



Dear Parent/Guardian:

Welcome to Sharpshville Area School District! The Sharpshville Area School District is pre-registering students for the 2013-2014 kindergarten class. To be eligible, a child must be five (5) years of age before September 1, 2013. Registration night for eligible students will be Thursday, February 21, 2013 from 5:00-7:30 PM. Parents should contact the school as soon as possible for further information at 724-962-7861 ext. 3000 or 3001.

Enclosed are documents to be completed prior to arrival for Kindergarten Registration. Please make sure all applicable forms are filled out entirely.

Forms included are:

- Student Record Information **Form 1-1 thru Form 1-2**
- Permission to Photograph/Screen **Form 2**
- Health Information **Form 3**
- Student Background Information **Form 4**
- Verification of Residency **Form 5**

Along with the previous forms, please provide the following documents:

- **State Birth Certificate** (not hospital certificate)
- **Immunization record/book**
- **Proof of Residency**- 4 acceptable forms

Copies of these documents may be made at the Sharpshville Area Elementary School free of charge.

Immunization requirements set forth by the Commonwealth of Pennsylvania state that all students entering school for the first time must have the following immunizations **prior to attending** school:

- Four (4) doses of Tetanus and Diphtheria Vaccine, including one dose administered on or after the fourth birthday
- Three (3) doses of Oral Polio Vaccine (OPV)
- Two (2) doses of Measles Vaccine
- Two (2) doses of Mumps Vaccine
- Two (2) dose of Rubella Vaccine
- Three (3) doses of Hepatitis B Vaccine (HepB)
- Two (2) doses or Varicella (Chickenpox) OR written statement from the parent, physician, and/or health care provider that the child has had the chickenpox disease.

**STUDENTS WILL NOT BE ADMITTED TO START SCHOOL WITHOUT COMPLETE IMMUNIZATIONS.** If there are any questions, please contact the school at the number above.

**Transportation requests and questions will be addressed at registration.**

# Student Registration Form

Household Information						
Household Last Name					Today's Date	
Residence Type		<input type="checkbox"/> Lease <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Trailer Park/Condo Unit				
Household Address		Street			Apt #	
City		State	Zip	County		
Is mailing address same as Household address?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please fill out the information below:						
Address		Street			Apt #	
City		State	Zip	PO Box		
Household Phone Number			Unlisted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Information						
First Name			Last Name			
Middle Name			Suffix <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV			
Nickname		Grade	Cell Phone			
Multiple Birth		<input type="checkbox"/> Single <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quadruplets <input type="checkbox"/> Quintuplets				
Siblings	Name		Name		Name	
	Relationship		Relationship		Relationship	
Demographic Information and Home Language Survey <sup>1</sup>						
Is the student Hispanic, Latino, or of Spanish origin?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Race	<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Multiracial		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> White	
Date of Birth		Gender			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth City		Dominate Language				
Birth State		Birth Country				
Home Language		Language(s) Spoken <u>Other</u> Than English				
US Citizen		<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, specify Country of Origin:		
Foster Information						
Foster Student		<input type="checkbox"/> Yes <input type="checkbox"/> No		Foster Agency		
Birth Mother's Resident District			Birth Father's Resident District			
School History						
Pre-K Experience		<input type="checkbox"/> Universal PreK Program		<input type="checkbox"/> No Formal PreK Experience		
		<input type="checkbox"/> Private Provider		<input type="checkbox"/> Headstart		
Was student enrolled in Sharpsville Area School District prior to this date?					<input type="checkbox"/> Yes* <input type="checkbox"/> No	
Did student attend any school prior to Sharpsville Area School District?					<input type="checkbox"/> Yes* <input type="checkbox"/> No	
Did student attend any school <u>outside</u> or Pennsylvania?					<input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If answered YES to <u>any</u> of the above questions, please fill out this section:						
Name of School			State		Dates Attended	
FOR OFFICE USE ONLY						
Enrollment Date	Student ID	PAsecureID		Special Ed?	Tuition?	Waived?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Emergency Contact #1									
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____					Relationship			
First Name				Middle Init.			Last Name	Suffix	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Resides in Household	<input type="checkbox"/> Yes <input type="checkbox"/> No		Household Head	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Custody Status	<input type="checkbox"/> Primary Physical <input type="checkbox"/> Legal		<input type="checkbox"/> Physical and Legal		<input type="checkbox"/> No Contact Privileges <input type="checkbox"/> Visitation Rights <input type="checkbox"/> Supervised Visitation Only				
Are there any custody issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, the District <b>must</b> have pertinent court orders						
Call Priority	Phone Type			Phone Number			Unlisted		
1	<input type="checkbox"/> Home <input type="checkbox"/> Cell						<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	<input type="checkbox"/> Home <input type="checkbox"/> Cell						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address									
Employer Info									
Employer Name					Employer Phone			Ext.	
Parent/Guardian Emergency Contact #2									
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____					Relationship			
First Name				Middle Init.			Last Name	Suffix	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Resides in Household	<input type="checkbox"/> Yes <input type="checkbox"/> No		Household Head	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Address (If different from Household)			Street				Apt #		
City			State		Zip			County	
Custody Status	<input type="checkbox"/> Primary Physical <input type="checkbox"/> Legal		<input type="checkbox"/> Physical and Legal		<input type="checkbox"/> No Contact Privileges <input type="checkbox"/> Visitation Rights <input type="checkbox"/> Supervised Visitation Only				
Are there any custody issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, the District <b>must</b> have pertinent court orders						
Call Priority	Phone Type			Phone Number			Unlisted		
1	<input type="checkbox"/> Home <input type="checkbox"/> Cell						<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	<input type="checkbox"/> Home <input type="checkbox"/> Cell						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address									
Employer Info									
Employer Name					Employer Phone			Ext.	

Emergency Contact #1				
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____			Relationship
First Name			Last Name	
Resides in Household	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number (s)		
Emergency Contact #2				
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____			Relationship
First Name			Last Name	
Resides in Household	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number (s)		
Emergency Contact #3				
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____			Relationship
First Name			Last Name	
Resides in Household	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number (s)		

\*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 the responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELs). 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.

Parent/Guardian Signature

Date



## PERMISSION TO PHOTOGRAPH

\_\_\_\_\_ I give permission to have my child photographed at the Kindergarten Screening. This photo will be used as a part of the permanent record for identification purposes only.

\_\_\_\_\_ I do not give permission to have my child photographed at the Kindergarten Screening.

## PERMISSION TO SCREEN

\_\_\_\_\_ I voluntarily consent for the Sharpshville Area School District to complete a developmental screening on my child, \_\_\_\_\_.

\_\_\_\_\_ I authorize release of this information to any appropriate agency upon completion of the screening when deemed necessary. To follow any recommendations resulting from this screening, it is the responsibility of the parent to contact the physician or service provider.

Parent/Guardian Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_

Student Name: \_\_\_\_\_

## HEALTH INFORMATION

Are there any special health problems or restriction on your child's physical activities that the school nurse or teacher should know about? (Circle One) Yes No If yes, please explain \_\_\_\_\_

\*List any prescription medications (with dosage and frequency) your child takes: \_\_\_\_\_

Does your child have a severe allergy? (bee/insect sting, medications, food, latex, etc)? (Circle One) Yes No  
If yes, please explain \_\_\_\_\_

\*If prescription medication is to be dispensed during school hours, the Physician Request for the Administration of Medication During School Hours forms attachment 1 and 2 **must** be filled out and on file in the nurse's office. This includes inhalers.

**I give permission for my child to receive the following medications at school if needed. Please check.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Ibuprofen (Advil)      | <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Throat Lozenge*                  |
| <input type="checkbox"/> Antacid*               | <input type="checkbox"/> Diamode (for diarrhea)* | <input type="checkbox"/> Benadryl (for allergic reaction) |
| <input type="checkbox"/> Robitussin Cough Syrup |  |   |

**\*Not for Grades K-5**

I hereby release the Sharpsville Area School District and its designated employees from any and all liability for damages my child may suffer as a result of administration of the non-prescription medications selected above. I consent to have the above information released to school personnel as needed and acknowledge that the information provided for the School Health Services Emergency Information card is part of the student's education record to be used for educational planning.

## HEALTH SERVICES MANDATED BY STATE LAW

Pennsylvania state law requires that students in grades K, 6, 11 receive physical exams. Please indicate your choice below:

\_\_\_\_\_ I give permission for the school physical exam to be performed by the school doctor free of charge.

\_\_\_\_\_ I will have my child examined by his/her physician at my expense.

Pennsylvania state law requires that students in grades 3, 7, 11 receive dental exams. Please indicate your choice below:

\_\_\_\_\_ I give permission for the school dental exam to be performed by the school dentist free of charge.

\_\_\_\_\_ I will have my child examined by his/her dentist at my expense.

## IN CASE OF EMERGENCY

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ **I DO NOT** give the school permission to transport my child by private car or ambulance

\_\_\_\_\_ **I DO** give the school permission to transport my child by private car or ambulance

\_\_\_\_\_ Sharon Regional      \_\_\_\_\_ UPMC Horizon (Farrell)      \_\_\_\_\_ UPMC Horizon (Greenville)

**\*I hereby voluntarily consent to treatment for minor ailments and emergency care as deemed necessary by the school nurse and/or doctor.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Is there anything that you need to tell us in confidence about your child? If necessary, please make an appointment with your building level administrator.**



# Sharpshville Area SCHOOL DISTRICT

## STUDENT BACKGROUND INFORMATION

### Pre-Kindergarten Programs

Student Name \_\_\_\_\_

Did your child attend preschool/Head Start?      Yes    \_\_\_ No    \_\_\_

If yes, complete the following:

Name of Program \_\_\_\_\_

Number of years attended    \_\_\_ Days per week attended    \_\_\_ Number of hours per week attended    \_\_\_

After spending time working with your child on pre-kindergarten skills, are you concerned about their progress?    No    \_\_\_ Yes, please explain: \_\_\_\_\_

Has your child's Head Start or preschool teacher expressed concerns to you about their progress?    No    \_\_\_ Yes, please explain: \_\_\_\_\_

Did your child receive any special services?: (Physical Therapy, Occupational Therapy, Speech Therapy, etc)    No    \_\_\_ Yes, please explain: \_\_\_\_\_

Did your child receive any special services?: (TSS/Wraparound Services, etc)    No    \_\_\_ Yes, please explain: \_\_\_\_\_

Agency Name \_\_\_\_\_ Number of Hours \_\_\_\_\_

Please use the following lines to mention any concerns and/or information you would like the school to know:

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## VERIFICATION OF RESIDENCY

In order to verify residency within the Sharpshville Area School District, you must provide 4 current documents from the following list of acceptable forms of proof:

- IRS Tax Return
- Letter or Pay Stub from Current Employer
- PA Driver's License
- PA Motor Vehicle Registration
- Automobile Insurance Policy
- Residence Lease
- Property Tax Card
- Voter Registration
- Letter from the Department of Welfare
- Health Insurance
- Penn Power bill
- National Fuel Gas bill
- Water and/or Sewer bill
- Time-Warner Cable bill
- US Post Office Official Document
- Bank Statement
- Deed
- Current Credit Card bill

Please bring your documents to the Kindergarten Registration to be copied and reviewed. The documents must show the name and address of the person(s) enrolling the student.

**Additional information will be required if a student lives with a resident adult other than a parent.**

Office Use Only	
Initials	Date