

## 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.

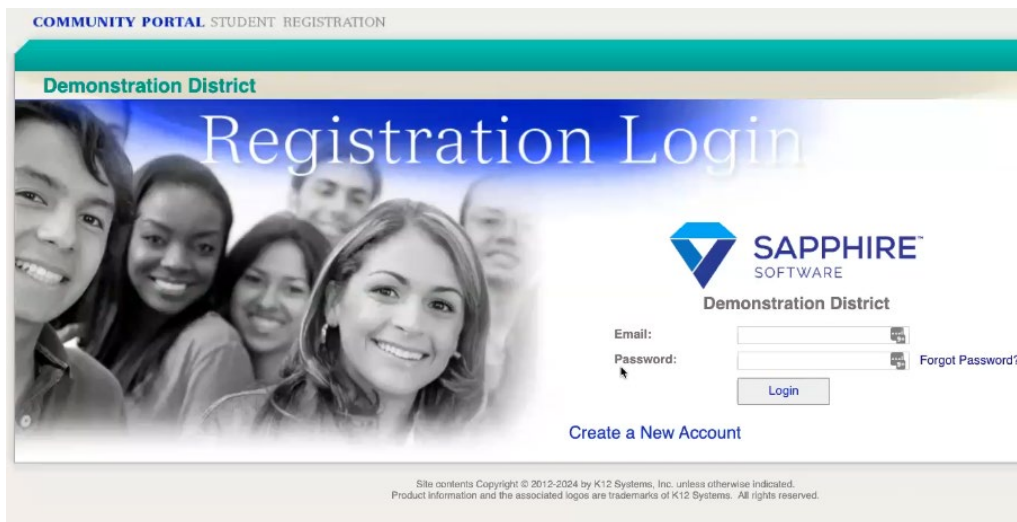
To help you through the process please reference our Information Needed – Help Document found here:

To start the process, go to this website:



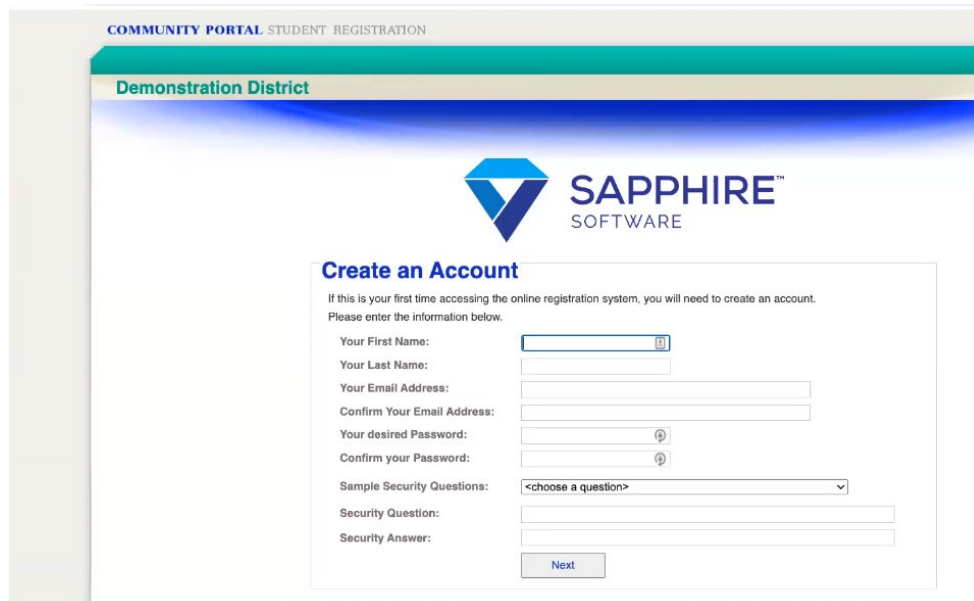
<https://pablg-sapphire.k12system.com/CommunityWebPortal/Registration/index.cfm>

It should look like this:



The screenshot shows the 'Registration Login' page for the 'Demonstration District'. The page features a header with 'COMMUNITY PORTAL STUDENT REGISTRATION' and 'Demonstration District'. Below the header is a large banner with the text 'Registration Login' and a background image of diverse students. To the right of the banner is the 'SAPPHIRE SOFTWARE' logo and the text 'Demonstration District'. Below the logo are input fields for 'Email:' and 'Password:', a 'Forgot Password?' link, and a 'Login' button. At the bottom of the page is a link that says 'Create a New Account'. A small copyright notice is visible at the very bottom: 'Site contents Copyright © 2012-2024 by K12 Systems, Inc. unless otherwise indicated. Product information and the associated logos are trademarks of K12 Systems. All rights reserved.'

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




The screenshot shows the 'Create an Account' page for the 'Demonstration District'. The page features a header with 'COMMUNITY PORTAL STUDENT REGISTRATION' and 'Demonstration District'. Below the header is a large banner with the 'SAPPHIRE SOFTWARE' logo. The main content area is titled 'Create an Account' and contains a form with the following fields: 'Your First Name:', 'Your Last Name:', 'Your Email Address:', 'Confirm Your Email Address:', 'Your desired Password:', 'Confirm your Password:', 'Sample Security Questions:' (with a dropdown menu), 'Security Question:', and 'Security Answer:'. A 'Next' button is located at the bottom right of the form. A small note at the top of the form states: 'If this is your first time accessing the online registration system, you will need to create an account. Please enter the information below.'

Confirm your email.

COMMUNITY PORTAL STUDENT REGISTRATION SapphireSoftware

[Login](#)

**Bloomsburg Area School District**



### Confirm Email

After you create your account, an email is sent which contains your validation code. You must enter that code here to verify your email address.  
If you have not created an account yet, please [create an account](#) first. Please enter the information below.

Your Email Address:

Your Password:

Your Validation Code:

[Next](#)

Click on Registration Login Screen.

COMMUNITY PORTAL STUDENT REGISTRATION

**Bloomsburg Area School District**

### Your Account has been Created

Your account has been created. The next step is to confirm your email address. Please check your email and follow steps listed in that email.



[Registration Login Screen](#)

Login.

COMMUNITY PORTAL STUDENT REGISTRATION

**Demonstration District**

# Registration Login



**Demonstration District**

Email:

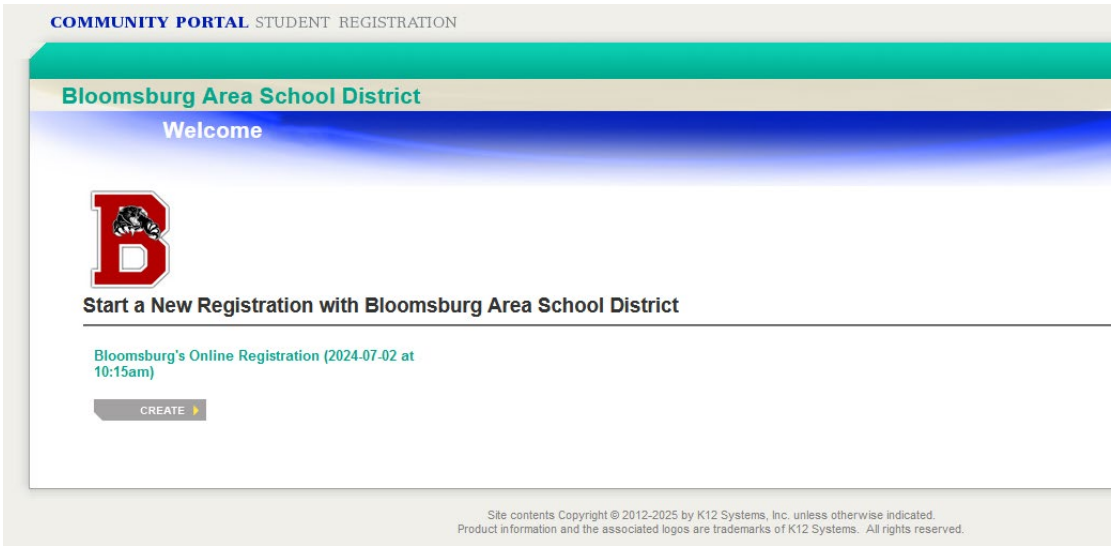
Password:  [Forgot Password?](#)

[Login](#)

[Create a New Account](#)

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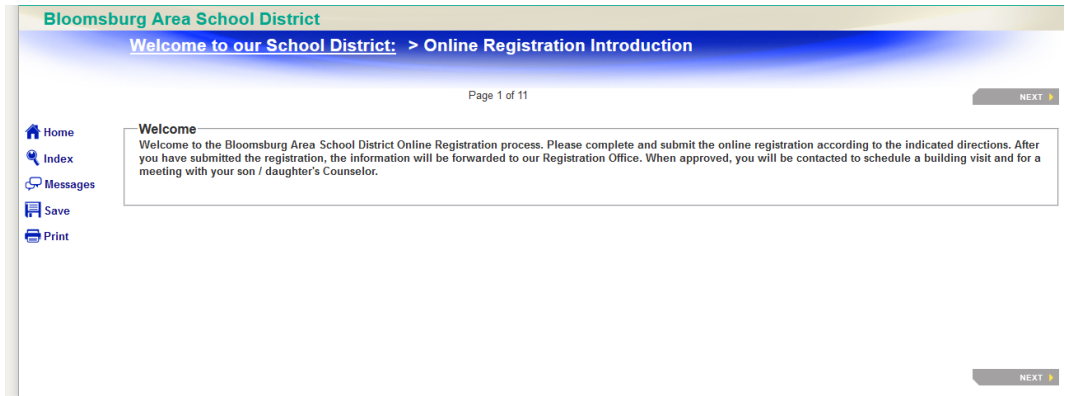
Click Create.



Enter the information required and click on Begin Registration

This screenshot shows the 'Registering: New Student Registration' page. The header is green with 'COMMUNITY PORTAL STUDENT REGISTRATION' and 'Bloomsburg Area School District'. The main heading is 'Bloomsburg's Online Registration (2024-07-02 at 10:15am) Registering a New Student'. Below this, it says 'To start your student's registration, please answer the following questions:'. There are four input fields: 'Student's First Name:\*', 'Student's Last Name:\*', 'Student's Gender:\*' (with a dropdown menu showing 'Female'), and 'Student's Date of Birth:\*' (with a calendar icon and '(mm/dd/yyyy)' text). Below these fields is a question 'Has this student ever been enrolled in this school/district before?' with a 'No' dropdown. At the bottom right of the form is a 'Begin Registration' button.

Click Next through the Welcome screen and Index,



**Bloomsburg Area School District**

**Bloomsburg's Online Registration - With Medical - Registration Index**

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Click on the links below to skip to a section or page.

- I. Welcome to our School District:**
  1. Online Registration Introduction
  2. Registration Table of Contents
- II. Student Registration:**
  3. Basic Student Information Not Yet Complete
- III. Parent Guardian Information:**
  4. Parent Guardian Information Not Yet Complete
- IV. Enrollment Information:**
  5. Enrollment Information Not Yet Complete
- V. Medical History:**
  6. Medical Information Not Yet Complete
- VI. Special Services Information:**
  7. Special Services Information Not Yet Complete
- VII. STUDENT ACT 26 of 1995 - SAFE SCHOOLS VERIFICATION:**
  8. ACT 26 of 1995
- VIII. Additional Information:**
  9. Additional Information
- IX. Proof of Residency and Uploads:**
  10. Proof of Residency and Uploads
- X. Registration Conclusion:**
  11. Finalize Registration(s)

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

**Bloomsburg Area School District**

**Student Registration: > Basic Student Information**

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**Student Basic Info**  
Enter the Name as it appears on the Birth Certificate

First Name \*

Middle Name

Last Name \*

Gender \*

Student's Date of Birth \*

Phone Number \*

What Grade level will your child enroll in? \*

Is this Child a Foreign Exchange Student? \*

**Other Student Information**

Address Line 1 \*

Address Line 2

City \*

State \*

Zip Code \*

Has your child been previously enrolled at Bloomsburg Area \*

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.

**Bloomsburg Area School District**

**Parent Guardian Information > Parent Guardian Information**

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**Parent Guardian Information**

Parent / Guardian type \*

Father

Parent / Guardian Title

First Name \*

Last Name \*

Address Line 1 \*

Address Line 2

City \*

State \*

PA

Zip Code \*

Township

Town

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

Occupation

Employer

Do you wish to receive mailings for the student registrant \*

Yes

Does the student registrant live with you ? \*

Yes

In the event of an emergency, call my home phone 1st, 2nd or 3rd \*

In the event of an emergency, call my cell phone 1st, 2nd or 3rd \*

In the event of an emergency, call my work phone 1st, 2nd or 3rd \*

Are you active Military?

Copy to new Parent Guardian Information entry

Delete this Parent Guardian Information entry

Add another Parent Guardian Information entry

**Family Information**

Is there a custody arrangement for the student registrant ? \*

No

If yes, please upload a pdf copy of the custody agreement

Browse...

No file selected.

Required fields marked with (\*).

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NEXT

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.

**Bloomsburg Area School District**

**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 (\*).

PREVIOUSNEXT

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.

**Bloomsburg Area School District**

Medical History > Medical Information

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**Physician Information**

Family Physician \*

Phone \*

Is child under medical treatment at present time for medical/emotional reasons? \*

If yes, reason:

Date of last physical exam: \*

Date of last dental exam:

**Health History**

Is your child currently taking medication? \*

Is your child using an inhaler? \*

Will the child need medication during school hours?

\*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? \*

If so, do they use an insulin Pump?

Does your child have any allergies? \*

If so, do they use EpiPen?

List allergies:

Bee Sting \*

Foods: \*

If yes, please list the foods:

Drugs: \*

If yes, list the drugs:

Has your child ever had convulsions or seizures? \*

If yes, when was the last seizure?

Is your child currently taking seizure medication?

Has your child had any of the following diseases?

Asthma

If yes, please give month/year:

Heart condition? \*

If yes, please give month/year:

Tuberculosis? \*

If yes, please give month/year:

Chicken Pox? \*

If yes, please give month/year:

Mononucleosis? \*

If yes, please give month/year:

Scoliosis? \*

If yes, please give month/year:



Is your child troubled by any of the following?	<input type="checkbox"/> Bladder/Bowel Problems <input type="checkbox"/> Earaches <input type="checkbox"/> Eczema <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Headaches <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Over four colds per year <input type="checkbox"/> Painful Joints
Other - Please Explain:	<input type="text"/>
Does your child require a special diet? *	<input type="button" value="No"/>
If yes, please explain:	<input type="text"/>
Has your child had any serious injuries, accidents or operations? *	<input type="button" value="No"/>
If so, please list and give dates:	<input type="text"/>
Does your child have physical disabilities? *	<input type="button" value="No"/>
If yes, please describe:	<input type="text"/>

**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.

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

**Bloomsburg Area School District**  
**Special Services Information > Special Services Information**

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**Special Services IEP**  
Does your child have an IEP ? \*

**Special Services GIEP**  
Does your child have a GIEP ? \*

**Special Services 504**  
Does your child have a 504?

Required fields marked with (\*).

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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.

**Bloomsburg Area School District**

**STUDENT ACT 26 of 1995 - SAFE SCHOOLS VERIFICATION > ACT 26 of 1995**

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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

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NEXT

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.

**Bloomsburg Area School District**

**Proof of Residency and Uploads > Proof of Residency and Uploads**

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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.

PREVIOUS

NEXT


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


**Bloomsburg Area School District**


**Registration Conclusion: > Finalize Registration(s)**


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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