



Avonworth School District
Enrollment Packet
2019 - 2020



AVONWORTH SCHOOL DISTRICT

258 Josephs Lane
Pittsburgh, PA 15237

Dear Families:

Enclosed you will find the materials necessary to enroll your child in the Avonworth School District for the 2019-2020 school year. Please carefully review all the enclosed materials. Complete and return all forms including this checklist to your child’s new school as soon as possible.

If you have any questions about completing your enrollment packet, please do not hesitate to contact your child’s school.

Avonworth School District Enrollment Checklist 2019-2020		
	Parent/Guardian Initials	School Official Initials
1. Student Registration Form (6 pages)		
2. Residency Verification		

Please bring the original and a copy of the following documents when dropping off the completed enrollment packet:

- Current Immunization Records
- Birth Certificate
- Proof of Residency (One from column A **AND** one from column B)

Column A
 Driver’s license
 Closing papers
 Lease agreement
 Rent

Column B
 Utility bill
 Cable bill
 Paid wage tax receipt
 Guardian form or court order

Notice of nondiscrimination: Avonworth School District will not discriminate in its education programs, activities, or employment practices, based on race, color, national origin, gender, religion, ancestry, disability, union membership, or any other legally protected classification. Announcement of this policy is in accordance with state and federal laws, including Title IX of the Education Amendments of 1972, and sections 503 and 504 of the Rehabilitation Act of 1973. Employees and participants who have an inquiry, complaint of harassment or discrimination, or who need information about accommodations for disabled persons, should contact Jessica Taylor, Director of Student Services, 1310 Roosevelt Road, Pittsburgh, PA 15237, (412)366-7171 ext. 1901, jtaylor@avonworth.k12.pa.us.



Avonworth School District Registration Form

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

Today's Date: _____ Grade: _____ School: (check one) Primary Grades K-2
 Intermediate Grades 3-6
 Middle School Grades 7-8
 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: _____

Child Lives With: Both Parent's 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 list the additional address on the back of this form. Please indicate the relationship to the student.

Father/Guardian Information:

Mother/Guardian 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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

Race/Ethnicity (Check all that apply)

- Hispanic/Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other

Please check one – Language Most Often Spoken at Home

- | | | | |
|-----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Hindi (Indian) | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Taiwanese | | |

Previous School Attended: _____ School District: _____

Kindergarten: _____ Preschool: _____

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 the 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: _____



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

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 is/was student's first language? _____

Please list all schools attended (from Primary years through present)

Name of School	State/Country	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.



Avonworth School District Registration Form

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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



**Request for Student Records
Must be completed if Transferring to
Avonworth School District**

Name of School: _____

Mailing Address: _____

Fax Number: _____

City: _____ State: _____ Zip: _____

_____ has been enrolled in the _____ grade at Avonworth School District.
Student's Name

Please release the following information listed below regarding the student who is withdrawing from your building:

- Administrative Records (name, address, grade, birth certificate, etc.)
- Certified Academic Records
- Confidential Records including Custody Papers
- Health Records and Immunization Records
- Specialized Education Service Records (IEP, GIEP, Speech and Language, etc.)
- Attendance Records
- All Certified Discipline Records- if none, please confirm

If applicable:

- PSSA Scores and Date(s) taken
- PA Secure ID Number
- Date first entered Grade 9: _____

Please send or fax above information to:

Avonworth High School

Grades 9-12
258 Joseph's Lane
Pittsburgh PA 15237
Phone: 412-366-6360
Fax: 412-366-7603

Avonworth Middle School

Grades 7-8
258 Joseph's Lane
Pittsburgh PA 15237
Phone: 412-366-9650
Fax: 412-358-9621

Avonworth Elementary School

Grades 3-6
1320 Roosevelt Road
Pittsburgh PA 15237
Phone: 412-366-7170
Fax: 412-366-4146

Avonworth Primary Center

Grades K-2
1310 Roosevelt Road
Pittsburgh PA 15237
Phone: 412-366-7171
Fax: 412-367-8307

Parent/Guardian Signature

Date



Parental Statement

Sworn Statement of Previous Suspension or Expulsion of Student

(This form must be notarized)

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

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 or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, 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 , was not , previously suspended or expelled, or is , 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-A (b) 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 provided additional schools and dates of expulsion or suspension on back of this sheet)

Reason for suspension/expulsion: _____

Sworn to and subscribe before me

This _____ day of _____, 20____

Signature of Parent or Guardian

Notary Public

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.