

Dear Parent/Guardian,

Plans have been made for pre-registration of eligible children entering kindergarten for the fall of 2019.

Children entering kindergarten for the 2019-2020 school year must reach the age of five on or before September 1, 2019.

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](http://www.burrell.k12.pa.us). Under "News" click on Kindergarten Registration 2019-2020. 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:**

Tuesday, January 15, 2019	9:30 – 11:30	Last Names A-L
	or	
	1:00 – 3:00	
Wednesday, January 16, 2019	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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TRANSFER FROM: \_\_\_\_\_  
Name of School Telephone #

SCHOOL ADDRESS: \_\_\_\_\_  
Street City State Zip

LIST ALL ATTENDED SCHOOLS AND GRADES ATTENDED:

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

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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

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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

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**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** \_\_\_\_\_

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**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

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**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. \_\_\_\_\_

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**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? \_\_\_\_\_

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**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\*

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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: _____ <div style="float: right; margin-top: 5px;"> <input type="checkbox"/> Male  <input type="checkbox"/> Female         </div>
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:** \_\_\_\_\_

# 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.**

Last Name(s):

Street Address:

Apt. #:

City/State/Zip:

Own

Rent

Approximately how long at this address:

## ADULTS – 18 Years and Older

Last Name	First Name	Middle	Gender	Birthdate
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

## CHILDREN – Ages 5-17

Last Name	First Name	Middle	Gender	Birthdate
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

## CHILDREN – Under Age 5

Last Name	First Name	Middle	Gender	Birthdate
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

## Information Provided By:

Name:

Date: