

**HERMITAGE SCHOOL DISTRICT
KINDERGARTEN REGISTRATION
2017-2018**

WHEN:

Wednesday, February 22	9:15 – 11:00 AM	Last Names A-E
Wednesday, February 22	1:00 – 2:30 PM	Last Names F-J
Thursday, February 23	9:15 – 11:00 AM	Last Names K-O
Thursday, February 23	1:00 – 2:30 PM	Last Names P-T
Friday, February 24	9:15 – 11:00 AM	Last Names U-Z

WHERE:

The Artman Elementary Building Community Room

WHAT TO BRING:

- ✓ State Birth Certificate
 - ✓ Immunization Record – 4 doses of tetanus, 4 doses of diphtheria (1 dose on or after the 4th birthday, usually given as DTP, Dtap, DT or Td), 3 doses of polio, 2 doses of measles, 2 doses of mumps, 1 dose of rubella (usually given as MMR), 3 doses of hepatitis B (1 dose on or after the age of 6 months), 2 doses of varicella (chickenpox) vaccine or history of disease
 - ✓ Physical/Dental Examinations will be accepted if appointment was after September 1, 2016 (but not necessary to register your child)
 - ✓ Proof of Guardianship (if not natural parent)
 - ✓ If legal guardian, court documentation/affidavit of residency/guardianship must be notarized first, signed and approved by the superintendent before the registration process is complete.
 - ✓ If needed, affidavits of custody.
 - ✓ Proof of Residence – one of the following: Deed, escrow papers, mortgage book or statement, lease agreement/rental contract and current rent receipt, letter on apartment complex or mobile home park stationery signed by landlord stating that the parent/guardian lives there **or** two of the following: Gas, electric, water, phone, or trash bills, verification of Social Services, Unemployment or Employment Check
- **Please note that a driver's license is not an acceptable proof of residency.**

REGISTRATION DAY:

- Registration must be done by **PARENT accompanied by the child**.
- **Please allow approximately one hour for the registration process.**
- All children who register will participate in a screening, which includes assessment in several areas: School readiness check (reading – letter and sound recognition, rhyming; math – counting, number recognition) vision, speech and language screening.

OTHER REQUIREMENTS:

Your child must be 5 years of age on or before September 1, 2017

WEB ADDRESS:

For your convenience, you may go to the following website, print out all of the Kindergarten registration forms, fill them out and bring with you on registration day:

www.hermitage.k12.pa.us (Click on Forms → Select Enrollment → Select Kindergarten Registration Forms)

If you have any questions, please feel free to call Jeanne Mikulski at 724-981-8750, Ext. 5001.

Artman Elementary

Kindergarten Registration

Dear Parent/Guardian,

For your convenience, we have implemented a new process for Kindergarten Registration. If you would like to have your forms filled out before your arrival for Kindergarten Registration, please print the forms provided on-line, fill them out and bring them to Registration along with your child's Immunization Record, State Birth Certificate, and Proof(s) of Residence.

Form 2: Student Background Information

(Fill out all applicable questions)

Form 3: Verification of Residency

(Fill out your name, student's name, address, date and parent/guardian signature. Remaining portions of form will be filled out by Artman staff.)

Form 4: Hermitage School District Home Language Survey

(Fill out all applicable information)

Form 5: Hermitage School District Registration Form

(Fill in all Demographic and School Information as requested/applicable)
Please note that the student number will be given by the school district

Form 6: Hermitage School District Educational Record Emergency Information

(Fill out all applicable information of questions 1-10 on Form 6)

Form 7: Emergency Contact Card

(Fill in all emergency contact names and phone numbers as requested/applicable)

Please note that the Automated Phone system numbers will be used in case of school delays, cancelations, etc.

Informational Letter/Invitation "Get to Know Artman Day" (2 pages)

Complete bottom portion of letter

Student Background Information

Child's Name: _____

1. Did/ does your child attend preschool? yes no

Name of Preschool _____	<i>If you have any report of your child's progress in their current program, please send a copy with your name attached to:</i>
Number of Years of Preschool: _____	
Days per Week: _____	
Total Hours per Week: _____	
Artman Elementary School 343 N. Hermitage Road Hermitage, PA 16148	

2. After spending time working with your child on pre-kindergarten skills, are you concerned about his/her progress?

Yes, please explain
 No

3. Has your child's preschool teacher expressed concerns to you about his/her progress?

Yes, please explain
 No

4. Did your child receive any special services (i.e. Physical Therapy, Occupational Therapy, Speech Therapy)?

Yes, please explain
 No

5. Did your child receive any special services (i.e. T.S.S./Wraparound Services)?

Yes, please indicate number of hours and agency
 No

6. Are there any custody or guardianship papers that the school needs to be informed of?

Yes, please provide copies
 No

** Any change in status needs to be reported to the Artman Office immediately to avoid any conflict regarding your child.*

7. Please List Names of Student's <u>Siblings</u>	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HERMITAGE SCHOOL DISTRICT
VERIFICATION OF RESIDENCY

In order to verify residency within the Hermitage School District, a copy of **one** current document must be provided, showing parent/guardian name and address:

_____ Deed, escrow papers, mortgage book or statement

_____ Lease Agreement/Rental contract and current rent receipt.

_____ Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian lives there.

If none of the above are available, **TWO** current documents (dated within the last six (6) weeks are required, showing parent/guardian name and address:

_____ Gas & Electric bill

_____ Phone bill

_____ Water bill

_____ Trash bill

_____ Verification of Social Services

_____ Unemployment
Employment Check

I, _____ the parent/guardian of _____
(Print Name) (Student's Name)

declare under penalty that the above-named student resides at the following address:

Street Number & Name City State Zip

Falsification of any information or document required for residency Verification or the use of the address of another person may result in revocation of student enrollment.

Date: _____ **Parent/Guardian Signature** _____

The attached document(s) show(s) the name and address of the person(s) enrolling the above-named student.

Date: _____ **Student Registrar** _____



HOME LANGUAGE SURVEY¹

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEA's) 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 initial step in the identification process.

School District: _____ Date: _____

School: _____

Student's Name: _____ Grade: _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English? Yes No

(Do not include languages learned in school.)

If yes, specify the language(s): _____

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

4. Has the student attended any United States school in any Yes No

3 years during his/her lifetime?

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form: _____

(If other than parent/guardian)

Parent/Guardian signature: _____

¹ The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA 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 LEA 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 LEA in the future.

HERMITAGE SCHOOL DISTRICT
REGISTRATION FORM

Student #: _____

TO NEW STUDENT/PARENT: The information requested on this form provides vital data necessary for enrollment in the Hermitage School District, including class placement and scheduling. Please be as accurate and specific as possible.

DEMOGRAPHIC INFORMATION
ALL STUDENTS MUST BE REGISTERED BY THEIR LEGAL NAME AND LEGAL GUARDIANSHIP

STUDENT NAME _____
(Last) (First) (Middle) (Enroll in Grade)

ADDRESS _____
(Street Address – Include House/Apt #) (City) (State) (Zip Code)

TELEPHONE _____ BIRTHDATE (MM/DD/YYYY) _____ SEX (Circle One) MALE FEMALE

CITY OF BIRTH _____ STATE OF BIRTH _____ COUNTRY OF BIRTH _____

PA State Ethnic Category (Circle One): American Indian/Alaskan Native Asian/Pacific Islander/Native Hawaiian

Black (African American) Hispanic White *Multiracial

*(If you have circled multiracial, please circle ethnic categories that apply)

Student Lives With (Circle all that apply): Father Mother Stepfather Stepmother Guardian (Attach Documentation)

		Custodial Parent	Can Receive Correspondence
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Father's Name: Last, First, Middle	Address (If different from above)		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Name: Last, First, Middle	Address (If different from above)		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Step Parent/Guardian: Last, First, Middle	Address (If different from above)		

*Is there any legal restriction prohibiting contact by any other individual? __Yes __No If yes, please provide documentation

SCHOOL INFORMATION

Name of School Last Attended _____ Phone _____

Address of School _____

Does the student have an Individualized Education Plan (IEP)? (Circle One) YES NO

Was the student ever enrolled in Hermitage Schools prior to this date? (Circle One) YES NO If Yes, Year _____

Kindergarten Only: How many years of Pre-School did the student have? (Circle One) None One Two

Signature of person registering student _____

*****DO NOT WRITE BELOW THIS LINE*****

Student # _____ Bus # _____ Home Room _____ Starting Date _____

Date Schedule Completed _____ Date Records Requested _____ Date Records Received _____

Proof of Residency/Other Info _____

**HERMITAGE SCHOOL DISTRICT
EDUCATIONAL RECORD EMERGENCY INFORMATION**

Teacher/Homeroom _____
Grade _____

1. _____ / _____ / _____
Student Name: Last, First, Middle Birth date Home Phone
 _____ / _____ / _____
 Address: House Number Street City State Zip

2. _____ / _____ / _____
Mother/Guardian Name: Cell Phone Work Place Work Phone
 _____ / _____ / _____
Father/Guardian Name: Cell Phone Work Place Work Phone

Student lives with _____ New address _____yes _____no

3. List other persons, in order, who will assume responsibility for care of child if you can't be reached:

Relationship	Name	Address	Phone
Relationship	Name	Address	Phone

4. Please list other children in family: (if additional siblings use other side)

Name	Birth date	Age	Grade
Name	Birth date	Age	Grade
Name	Birth date	Age	Grade

5. _____ / _____
Student's Doctor Phone

6. STUDENT HEALTH HISTORY: Please check if your child has had any of the following:

- Bee Sting Allergies EPI-PEN Kidney Disease
- Asthma INHALER Physical Handicaps
- Chicken Pox Disease (Date) _____ Diabetes
- Scoliosis Environmental Allergies
- Convulsions/Seizures (Explain) _____
- Heart Problems (Explain) _____
- Food Allergies EPI-PEN order (List foods) _____
- Allergies Meds (Other) _____
- Other _____

Please list any medications your child is taking: _____

7. () I DO () I DO NOT Give the school permission to transport my child by ambulance if deemed necessary
 Check preference () Sharon Regional Health System () Horizon UPMC, Farrell

8. **CIRCLE Medications your child can receive in school when circled**
Grades K-12 Adrenalin (severe allergic reactions), Benadryl, Anti-nausea or Antacid,
 Cough Medicine (Robitussin)
Additional Meds for Grades 7-12 ONLY
 Advil (IBP), Sudafed (decongestant), Tylenol (non-aspirin)

9. **I hereby give permission for emergency treatment, first aid** (in school or on bus) and **state mandated screenings** including vision, hearing, height, weight and scoliosis.

Parent/Guardian Signature _____ Date _____

10. **The Commonwealth of Pennsylvania requires** that students in grades K, 6, 11 receive **physical examinations and** students in grades K, 3, and 7 receive **dental exams**. Please indicate your choice below:
 _____ I give permission for the school physical/dental exam to be performed by the school doctor and/or dentist free of charge.
 _____ I will have my child examined by our family physician and/or dentist at my own expense.

Parent/Guardian Signature _____ Date _____

Dear Parent(s),

You and your Kindergartener are cordially invited to “Get to Know Artman Day” on Thursday, May 18th from 4:00 – 5:45 p.m. at the Artman Elementary building.

While your child spends some time with our kindergarten teachers, specials teachers and becomes acquainted with the Artman building, you will attend a question and answer session in the Artman Community Room.

We are asking that you **do not** arrive prior to 3:45 p.m. due to the program time coinciding with our building dismissal time. Registration begins promptly at 4:00 p.m. This can be a very special day for you and your pre-kindergarten student. Therefore, if there are other siblings in your family, please make arrangements for their care.

Please mark your calendar for **May 18, 2017**. Your child’s Pre-K provider will give you a reminder during the beginning of May.

Please complete the registration form at the bottom of this letter and take it to the blue check-out table.

Sincerely,

Amy Wanchisn
Artman Elementary Principal

Patti Bruzzese
Child Services Specialist

GET TO KNOW ARTMAN DAY
Registration Form

Yes, we will attend

No, we are unable to attend

Parent’s Name: _____

Child’s Name: _____

Pre-K Provider: _____



When: Thursday, May 18, 2017, 4:00-5:45 pm

Where: Artman Elementary

Who's invited: All Hermitage 2017/18 Pre-K students, parents/guardians, Pre-K providers and Artman Elementary staff

Why: To provide an opportunity for our Pre-K students to spend time in the school environment to help them make a smooth transition to kindergarten