. Low income exemptions may apply.

**Per Capita Tax** – This is an annual head tax of \$5.00 or \$10.00 levied by some municipalities and school districts. It is collected by your locally elected tax collector. YATB collects delinquent per capita tax for some municipalities and school districts in York and Adams Counties.

**Other Taxes** – Depending on where you live, you may also pay a street light tax, a fire hydrant tax, an occupational assessment tax or some other special taxes. Check with your municipal office regarding these taxes.

The York Adams Tax Bureau is the appointed collector of Earned Income Tax (EIT) for the following school districts:

**Adams County:**

Bermudian Springs School District  
Conewago Valley School District  
Fairfield Area School District

Gettysburg Area School District  
Littlestown Area School District  
Upper Adams School District

**York County:**

Central York School District  
Dallastown Area School District  
Dover Area School District  
Eastern York School District  
Hanover Public School District  
Northern York School District  
Northeastern School District  
Red Lion Area School District

South Eastern School District  
South Western School District  
Southern York Co. School District  
Spring Grove Area School District  
West York Area School District  
School District of the City of York  
York Suburban School District

Individual Annual Earned Income Tax forms and payments may be filed online at [www.palite.org](http://www.palite.org). Additional forms and information may be found at [www.yatb.com](http://www.yatb.com).

All residents of the above districts who are not permanently retired or disabled must file an earned income tax return with the York Adams Tax Bureau by April 15 of each year, even if they had no earned income. Earned income tax (EIT) is a tax on gross wages and net profits and is levied by the municipality and school district where you reside.

Individuals who are self-employed or whose employers do not withhold the tax are required to make estimated quarterly payments of the tax due. (Due dates: April 30, July 30, Oct. 30 and Jan. 30.) Quarterly return forms may be found at [www.yatb.com](http://www.yatb.com).

Questions? In York County please contact our Taxpayer Services Department at 717-845-1584, option 1, or by email at [info@yatb.com](mailto:info@yatb.com). Adams County residents may call 717-334-4000.

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**NEW RESIDENT/CHANGE OF ADDRESS FORM**

Name of Taxpayer A: \_\_\_\_\_

Taxpayer A Social Security Number: \_\_\_\_\_

Name of Taxpayer B: \_\_\_\_\_

Taxpayer B Social Security Number: \_\_\_\_\_

**CURRENT ADDRESS INFO:**

Street Address (must include house number): \_\_\_\_\_

\_\_\_\_\_ P.O. Box (if used): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

.....  
**FORMER ADDRESS INFO:**

Street Address (must include house number): \_\_\_\_\_

\_\_\_\_\_ P.O. Box (if used): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

(Mail or fax the completed form to the address on the letterhead above.)