



Kindergarten Registration Packet 2024-2025





AVONWORTH PRIMARY CENTER
1302 Roosevelt Road
Pittsburgh PA 15237
412-366-7171
www.avonworth.k12.pa.us

January 2, 2024

Dear Parents/Caregivers of Prospective Kindergarten Students:

We are looking forward to meeting your child as we prepare for the upcoming school year. We have many exciting activities planned as part of the Kindergarten Registration and transition process.

Kindergarten Round-Up will be held March 7th, 2024 at 6:30 at the Primary Center. At this event, you will be able to meet with the kindergarten teachers and administrators as well as receive important information for the coming year. We will provide you with information about a visit day the week of May 31 – June 1, 2024, in order to better assess where your child is academically and socially. Please notify your neighbors who may have children ready to enroll in kindergarten next year.

Registration Packets will be accepted in the Primary Center Office between the hours of 9:00 am and 2:00 pm beginning January 3, 2024.

A completed registration packet will include the following items:

- Registration Form-2 pages
- Home Language Survey
- Registration Statement

PLEASE BRING THE ORIGINAL AND A COPY OF THE FOLLOWING ITEMS:

- Current Immunization Records
- Birth Certificate
- Proof of Residency: Must include **one** the following: Driver's License, Closing Papers, Lease Agreement, Rent Receipt or Residency Form.
- **And** one of the following: Utility Bill, Cable Bill, Paid Wage Tax Receipt, Guardian Form or Court Order.

All of these items must have the same address as listed on Proof of Residency.

A kindergarten packet can be downloaded and printed from our website at www.avonworth.k12.pa.us. They will also be available at the Primary Center Office.

For information on breakfast and lunch, and the Free and Reduced Meals program, please visit the Food Service page of our website.

If you have any questions, call the school office at 412-366-7171 or email kteam@avonworth.k12.pa.us.

Sincerely,

Scott Miller, Ph.D.
Principal



AVONWORTH SCHOOL DISTRICT KINDERGARTEN

REGISTRATION FORM

(Kindergarten: Student must be age 5 before September 1 of school year registering.)

Today's Date: _____ Grade: School: (check one) ___ Primary K-2 ___ Intermediate 3-6
___ Middle School 7-9 ___ High School 10-12

Student Information:

Last Name: _____ First Name: _____ Middle Initial _____

Date of Birth: _____ Sex: Male _____ Female _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Date student entered school district: _____

Date student entered Pennsylvania: _____ Student's State of Birth: _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other (Specify) _____

Is the student's parent/guardian an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp. and Coast Guard (including full-time National Guard)?

Yes _____ No _____ Parent/Guardian includes legal guardian or other person standing in loco parentis (such as grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare including a foster parent on active military duty.

WHICH PRESCHOOL DID YOUR CHILD ATTEND: _____

If child does not live with both parents/guardians, yet both parents are to receive mailing, Please list the additional address on the back of this form. Please indicate the relationship to the student.

Parent / Guardian #1 Information:

Parent / Guardian # 2 Information

Name: _____ Name _____

Employer: _____ Employer: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

Receive educational/school materials: yes no

Receive educational/school materials: yes no

Household / Sibling Information:

<u>Name</u>	<u>Age</u>	<u>Sex M/F</u>	<u>Relationship to Student</u>	<u>School Attending</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



AVONWORTH SCHOOL DISTRICT

REGISTRATION FORM

(Kindergarten: Student must be age 5 before September 1 of school year)

The following is needed for PA Department of Education and federal reporting.

Race/Ethnicity

Part 1: Ethnicity (choose one)

_____ Hispanic/Latino

_____ Not Hispanic/Latino

Part 2: Race (choose one or more regardless of ethnicity)

_____ America Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White or Caucasian

Please check one – First Spoken Language

_____ Albanian _____ Arabic _____ Chinese

_____ English _____ German _____ Hindi (Indian)

_____ Japanese _____ Korean _____ Portuguese

_____ Russian _____ Serbo-Croatian _____ Spanish

_____ Taiwanese Other _____

Previous School Attended: _____ School District _____

Last Previous Address: _____

By completing the enrollment of your child and signing this form, you are certifying that your child is currently a legal resident of Avonworth School District. If a family has fraudulently enrolled a child in this district, the district will file criminal charges for falsifying this certification and will charge the family the full tuition fees for the number of days in which their child was illegally enrolled.

Parent/Guardian Signature: _____

Date: _____



**AVONWORTH SCHOOL DISTRICT
REGISTRATION FORM
(Kindergarten: Student must be age 5 before September 1 of school year)**

HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/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: _____ **Date:** _____

School: _____

Student's Name: _____ **Grade:** _____

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

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 screening 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.



AVONWORTH SCHOOL DISTRICT

REGISTRATION FORM

(Kindergarten: Student must be age 5 before September 1 of school year)

REGISTRATION STATEMENT

Special Education – Gifted Education – ADA
Must be completed for ALL Students

Student Name: _____ Birth Date: _____

Building: _____ Grade Level: _____

Previous School: _____ District: _____

1. Does the student attend an Early Intervention Program? ____ Yes ____ No If yes, where?

_____ 2

. Does the student have an individualized Education Program (IEP)? ____ Yes ____ No

3. Does the student have a Gifted Individualized Education Program (GIEP)? ____ Yes ____ No

4. Does the student have a 504 Service Agreement? ____ Yes ____ No

5. Does your child receive any of the following services? ____ Yes ____ No

____ Title I ____ Vision ____ Hearing ____ OT ____ PT ____ Speech

Do you have any other health, academic, or behavioral concerns:

Parent/Guardian Signature

Date



AVONWORTH SCHOOL DISTRICT
STUDENT RESIDENCY QUESTIONNAIRE

*******CONFIDENTIAL*******

Dear Parent or Guardian:

Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) This information will be kept confidential. Thank you for your cooperation.

Student name: _____ Birth Date: _____

Person completing form: _____ Relationship to child: _____

1. In what type of setting is the student living now? Check one box below:

SECTION A	SECTION B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings</p> <p>CONTINUE to Question 2 if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <div data-bbox="1198 751 1360 911" data-label="Image"></div> <p>If you checked this section, you do not need to complete the remainder of this form.</p> <p>Submit the form to school personnel now.</p>

2. Contact number for person completing the form: _____

Address where student is now living: _____

3. The student lives with:

Check all that apply

- Parent(s) or legal guardian
- Relative, friend(s), or other adult(s)
- Alone
- Other: _____

4. School student attended last : _____

Township and State of school: _____

5. Does the student have an IEP or a Chapter 15/504 agreement?

NO YES. Please explain: _____

Signature of Parent/Legal Guardian: _____ Date: _____