Dear Parent/Guardian,

Plans have been made for pre-registration of eligible children entering kindergarten for the fall of 2020.

Children entering kindergarten for the 2020-2021 school year must reach the age of five on or before September 1, 2020.

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 2020-2021. 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:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Last Names</th>
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<tbody>
<tr>
<td>Tuesday, January 21, 2020</td>
<td>9:30 – 11:30</td>
<td>A-L</td>
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<td>or 1:00 – 3:00</td>
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<tr>
<td>Wednesday, January 22, 2020</td>
<td>9:30 – 11:30</td>
<td>M-Z</td>
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<td>or 1:00 – 3:00</td>
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</table>

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

________________________________________  ____________________________  ____________________________

________________________________________  ____________________________  ____________________________

________________________________________  ____________________________  ____________________________

________________________________________  ____________________________  ____________________________

Continued on the back …..
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
**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
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.

<table>
<thead>
<tr>
<th>Name of Child (last, first, middle)</th>
<th>Birthdate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Address</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Father’s Name (last, first, middle)</td>
<td>Mother’s Name (last, first, middle)</td>
</tr>
</tbody>
</table>

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

MEDICAL HISTORY

Give year if child has had any of following conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>ADD/ADHD</td>
<td>Bleeding Disorder</td>
</tr>
<tr>
<td>Asthma</td>
<td>Heart Condition</td>
<td>Neurological Condition</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>Kidney Condition</td>
<td>Muscular/Skeletal</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>PDD/Autism</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Seizures</td>
<td>Premature Birth</td>
<td>Whooping Cough</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Digestive Condition</td>
<td>OTHER</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>Learning Disability</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

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: ____________________________

Revised 3/2011
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:

   Name of School: ____________________________
   State: ____________________________
   Dates Attended: ____________________________

   ____________________________       ____________________________      ____________________________
   ____________________________       ____________________________      ____________________________
   ____________________________       ____________________________      ____________________________

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
CENSUS ENUMERATION

Instructions: Please complete and return in the enclosed envelope. Include everyone who is living in the household. Please print clearly and return within 30 days.

<table>
<thead>
<tr>
<th>Last Name(s):</th>
<th>Street Address:</th>
<th>Apt. #:</th>
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<th>City/State/Zip:</th>
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<tr>
<th>Own ☐ Rent ☐</th>
<th>Approximately how long at this address:</th>
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### ADULTS – 18 Years and Older

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Gender</th>
<th>Birthdate</th>
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### CHILDREN – Ages 5-17

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<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Gender</th>
<th>Birthdate</th>
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### CHILDREN – Under Age 5

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Gender</th>
<th>Birthdate</th>
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Information Provided By:

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<th>Date:</th>
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