Bloomsburg Area School District

On-Line Registration

The Bloomsburg Area School District now has New Student On-Line Registration available. This document will help you with the process of registering your child(ren). You will need a valid email address to use this system. You can save your progress at any time while filling out the document.
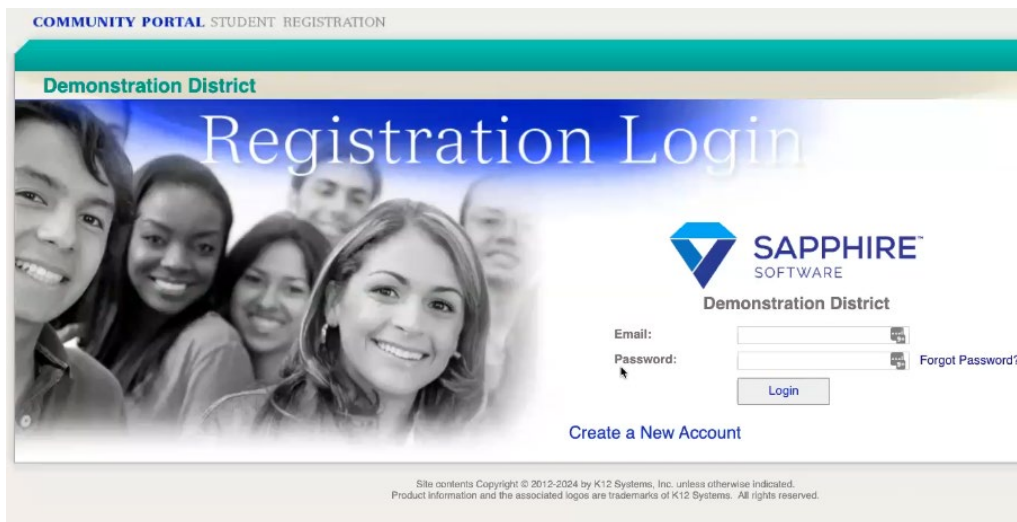
To help you through the process please reference our Information Needed – Help Document found here:

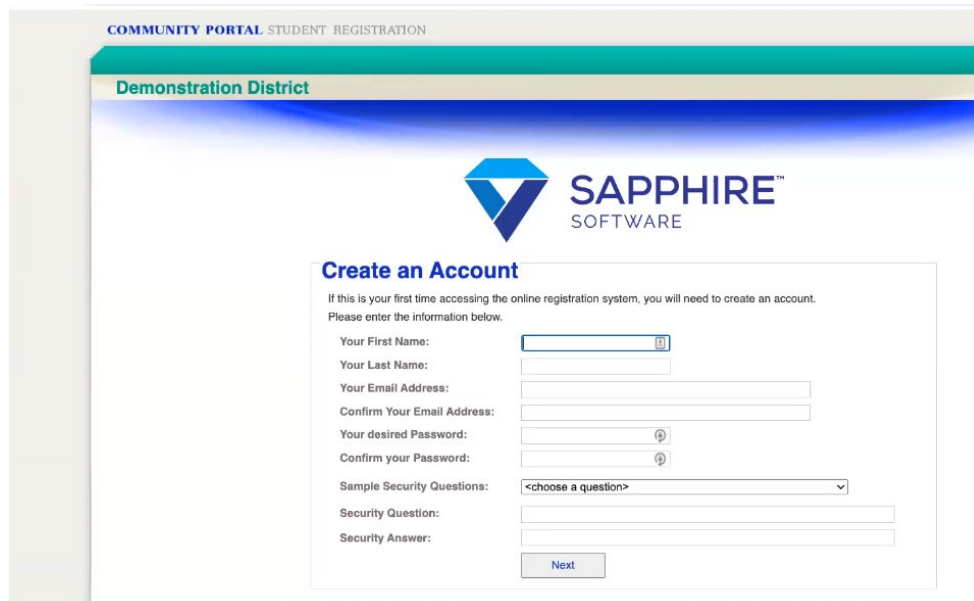To start the process, go to this website:

https://pablg-sapphire.k12system.com/CommunityWebPortal/Registration/index.cfm

It should look like this:

Click on Create a New Account. Fill in the required information.

Confirm your email.

Click on Registration Login Screen.

Login.

Click Create.
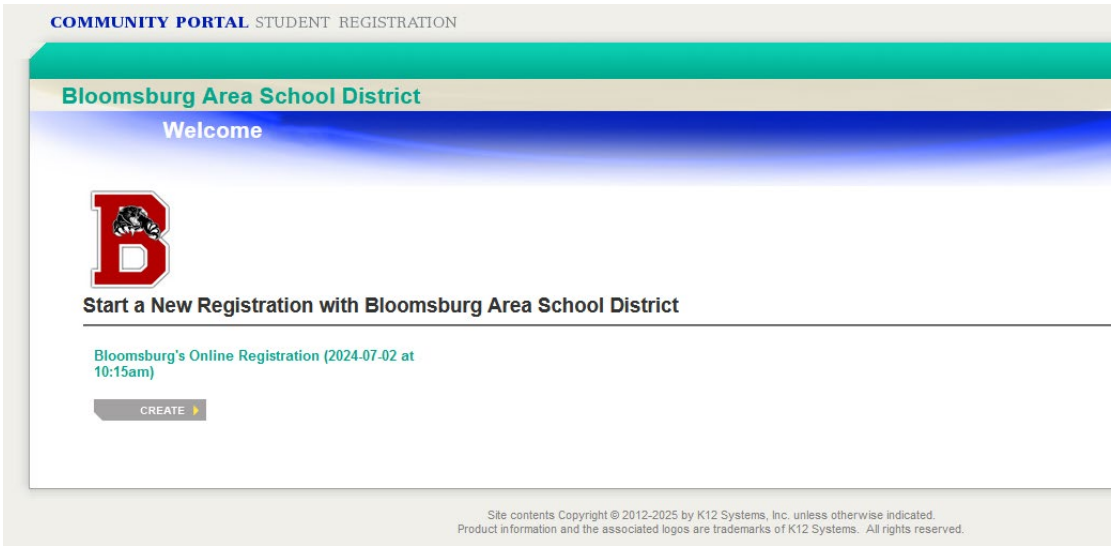
Enter the information required and click on Begin Registration

Click Next through the Welcome screen and Index,
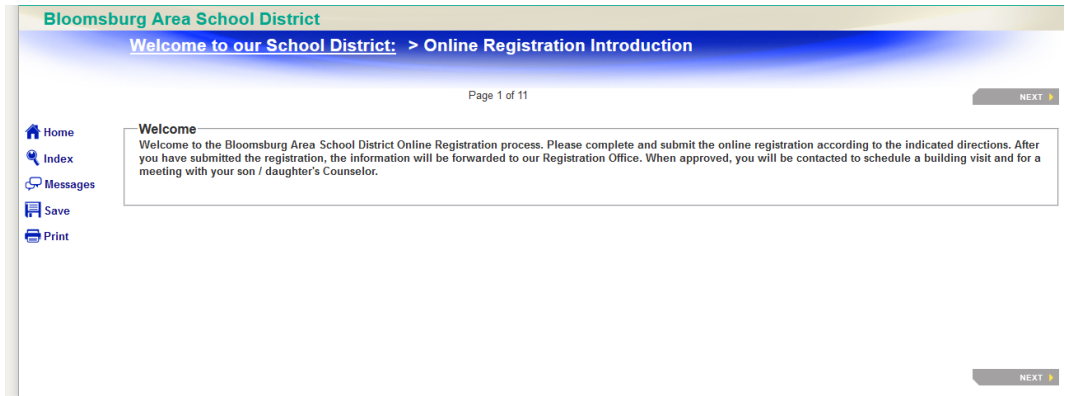
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Click on the links below to skip to a section or page.

Begin entering all the information required. Required data is indicated with a red *. Then click Next.

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Student Basic Info

Enter the Name as it appears on the Birth Certificate

First Name *

Middle Name

Last Name *

Gender *   Male ▾

Student's Date of Birth *

Phone Number *

What Grade level will your child enroll in? *   K5 Full ▾

Is this Child a Foreign Exchange Student? *   No ▾

Other Student Information

Address Line 1 *

Address Line 2

City *

State *   Pennsylvania ▾

Zip Code *

Has your child been previously enrolled at Bloomsburg Area *   No ▾

Required fields marked with (*).

Continue entering all the information required. Required data is indicated with a red *. Then click Next.

Note you can upload documents requested by clicking on the Browse… button associated with the question.

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Enrollment Information > Enrollment Information

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Enrollment Information

Student's Ethnicity *   [White Non-Hispanic   ▼]

The Office of Civil Rights (OCR) requires that school districts/charter schools/full-day AVTS identify Limited English Proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

The following questions will be used to complete the Home Language Survey required by the School District.

Student's Primary Language *   [English ▼]

Primary Home Language *   [English ▼]

Does the student speak a language(s) other than English?   [No ▼]

If yes, specify the language(s):   [   ]

Typed names acts in place of signature.

Parent's Name/Signature: [   ]

*The school district/charter school/full-day AVTS has the responsibility under the federal law to serve students who are Limited English Proficient and need English instructional services. Given this responsibility, the school district/charter school/full-day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full-day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full-day AVTS in the future.

Home Language Survey Completed   [No ▼]

Home Language Survey Date   [📅]

What Previous School(s) did the student registrant attended ? Please list School Name, Address, Grade Level and Dates Attended. *

[   ]

City of Student's Birth *   [   ]

State of Student's Birth *   [▼]

Date First Enrolled in State   [📅]

Citizenship Status *   [US citizen   ▼]

Photo Permission *   [Photo Acceptance ▼]

Required fields marked with (*).

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Physician Information

Family Physician *	
Phone *	
Is child under medical treatment at present time for medical/ emotional reasons? *	No ▾
If yes, reason:	
Date of last physical exam: *	
Date of last dental exam:	

Health History

Is your child currently taking medication? *	No ▾
Is your child using an Inhaler? *	No ▾
Will the child need medication during school hours?	No ▾

*Any medication to be taken at school must have a "Medication Permission Form" completed and on file at the nurse's office.

List all medication taken, dosage and time of day:	
Does your child have diabetes? *	No ▾
If so, do they use an Insulin Pump?	No ▾
Does your child have any allergies? *	No ▾
If so, do they use EpiPen?	No ▾

List allergies:

Bee Sting *	No ▾
Foods: *	No ▾
If yes, please list the foods:	
Drugs: *	No ▾
If yes, list the drugs:	
Has your child ever had convulsions or seizures? *	No ▾
If yes, when was the last seizure?	
Is your child currently taking seizure medication?	No ▾

Has your child had any of the following diseases?

Asthma	No ▾
If yes, please give month/year:	
Heart condition? *	No ▾
If yes, please give month/year:	
Tuberculosis? *	No ▾
If yes, please give month/year:	
Chicken Pox? *	No ▾
If yes, please give month/year:	
Mononucleosis? *	
If yes, please give month/year:	
Scoliosis? *	No ▾
If yes, please give month/year:	

Is your child troubled by any of the following?	☐ Bladder/Bowel Problems
	☐ Earaches
	☐ Eczema
	☐ Emotional Problems
	☐ Headaches
	☐ Nosebleeds
	☐ Over four colds per year
	☐ Painful Joints

Other - Please Explain:

Does your child require a special diet? * No ▾

If yes, please explain:

Has your child had any serious injuries, accidents or operations? * No ▾

If so, please list and give dates:

Does your child have physical disabilities? * No ▾

If yes, please describe:

Medical Information and Required Signature

I give permission for administration of the following to my child when deemed appropriate by school district personnel:	☐ Acetaminophen (Tylenol)
	☐ Ibuprofen
	☐ Antacid Tablets
	☐ Benadryl

List any medications your child takes on a regular basis:

List any medical concerns for your child that school personnel should be aware of (e.g., allergies, asthma, diabetes, etc.):

List siblings living in the same household, include thier sex and date of birth:

Incoming, kindergarten, 6th grade, and 11th grade students require a physical exam. I understand that I need to supply documentation of a private physical exam by the mid-year point of these grade levels or an exam will be conducted at the school by the school physician.

Transportation of children in case of illness is a family responsibility. The school does not assume responsibility for treatment of accidents or illness that occur outside of school. In the event of an acute emergency, I authorize the school to have my child transported to the nearest hospital emergency room by ambulance, if needed. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred. I understand that the selected health information relevant to my child's education and physical safety may be shared with appropriate school personnel.

Typed names act in place of signature.

Parent Name/Signature:

Required fields marked with (*).

NEXT ▶

Continue entering all the information required. Required data is indicated with a red *. Then click Next.

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Special Services IEP
Does your child have an IEP ? * No ▾

Special Services GIEP
Does your child have a GIEP ? * No ▾

Special Services 504
Does your child have a 504? No ▾

Required fields marked with (*).

Continue entering all the information required. Required data is indicated with a red *. Then click Next.

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Safe School Verification

Dear Parent/Guardian:
Act 26 of 1995 (Safe Schools Act) of the Pennsylvania Public School Code, requires upon registration for admission to school the following:

"A sworn statement by the parent, guardian, or other person having control or charge of a student. This sworn statement must affirm whether the pupil was previously suspended or expelled from any public or private school of the Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs or for the willful infliction of injury to another person or for any act of violence committed on school property."

*Please be advised that any willful false statements made under this section shall be a misdemeanor of the third degree.

I, (Parent Name):

do solemnly swear that as a parent, guardian, or other (please list)

having control or charge of (Child's Name):

that he/she has not been suspended or expelled from any previous school for the actions listed in Act 26 of 1995 (Safe Schools Act) of the Pennsylvania Public School Code as listed above.

Typed names act in place of signature.

Parent Name/Signature:

Date

Continue entering all the information required. Required data is indicated with a red *. Then click Next.

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Proof of Residency

It is a criminal offense to enroll or attempt to enroll a non-resident student.

Bloomsburg Area School District requires that all students attending Bloomsburg Area School District be bona fide residents of the district. To be a bona fide resident, a student must be living with a parent or a court-appointed guardian who is a resident of the district. Parents or guardians are required to provide proof of residency. The school district actively investigates residency.

Parent/Guardian Name:

Relation to Student: Parent ▾

Address:

City, State, Zip

Primary Phone Number:

Name of Student(s) Enrolling in BASD:

Proof of Residency   Browse...   No file selected.

Proof of Residency Documentation Provided to BASD
Parent/guardian must provide one document from List 1 or two documents from List 2.
Documents presented must indicate current address.

List 1
    Real Estate Tax Bill
    Signed Lease
    Mortgage Document or Payment Book/Coupon
List 2
    Gas/Electric Bill
    Voter Registration Card
    Phone Bill (landline only)
    Food Stamp Card
    Vehicle Registration
    Bank Statement
    Homeowner/Rental Insurance
    Water Bill
    Cable Bill
    Public Aid/Medicaid Card
    Credit Card Statement
    Paycheck Stub
    City Sicker Receipt
    Driver's License/State ID Card

Simply providing items on this list does not guarantee enrollment nor does it establish indisputable evidence
of residency.

Persons who obtain admission of a student by furnishing false information will be liable for full tuition for the
period during which the student was enrolled in BASD and shall also be subject to criminal penalties in accordance with the law. If you or your child move at anytime to a different location,
you must immediately notify your child's school and provide them with proof of your current address and your child's continued eligibility to attend Bloomsburg Area School District. Failure to
do so may result in your child's withdrawal from school and legal proceedings against you to recover tuition and other fees regarding your child's removal from school.

Typed names act in place of signature.
Parent Name/Signature:

Documents and Uploads
Birth Certificate   Browse...   No file selected.

If you've completed all steps in the registration process, you can click on Submit Registration to Bloomsburg Area School District.

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Complete Registration
When you have completed the registration form, click Submit.

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[Submit Registration to Bloomsburg Area School District]