

NOTIFICATION OF ADMISSION TO FACILITY OR INSTITUTION AND SCHOOL ENROLLMENT

(PARTS I-IV TO BE COMPLETED BY RESIDENTIAL PROVIDER)

I. FACILITY INFORMATION	II. STUDENT INFORMATION
Name:	Name:
Address:	* DOB and Grade:
	DOA:
Phone:	Parents/Guardian Name:
Facility Type:	Address:
Person Completing Form:	Phone:
Title:	School District of Residence:
Date:	Last School Attended:
	* Immunization Status:

III. STUDENT STATUS	IV. EDUCATIONAL DECISION-MAKER (If other than parent/guardian)
Check all that are applicable: <input type="checkbox"/> Student has IEP. <input type="checkbox"/> Student has a 504/Chapter 15 Service Agreement. <input type="checkbox"/> Parent has requested a evaluation for special education. <input type="checkbox"/> Facility has received copy of educational records. <input type="checkbox"/> There is a court order regarding educational placement. Describe relevant language below:	A. Educational decision-maker Name: Address: Phone: Description: <input type="checkbox"/> Court-Appointed <input type="checkbox"/> School-Appointed <input type="checkbox"/> Appointment Needed
	B. There is no appropriate educational decision-maker identified: Caseworker contact info: Name: Address: Phone:

* Proof of these items is mandatory for school enrollment. For details see BEC entitled Enrollment of students at:
http://www.education.state.pa.us/portal/server.pt/community/basic_education_circulars/7497

EDUCATIONAL PLACEMENT INFORMATION (TO BE COMPLETED BY HOST SCHOOL DISTRICT)

Name of District:	Student Placement:
Address:	Date of Meeting:
Phone:	If not in regular public school setting, placement was: <ul style="list-style-type: none"> <input type="checkbox"/> Dictated by court order. <input type="checkbox"/> A result of a current expulsion for a weapons offense. <input type="checkbox"/> A result of an existing interim alternative educational placement in accordance with the IDEA <input type="checkbox"/> Per current IEP/NOREP/Service Agreement. <input type="checkbox"/> Agreed to by parent/authorized decision-maker and school district after consideration of public school options.
Person completing form:	
Date:	
Host district must submit copy of this form to residential provider and district of residence together with PDE-4605. Residential provider and host district should retain completed copy in files for audit purposes.	