## DETERMINATION OF DISTRICT OF RESIDENCE FOR STUDENTS IN FACILITIES OR INSTITUTIONS

PDE-4605 (12/2009)

IN ACCORDANCE WITH SECTION 1306 OF SCHOOL CODE

(Send by certified mail, return receipt requested.)

SCHOOL YEAR

TO: SECRETARY OF THE SCHOOL BOA		FROM:			
		NAME AND ADDRESS OF EDUCATING LEA			
		CONTACT PERSON:		TELEPHONE:	
NAME AND ADDRESS OF ALLEGE	RESIDENCE	OF REPORTING LEA IF DIFFERENT FROM THE EDUCATING LEA			
COMPLETE AND RETURN TO EDUCATI	YS OF RECEIPT.	REGARDING STUDENTS PLACED IN: NAME NAME AND ADDRESS OF FACILITY OR INSTITUTION			
EDUCATING LEA: Complete heading RECEIVING DISTRICT: Complete columns signature of school from school district	e name and	<b>NOTE:</b> If the educating LEA does not receive a response within 15 days, a second PDE-4605 should be mailed. If a response to the second form is not received within 15 days, assume acknowledgement.			
STUDENT NAME AND C	GRADE EDUCATION WAS TELEPHO		ED ADDRESS AND NE NUMBER OF RENT OR GUARDIAN (4)	ACKNOWLEDGED OR DISCLAIMED (5)	REASON DISCLAIMED - POSSIBLE ADDRESS (6)
			(*)	(0)	(0)
NAME OF SCHOOL BOARD SECRETARY SIGNATURE OF SCHOOL BOARD SECRETARY					DATE

Retain this form in your files for audit purposes. Do not submit to the Pennsylvania Department of Education.