

Dear Parent/Guardian,

Plans have been made for pre-registration of eligible children entering kindergarten for the fall of 2018.

Children entering kindergarten for the 2018-2019 school year must reach the age of five on or before September 1, 2018.

Parents may register children by visiting Bon Air Elementary School on the dates listed below. It is not necessary that the child accompany the parent. You may print out the registration forms by visiting our website at www.burrell.k12.pa.us. Under "News" click on Kindergarten Registration 2018-2019. Complete the forms and bring them with you to registration. If you are unable to do this, the forms will be available for you at registration.

The parent/guardian must bring:

- Original Birth Certificate
- Record of Immunizations
- Current Driver's License or State Issued ID
- Proof of Residency –

One of the following agreements:

- Deed/Mortgage Agreement (**Not** a mortgage statement)
- Current Lease Agreement (If expired, an updated lease must be provided)
- Sales Agreement that indicates completion date of home

One of the following residency documents:

- Current Property Tax Statement (**Not** a per capita statement)
- Current Utility Bill
- Public Assistance Documents

The schedule for registration is as follows:

Wednesday, January 17, 2018	9:30 – 11:30	Last Names A-L
	or	
	1:00 – 3:00	
Thursday, January 18, 2018	9:30 – 11:30	Last Names M-Z
	or	
	1:00 – 3:00	

If these dates are not suitable, please call 724-334-1406 Ext. 2090 following the scheduled days of registration to set up an appointment.

We ask that you share this notice with any neighbor or friend having children eligible for kindergarten next school year.

Thank you,

Amy P. Lenart
Principal

**BURRELL SCHOOL DISTRICT
REGISTRATION FORM**

FULL NAME AS IT APPEARS ON THE BIRTH CERTIFICATE

_____ **LAST** _____ **FIRST** _____ **MIDDLE** _____

NICKNAME: _____

GRADE _____ BIRTHDATE _____ M _____ F _____ ENROLLMENT DATE _____

BIRTH CERTIFICATE # _____ PLACE OF BIRTH _____
City State

IF NOT BORN IN PA, LIST THE DATE THAT YOUR CHILD BECAME A PA RESIDENT _____

IF NOT BORN IN THE U.S., LIST U.S. ENTRY DATE _____

RACE: (Optional) _____ White (Non-Hispanic) _____ Hispanic
_____ Black (Non-Hispanic) _____ Asian or Pacific Islander
_____ Multiracial _____ American Indian or Alaskan Native

WITH WHOM IS STUDENT LIVING: _____ Both Parents _____ Guardian _____ Court Placed Foster Parent
_____ Mother _____ Mother/Stepfather _____ Other
_____ Father _____ Father/Stepmother

NAME OF PERSON(S) WHO HAS LEGAL CUSTODY IF STUDENT IS ***NOT*** LIVING WITH BOTH PARENTS:

_____ Name _____ Address _____ Telephone # _____

(FATHER'S) NAME _____ HOME TELEPHONE _____ BUS. TELEPHONE _____

ADDRESS _____ CELL PHONE _____ EMAIL ADDRESS _____

(MOTHER'S) NAME _____ HOME TELEPHONE _____ BUS. TELEPHONE _____

ADDRESS _____ CELL PHONE _____ EMAIL ADDRESS _____

PRIMARY MAILING ADDRESS: _____

LIST ALL CHILDREN LIVING AT SAME MAILING ADDRESS:

FIRST AND LAST NAME	M/F	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRANSFER FROM: _____
Name of School Telephone #

SCHOOL ADDRESS: _____
Street City State Zip

LIST ALL ATTENDED SCHOOLS AND GRADES ATTENDED:

NAME OF SCHOOL	GRADES ATTENDED
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Student must have a Pennsylvania Dept. of Health "Certificate of Immunization" completed in compliance with the Immunization Law, before being admitted to school. Person registering the student must complete the certificate and make sure it is in compliance.

Dept. of Health "Certificate of Immunization" submitted: _____ YES _____ NO
Certificate of Residency signed: _____ YES _____ NO

I have reviewed the above information and attest that it is correct to the best of my knowledge.

Signature of Parent/Guardian Date

I have reviewed the above demographic information.

Signature of Building Administrator Date

OFFICE USE ONLY: SCHOOL BLDG. CODE _____ ENROLLMENT CODE _____

STUDENT ID # _____ HOMEROOM _____ PA SECURE ID # _____

Effective Date _____ School Day _____ Bus # _____ Bus Stop _____

Cc: Transportation, Attendance, Library, Business Office, School Psychologist if necessary
*Original to Student Permanent Record Folder

Student Name _____

Grade _____

Age _____

SECTION 1 Please read and answer all questions that apply

1. Are you the child's natural parent or guardian? _____Yes _____No

If **Yes** to question 1 – present **copy of birth certificate and/or court order** and go to question 5.

If **No** go to question 2.

2. Are you a **foster parent** to the child? _____Yes _____No

If **Yes** to question 2 – complete questions 3 through 7.

If **No** to question 2, complete Affidavit of Residency in Support of Free School Privileges for a Non-resident Child then complete questions 5 through 7.

**As a foster parent, you are required to provide a placement order or court order from the foster agency identifying you as the child's guardian.*

3. As a foster parent, are you receiving any form of compensation to support this child?

_____ Yes _____ No

4. Is there a current court order limiting the other parent's access to student records?

_____ Yes _____ No

5. Are you currently a resident of Burrell School District? _____Yes _____No

If **No**, answer the following:

*Has the parent/guardian executed a contract to buy, build, or rent a residence in the District? _____

If **Yes**, the parent/guardian must:

a. Demonstrate proof of future residence. (A signed notarized deed, contract, mortgage or lease.)

b. Meet with the Superintendent or his/her designee to verify such contract.

6. Documents to prove residency

a. At this time, the parent/guardian must present a signed and notarized document, such as, a **mortgage, lease or other signed document in your name demonstrating that your residence is within the Burrell School District. (Leases and rental agreements must be recently notarized (within 90 days).**

b. Within **thirty (30) days** the parent/guardian must show:

1. A **Pennsylvania Driver's License or Pennsylvania Photo ID Card** with the address indicated on the mortgage or lease.

2. **Proof of utilities** in the parent/guardian's name at the indicated address. The following utility bills are acceptable: gas, electric, sewage or water. The Board reserves the right to verify all claims.

Due date for items in Section 6.b.1 _____ 6.b.2 _____

Date of **temporary registration** _____

SECTION 2 Act 30 Notification Reports of Adjudication

According to Act 30, Burrell School District has the right to know if a child has been found delinquent by a court through the Juvenile Probation Department. The Probation Department must provide to the school in which the child is enrolled:

- a. The name and address of the child.
- b. The delinquent act or acts which the child was found to have committed.
- c. A brief description of the act or acts which the child was found to have committed.
- d. The disposition of the case.

Has your child ever been found to be a delinquent in a court of law? _____ Yes _____ No

SECTION 3

Has your child ever been suspended and/or expelled from school? _____ Yes _____ No

If "Yes", please write the name of the school from which your child was suspended or expelled. _____

SECTION 4

In an attempt to ensure that all Burrell students are receiving the most appropriate education possible, please indicate whether or not your child is a special needs student.

Does your child currently have an IEP? (**Individual Education Plan**) _____ Yes _____ No

If "Yes", whom can we contact about information concerning the IEP? _____

I have reviewed the above information and attest that it is correct to the best of my knowledge.

Signature of Parent/Guardian

Date

I have reviewed all information needed and found that this student may enroll in Burrell School District.

Signature of Building Administrator

Date

HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school district/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.

School District: Burrell School District Date: _____

School: _____ Grade: _____

Student's Name: _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English?
(Do not include languages learned in school)

Yes No

If yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Has the student attended any United States school in any 3 years during his/her lifetime?

Yes No

If yes, complete the following:

<i>Name of School:</i>	<i>State:</i>	<i>Dates Attended:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): _____

Parent/Guardian 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.

BURRELL SCHOOL DISTRICT HEALTH HISTORY

School: _____ Date: _____

To Parent or Guardian:

The information requested below will be of help to the school authorities in determining the health status of your child and in assisting him/her to receive the maximum benefits from his/her educational opportunity.

Name of Child (last, first, middle)	Birthdate: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Phone Number
Father's Name (last, first, middle)	Mother's Name (last, first, middle)

Person with whom pupil lives (if other than both parents):

MEDICAL HISTORY

Give year if child has had any of following conditions:

Allergy	ADD/ADHD	Bleeding Disorder
Asthma	Heart Condition	Neurological Condition
Bronchitis	Kidney Condition	Muscular/Skeletal
Chicken Pox	PDD/Autism	Tuberculosis
Seizures	Premature Birth	Whooping Cough
Diabetes	Digestive Condition	OTHER
Psychiatric	Learning Disability	OTHER

Operations:

(type) _____ (year)

Serious Injuries:

(type) _____ (year)

Emotional Problems: _____

Under Doctor's Care For: _____

Medication(s): _____

Family Dentist's Name: _____

Family Physician's Name: _____

Parent's Signature: _____ Date: _____