



**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**

Avonworth School District Enrollment Checklist		
	Parent / Guardian Initials	School Official Initials
1. Student Registration Form		
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

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?

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 provided 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)

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> <p></p> <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: _____