

CHECKLIST FOR NEW STUDENTS

Student Name _____ **Grade** _____
Parent Name(s) _____ **Phone** _____

	COMMENTS	DATE COMPLETED	INITIAL
Proof of Residency – If new home, closing date cannot exceed “20 School days”			
Bed & Board			
Immunization Records			
Act 26 Form Notarized			
Disciplinary Records Act 26			
Records Request			
Special Education Records			
Permanent Record Info. Sheet			
Weapons Policy			
Birth Certificate/Proof of Age			
Internet Usage Form			
Home Language Survey			
Emergency Form			
Student Handbook			
Physical (Kdg. & Out of State)			
Dental (Kdg. & Third Grade)			

All Documentation Complete _____
Student may start school _____
Assigned to _____