



**Avonworth School District  
Enrollment Packet**



**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. 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 the school of enrollment.

**Avonworth Primary Center  
412-366-7171**

**Avonworth Middle School  
412-366-9650**

**Avonworth Elementary School  
412-366-7170**

**Avonworth High School  
412-847-0949**

<b>Avonworth School District Enrollment Checklist</b>		
	<b>Parent / Guardian Initials</b>	<b>School Official Initials</b>
<b>1. Student Registration Form</b>		
<b>2. Residency Verification</b>		

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**  
 Drivers License  
 Closing Papers  
 Lease Agreement  
 Rental Agreement

**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 Dr. Matthew Erickson, Director of Student Services, 1310 Roosevelt Road, Pittsburgh, PA 15237, 412-366-7171, ext. 1901, merickson@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, & 9  
 High School Grades 10-12

**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) \_\_\_\_\_

**\* 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*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



## Avonworth School District Registration Form

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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: \_\_\_\_\_



# 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 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

(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?

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\_\_\_\_\_  
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 10-12  
258 Joseph's Lane  
Pittsburgh PA 15237  
Phone: 412-366-6360  
Fax: 412-366-1785

**Avonworth Middle School**  
Grades 7, 8 & 9  
258 Joseph's Lane  
Pittsburgh PA 15237  
Phone: 412-366-9650  
Fax: 412-358-9621

**Avonworth Intermediate 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 provide additional schools and dates of expulsion or suspension on back of this sheet)

Reason for suspension/expulsion: \_\_\_\_\_

Sworn to and subscribed 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.



Avonworth School District  
258 Josephs Lane  
Pittsburgh, Pennsylvania 15237

CERTIFICATION OF RESIDENCY

This form is valid for one school year. It must be renewed for *each* school year the student attends the Avonworth School District. (Note: This document must be accompanied with a tax statement, utility bill, or mortgage statement.)

I do hereby certify:

My name is \_\_\_\_\_

I reside at \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ resides in my home. Date of Birth \_\_\_\_\_  
(student's name)

School attending \_\_\_\_\_ Grade \_\_\_\_\_

Said child is the (daughter/son) of \_\_\_\_\_ who permanently resides at my address *gratis* in the Avonworth School District. I/we will assume all personal obligations for the child, and intend to so keep and support the child continuously and not merely through the school term.

I certify that \_\_\_\_\_ is/are bona fide resident(s) of the Avonworth School District and I agree to pay all tuition that would be payable by a non-resident student if it is determined that any facts in this certificate are false.

\_\_\_\_\_  
(Homeowner/Leasee)

\_\_\_\_\_  
(Person requesting residency)

\_\_\_\_\_  
(Person requesting residency)

State of Pennsylvania )

County of Allegheny )

Sworn to and subscribed before  
Me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_, the above named Who being duly sworn, says that the facts set forth in the foregoing statement are true and correct.

Signature \_\_\_\_\_

§ 4903. False swearing

(a) False swearing in official matters. - "A person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a statement previously made, when he does not believe the statement to be true is guilty of a misdemeanor of the second degree if....(2) the falsification is intended to mislead a public servant in performing his official function."

In addition, residency may be verified by the school district's home school visitor periodically through the year and if the Avonworth School District discovers that the facts set forth are false, it will seek full restitution of tuition from the resident.  
(12-04-02)

(Reviewed 01-26-05)