



Kindergarten Registration Packet 2026-2027





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

January 2, 2026

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 12th, 2026 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 June 1, 2026, 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 5, 2026.

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

Mr. Bobby Eastwood, M.Ed
Assistant Principal, APC/AES



Avonworth School District

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

Today's Date: _____ Grade: _____ School: (check one) _____ Primary Grades K-2
_____ Elementary Grades 3-5
_____ Middle School Grades 6-8
_____ High School Grades 9-12

Student Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Nickname: _____ 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: _____

Date Student Entered United States: _____ Student's Country of Birth: _____

Child Lives With: Both Parents ___ Father ___ Mother ___ 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 who the child lives, or a person whom is legally responsible for the child's welfare including a foster parent on active military duty).

If child does not live with both parents, yet both parents are to receive mailings,

Please write 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 _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

Email: _____

Email: _____

Receive educational/school materials: ___Yes ___No

Receive educational/school materials: ___Yes ___No

Household Members: (siblings/others)

<u>Name</u>	<u>Age</u>	<u>Sex M/F</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 – Language Most Often Spoken at Home

___ English

___ Arabic

___ Chinese

___ Hindi

___ Korean

___ German

___ Japanese

___ Gujarati

___ Spanish

___ Portuguese

___ Russian

___ Haitian

___ Italian

___ French

___ Vietnamese

Other: _____

Did the student attend preschool? Yes _____ No _____ Preschool Attended: _____

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. All registered students receive this survey.

School District: _____ **Date:** _____

School: _____

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

1. What is the language that your first learned to speak? _____
2. What languages(s) is/are spoken in your home? _____
3. Does the student communicate in a language(s) other than English? Yes _____ No _____
4. What languages(s) is/are spoken in your home? _____
Language(s): _____

Please provide a schooling history to help us understand your student's background better.

Name of School	State/Country	Dates/Attended	Language(s) Use
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Under state and federal rules, you are entitled to receive communications from the school in your language of choice. Please provide your language preference in spoke and written communication below.

Spoken Communication: _____ Written Communication: _____

*The school will attempt to provide written communication to parents in their preferred language. However, in some cases it may not be possible. In these cases, the school may provide oral interpretation of written communications to ensure that you are provided with all important school information.

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.



Avonworth School District Registration Form

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

Additional Student Information Must be completed for ALL Students

Student Name: _____ Birth Date: _____

Building: _____ Grade Level: _____

Previous School: _____ District: _____

Does the student attend an Early Intervention Program?

Yes No

If yes, where? _____

Does the student have an Individualized Education Program (IEP)?

Yes No

Does the student have a Gifted Individualized Education Program (GIEP)?

Yes No

Does the student have a 504 Service Agreement?

Yes No

Does your child receive any of the following services?

Title I Vision Hearing OT PT Speech Other

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

Parent/Guardian Signature

Date



***** 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="1182 737 1341 894"></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: _____