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Student Name _____

I verify that I am a resident of the Avella Area School District,
and that all the information I have provided is accurate.

Parent/Guardian Signature _____ Date _____

For official use only:

Building _____

Grade _____

Enrollment Date _____

Student Number _____

Student Information

Full Name of Student

_____ (Last Name)

_____ (First Name)

_____ (Middle Name)

Student's Address

If you (or child) have lived at this address for less than one year, please list previous address:

Home Phone _____ - _____ - _____

Date of Birth ____/____/____
(month) (day) (year)

Age _____

Grade _____

Birthplace _____
(City, State, Country)

Ethnicity: (Choose only one)
 Native American Indian or Alaskan Native
 Asian or Pacific Islander
 African American
 Hispanic
 White/Caucasian
 Multi-racial (2 or more ethnicities)

Gender:
 Male
 Female

Student Resides with: (Check only one)
 Father and Mother
 Father
 Mother
 Father and Stepmother
 Mother and Stepfather
 Other _____

If parents live apart, do you share custody? Yes No

If shared custody are you both requesting that school information is mailed to both parents? Yes No

Is the child adopted? Yes No

Is the child a Foster child? Yes No
(If yes, please attach court order)

Is the child a Non-Resident? Yes No

IF STUDENT IS A NON-RESIDENT, LIST THE NAME, ADDRESS AND RESIDENT DISTRICT ON THE FOLLOWING PAGE. IF THE NAME AND ADDRESS OF THE PARENT IS NOT AVAILABLE, REPORT NAME OF THE SCHOOL DISTRICT WHERE THE CUSTODIAL PARENT RESIDES. THIS INFORMATION SHOULD BE OBTAINED FROM THE PLACING AGENCY AT THE TIME THE STUDENT IS ENROLLED.

****PLEASE PROVIDE PROOF OF RESIDENCY (rent receipt, tax bill, utility bill)**

Custodial Parent Information: _____

Name: _____

Address: _____

School District: _____

Placing Agency Name and Address: _____

Parent/Guardian/Sibling Information

Student Name _____

Father's Name _____

Deceased Divorced Remarried

Address (if different from student) _____

Home Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Email Address _____

Employer's Name _____ **Occupation** _____

Work Address _____

Work Phone _____ - _____ - _____

If remarried, please give stepmother's name _____

Mother's Name _____

Deceased Divorced Remarried

Address (if different from student) _____

Home Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Email Address _____

Employer's Name _____ **Occupation** _____

Work Address _____

Work Phone _____ - _____ - _____

If remarried, please give stepfather's name _____

Siblings:

Sibling's Name	Sex	Sibling's Date of Birth	If school age, Sibling's School and Grade	Relationship to Student Enrolling

Guardian Information: *Complete this section ONLY if the student is living with a guardian and NOT their parent(s).*

Guardian's Name: _____

Relationship to student: _____

Name: _____

Home Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Email Address _____

Employer's Name _____ **Occupation** _____

Work Address _____

Work Phone _____ - _____ - _____

Education Information

Last School/Preschool Attend: _____

Address: _____

Phone: _____

Fax: _____

Date of Grade 9 Entry: (If student is a transfer student entering into the High School) _____

Does this child have a current IEP for Special Education? Yes No

If your child currently has an IEP, please check area/areas of exceptionality.

- Autistic Support
- Learning Disability
- Gifted
- Vision
- Physical Disability
- Mental Retardation
- Speech/Language
- Hearing
- Physical Therapy
- Occupational Therapy
- Special Transportation Needs (related to disability)
- Emotionally Disturbed
- Neurological Impairment
- Other Health Impairment
- Other (Please specify) _____

Has the child been retained? Yes No

If retained, at what Grade Level? _____

Emergency Contact Information

Student Name _____

In the event of a student's illness or other student emergency, parent(s)/legal guardian will be contacted first. Please provide the following information in the event parent(s)/legal guardian cannot be reached.

Contact #1 Name _____

Home Phone	Work Phone	Cell Phone

- Relationship**
- | | | | |
|--------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Mother | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Father | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Friend | <input type="checkbox"/> Sister | <input type="checkbox"/> Other _____ |

Contact #2 Name _____

Home Phone	Work Phone	Cell Phone

- Relationship**
- | | | | |
|--------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Mother | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Father | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Friend | <input type="checkbox"/> Sister | <input type="checkbox"/> Other _____ |

Contact #3 Name _____

Home Phone	Work Phone	Cell Phone

- Relationship**
- | | | | |
|--------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Mother | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Father | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Friend | <input type="checkbox"/> Sister | <input type="checkbox"/> Other _____ |



Avella Area School District
Registration Statement

Student Name _____

Date of Birth _____ Grade _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian, or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child _____
was _____ **or was not** _____ **previously suspended or expelled**, or **is** _____ **or is not** _____
presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

I make this statement subject to the penalties of 24 P.S §13-1304-A9b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion: _____

Please provide additional schools and dates of expulsion on the back of this sheet.

Reason for suspension/expulsion:

Signature of Parent or Guardian

Date

***Any willful false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student's disciplinary record.***



Avella Area School District
Authorization for Release of Information
For School Records

 Name of Student

 Student's Date of Birth

STUDENT INFORMATION RELEASE

Source of Records / Previous School:

Name of School _____

Address _____

City, State, Zip _____

Telephone / Fax _____ / _____

For official use only: To be completed by Avella Area School District (if applicable).
If checked below, please fax the following documents (immunization, birth certificate, and/or transcript) to the High School Office (724-356-7905) or the Elementary Office (724-356-7892) as soon as possible so that the student's registration is complete at Avella Area School District. If no boxes are checked, mail the file at your earliest convenience (see address below).

Immunization Records,
 Birth Certificate / Proof of Age,
 Transcript / Report Card

You are hereby authorized to release from your school records the following data concerning the above named student and to forward it to the Avella Area School District.

The following items should be forwarded.

Grades Report Card	Psychological Evaluation
Standardized Test Results	Psychiatric Evaluation
Health/Immunization Records	Special Education Data (ER, IEP)
Attendance Records	Gifted Education Data (if separate from Special Ed)
Transcripts/Credit Data	Other:
Discipline Records (include suspension information)	

Mail Records to:

Avella Area School District
 1000 Avella Road
 Avella PA 15312
 Elementary Phone: 724.356.2294 • High School Phone: 724.356.2216

 Signature of Parent

 Date

Directions for Parent/Guardian: Complete the name of student, student's date of birth, previous school name, address and phone numbers, sign and date above. Return to Avella Area School District for processing.



Avella Area School District

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.

Student's Name _____ Date _____

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

2. Does the Student speak a language(s) other than English? Yes No
(Do not include languages learned in school.)

If yes, specify the language(s): _____

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

4. What is the primary language used for communication in your home? _____

5. Country of Birth _____

6. 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.