

# 1332-A

**EAST STROUDSBURG AREA SCHOOL DISTRICT**  
**NON-PUBLIC STUDENT REGISTRATION FORM**  
**Submit completed form to Student-Registration@esasd.net**

**Student Information**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle) (mm) (dd) (yyyy)

Name of Nonpublic School \_\_\_\_\_ School's Phone # \_\_\_\_\_

Gender ☐ M ☐ F

Grade Entering \_\_\_\_\_

Has student ever attended in this school district? ☐ Y ☐ N

☐ Entry

☐ Withdrawal

☐ Three (3) or more days unlawful absence (or equivalent)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Transportation Requested per 24 PS 13-1361. (*Attach copy of valid proofs of residency*)

For state and federal reporting requirements select one race code and one primary ethnicity from those defined below:

**Race Code:** ☐ Asian/Pacific Islander; ☐ Black/African American; ☐ American Indian/Alaskan Native; ☐ Caucasian/White

**Select Primary Ethnicity** ☐ Hispanic; ☐ Non-Hispanic

**Adult Resident(s) with whom student resides**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
(Last) (First) (MI)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
(Last) (First) (MI)

Primary Phone Number's: Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Physical Address of Residence) (City) (State) (Zip Code)

\_\_\_\_\_  
(Mailing Address of Residence-if different from above) (City) (State) (Zip Code)

**Exact Directions to Residence:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Name of Development/Subdivision: \_\_\_\_\_

**Municipality to which resident pays taxes:** ☐ BOR/East Stroudsburg ☐ LEH/Lehman ☐ MID/Middle Smithfield ☐ POR/Porter ☐ PRI/Price  
☐ SMI/Smithfield ☐ STB/Stroudsburg ☐ DEL/Water Gap ☐ PAR/Paradise ☐ STR/Stroud

**Non-Public Administrator's Statement**

I ASSERT THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT IT IS A SUMMARY CRIMINAL OFFENSE TO KNOWINGLY PROVIDING FALSE INFORMATION IN THIS SWORN STATEMENT FOR THE PURPOSE OF ENROLLING A CHILD IN THE DISTRICT'S SCHOOLS, AND THAT THE PENALTY FOR SUCH AN OFFENSE IS A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000), OR 240 HOURS OF COMMUNITY SERVICE, OR BOTH, IN ADDITION TO PAYMENT OF THE DISTRICT'S COURT COSTS AND TUITION FEES.

I further certify that I will notify the East Stroudsburg Area School District immediately in the event that the facts set for herein shall no longer be correct or shall change. I also certify that I will cooperate with and be responsive to request for information or investigation concerning the continuing validity of this sworn statement.

Administrator's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Student ID# \_\_\_\_\_ Date Entered/Reentered \_\_\_\_\_

Building Enrolled In \_\_\_\_\_ Building Tracking Attendance \_\_\_\_\_ Data Entry/Secretary's Initials \_\_\_\_\_

