

DETERMINATION OF DISTRICT OF RESIDENCE FOR JUVENILES INCARCERATED IN ADULT FACILITIES

IN ACCORDANCE WITH SECTION 1306.2 OF SCHOOL CODE

PDE-4605A (6/06)

(Send by certified mail, return receipt requested.)

SCHOOL YEAR

<p>TO: SECRETARY OF THE SCHOOL BOARD</p> <p style="text-align: center;">NAME AND ADDRESS OF ALLEGED SCHOOL DISTRICT OF RESIDENCE</p> <p>COMPLETE AND RETURN TO EDUCATING LEA WITHIN 15 DAYS OF RECEIPT.</p>
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<p>FROM:</p> <p style="text-align: center;">NAME AND ADDRESS OF EDUCATING LEA</p> <p>CONTACT PERSON: _____ TELEPHONE: _____</p> <p style="text-align: center;">NAME OF REPORTING LEA IF DIFFERENT FROM THE EDUCATING LEA</p> <p>REGARDING STUDENTS INCARCERATED IN:</p> <p style="text-align: center;">NAME AND ADDRESS OF FACILITY</p>
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<p>EDUCATING LEA: Complete heading information and columns (1) to (4). RECEIVING DISTRICT: Complete columns (5) and (6) and provide name and signature of school board secretary. Remove child from school district rolls.</p>	<p>NOTE: If the educating LEA does not receive a response within 15 days, a second PDE-4605A should be mailed. If a response to the second form is not received within 15 days, assume acknowledgement.</p>
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STUDENT NAME (1)	BIRTH DATE AND GRADE (2)	DATE EDUCATION WAS FIRST PROVIDED (3)	NAME, ALLEGED ADDRESS AND TELEPHONE NUMBER OF CUSTODIAL PARENT OR GUARDIAN (4)	ACKNOWLEDGED OR DISCLAIMED (5)	REASON DISCLAIMED - POSSIBLE ADDRESS (6)

NAME OF SCHOOL BOARD SECRETARY	SIGNATURE OF SCHOOL BOARD SECRETARY	DATE
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