

"Bee Ready" for Kindergarten Registration Week
February 26th through March 2nd, 2018
at Penn Hills Elementary School

Dear Parents/ Guardians:

If you have a child who will be **five years old on or before September 1, 2018**, it's time to register him/her for kindergarten. Registration will be held at **Penn Hills Elementary School** the week of February 26 – March 2, 2018. For your convenience, we will host both daytime and evening registration hours according to the schedule listed below. We strongly encourage you to take advantage of early registration. Each student enrolling for our Penn Hills Elementary kindergarten program during this week will receive a free PHES Kindergarten Registration t-shirt (while supplies last)!

Daytime Registration	Evening Registration
Monday, February 26, 2018 9:30 AM – 2:30 PM	Tuesday, February 27, 2018 4:00 – 7:00 PM*
Wednesday, February 28, 2018 9:30 AM – 2:30 PM	*Final appointments for the day taken at 6:30 PM.
Thursday, March 1, 2018 9:30 AM – 2:30 PM	
Friday, March 2, 2018 9:30 AM – 2:30 PM	

You can get a registration packet at Penn Hills Elementary or the Penn Hills School District Pupil Services Office located at 260 Aster Street. You can also download a packet from our website at www.phsd.k12.pa.us. The following items will be needed to complete the registration process:

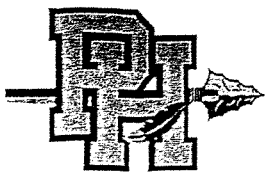
- A **completed** registration packet
- 2 utility bills less than 30 days old (gas, electric, sewage, telephone, cable)
Please note that the utility bill needs to be in the parent/guardian's name.
- Current Pennsylvania photo driver's license or photo ID with current Penn Hills address
- Your child's birth certificate
- Your child's current immunization records

Although no appointments are necessary for this week, registration for each child takes approximately 30 minutes; therefore, your patience is greatly appreciated during this process. In order to expedite the registration process, please have all required documentation and forms completed. If you have questions about the required documents, please contact the Pupil Service Office at 412.793.7000 (x1217 or x1219).

We look forward to seeing you at registration!

Sincerely,
Kristin L. Brown
 Kristin L. Brown
 Principal





PENN HILLS SCHOOL DISTRICT

PENN HILLS ELEMENTARY SCHOOL

1079 Jefferson Road
Pittsburgh, PA 15235

Phone (412) 793-7000
Fax 412-457-0859

Nancy Hines
Superintendent

Kristin L. Brown
Principal
Ext. 7101
kbrown@phsd.k12.pa.us

Darcie Gatti
Associate Principal
Ext. 7200
dgatti@phsd.k12.pa.us

Ted Merlino
Associate Principal
Ext. 7135
tmerlino@phsd.k12.pa.us

PRESCHOOL INFORMATION SURVEY

Child's Name: _____

Does your child have preschool or daycare experience? _____ Yes _____ No

Period of time your child attended preschool or daycare:

_____ 6 months _____ 1 year _____ 2 years _____ 3 years _____ Other

Preschool or daycare your child attended: _____
address: _____

I hereby give permission for the Penn Hills School District to contact the preschool or agency designated above to request the following school-related information:

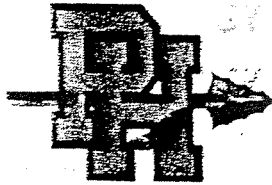
- _____ School records including grades, progress reports, grade level completed, attendance record, etc.
- _____ Achievement tests results
- _____ Special education records including speech & language, hearing, vision, etc.
- _____ Immunization and other health records
- _____ Other: _____

These reports are to be used only for professional purposes and are to be kept strictly confidential in accordance with the Penn Hills School District's Student Record Procedures.

Parent/Guardian Signature: _____ Date: _____

Mail records to: Penn Hills Elementary School
1079 Jefferson Road
Pittsburgh, PA 15235

Student Residency Questionnaire



Name of School _____

Name of Student: _____ Sex: Male
Last First Middle Female

Birth Date ____ / ____ / ____ Age: ____ Social Security #: _____
Month / Day / Year (or student identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
____ Yes ____ No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

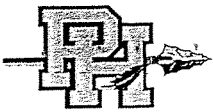
Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to Kyoko Henson, Penn Hills School District Homeless Liaison

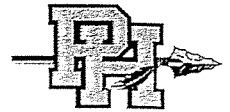
I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature



**PENN HILLS SCHOOL DISTRICT
STUDENT REGISTRATION**



Student #: _____ Building: _____ Date: _____

STUDENT'S FULL LEGAL NAME (as it appears on the birth certificate):

First: _____ Middle: _____ Last: _____

(Assumed last name if any): _____ Social Security #: _____

Sex: Male Female Date of Birth: _____ Place of Birth: _____

Race: American Indian/Alaskan Native Asian Black or African American
 Hispanic Pacific Islander White

Has your child ever received Early Intervention, Special Education or Gifted Services? Yes No

*If yes, is your child still in the program and please identify the service being received? Yes No _____
(Service Received)

Current Home Address

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Do you own your home? Yes No OR Do you rent? Yes No

If you rent, please provide the name of your landlord: _____

Previous Home Address (within last 2 years)

Street Address: _____ City: _____ State: _____ Zip Code: _____

PARENT INFORMATION

Father/Step-father: _____ Employer: _____ Work/Cell Phone: _____

Mother/Step-mother: _____ Employer: _____ Work/Cell Phone: _____

Siblings in the Household:

	NAME	Date of Birth	Grade	Sex
1.				Male <input type="checkbox"/> Female <input type="checkbox"/>
2.				Male <input type="checkbox"/> Female <input type="checkbox"/>
3.				Male <input type="checkbox"/> Female <input type="checkbox"/>
4.				Male <input type="checkbox"/> Female <input type="checkbox"/>

FOSTER CHILD

Is student a Foster Child? Yes No If YES, please provide the Foster agency placement letter.

GUARDIANSHIP

Is student under your Guardianship? Yes No

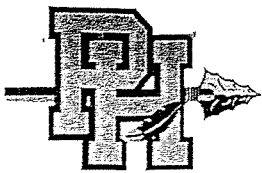
If YES, please provide appropriate legal documents.

*****KINDERGARTEN REGISTRATION*****

Name of Pre-School Attended: _____

Address of Pre-School: Street Address: _____ City: _____ State: _____ Zip Code: _____

School Phone: _____



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PRESCHOOL INFORMATION SURVEY

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_____ 6 months _____ 1 year _____ 2 years _____ 3 years _____ Other

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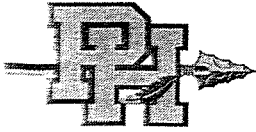
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- _____ Achievement tests results
- _____ Special education records including speech & language, hearing, vision, etc.
- _____ Immunization and other health records
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Parent/Guardian Signature: _____ Date: _____

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1079 Jefferson Road
Pittsburgh, PA 15235



PENN HILLS SCHOOL DISTRICT

SPECIAL EDUCATION OFFICES

260 Aster Street

Pittsburgh, Pennsylvania 15235

412-793-7000 - telephone

Supervisor of Special Education
Darren Kennedy

412-793-0568 - fax
www.phsd.k12.pa.us

Angela Lickenfelt
Lindsav Prosdocimo

School Psychologists

Student's Name: _____

Parent/Guardian Completing: _____

Has your child **ever** received the following:

- Early Intervention
- Special Education
- Gifted Support
- 504 Plan Accommodations

Does your child **currently** have any of the following in place?

Individualized Education Program (IEP)

If yes, disability: _____

Gifted Individualized Education Program (GIEP)

504 Plan

If yes, medical condition: _____

PENN HILLS SCHOOL DISTRICT

PRIMARY / HOME LANGUAGE SURVEY

STUDENT INFORMATION			
First Name:	Last Name:	Date of Birth	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:	Date of Entry in US:	Date first enrolled in any US school	
SCHOOL INFORMATION			
Current School:			
Enrollment Date:	Current Grade:	Person Conducting Survey:	

QUESTIONS FOR PARENTS / GUARDIANS	RESPONSE
What is the native language of each parent / guardian?	
What language (s) are spoken in your home?	
What language did your child learn first?	
Which language does your child use most frequently at home?	
Which language do you most frequently speak to your child?	
What other languages does your child know?	

Release for Student Use in Media

Photos, interviews, and videotaping of students take place throughout the school year for use on the District website, internal and external television productions, District publications/productions, press releases to the media, etc. We also encourage the media to visit our schools and publicize our students' accomplishments.

If you do not give permission to have your child involved in these publicity efforts or do not want him/her to be photographed, you **MUST** notify the District in writing regarding any limitations or restrictions. Please sign below **ONLY** if you **DECLINE** to give permission. You do not need to return the form if you give approval.

.....
I do NOT give permission for my child to be photographed , videotaped, or otherwise used in internal or external media efforts.

Student Name (Print): _____

Grade: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Please note: Student directory information (i.e., name, address, phone number, recognitions, achievements, etc.) can be released without written consent. If you do not want any information on your child released or transferred to another educational institution, please notify your student's building principal in writing.

PENN HILLS SCHOOL DISTRICT
Health History and Certificate of Immunization

Student # _____

Date _____

Child's Name _____ Sex _____ Birth Date _____

Home Address _____ Grade _____ School _____

Father _____ Mother _____

Stepfather _____ Stepmother _____

Person with whom pupil lives, if other than parents, give relationship: _____

Give significant details of child's medical history. Include serious illnesses, childhood diseases, operations, serious accidents, and handicapping conditions. _____

Explain any treatment or medication your child is receiving for allergies, diabetes, epilepsy, etc.

Does your child have a physical or emotional problem? _____ If yes, please explain treatment and by whom. _____

Any defect in speech, hearing or vision? Please describe and explain treatment: _____

Pennsylvania State law requires every child attending school, regardless of age, has the basic immunizations. You must show proof of immunizations from doctor or baby book. All dates need to be verified by your physician. For required immunizations, please see reverse side.

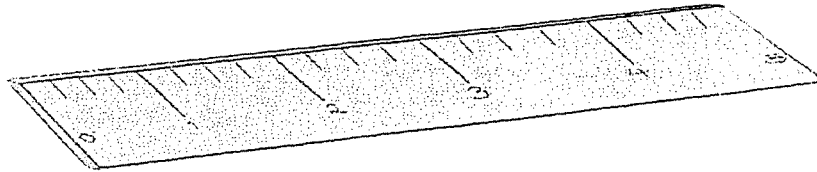
Immunizations will be reviewed by the nurse in your child's attending building. If the nurse finds discrepancies, she will call you.

If there is a medical reason why your child should not be fully immunized, please present a certificate from your physician stating the reason. If you object to immunizations for religious reasons, the state requires that you inform the school in writing.

Signed _____ Home Phone _____
(Parent or Guardian)

IMMUNIZE!

"In 2017, It's the Rule for Back to School."



PA Law mandates that every child K-12 be immunized on the 1st day of school.

Vaccination Requirements

Vaccines	Kindergarten & Grades 1-6	Grades 7-11	Grade 12
Tetanus, diphtheria, and acellular pertussis (Usually given as DTaP, DTP, DT, or Td) (1 dose on or after 4 th birthday)	4 doses	4 doses	4 doses
Polio (4 th dose on or after 4 th birthday and at least 6 months after previous dose given)	4 doses (A 4 th dose is not necessary if the 3 rd dose was administered at age 4 years or older and at least 6 months after the previous dose)	4 doses (A 4 th dose is not necessary if the 3 rd dose was administered at age 4 years or older and at least 6 months after the previous dose)	4 doses (A 4 th dose is not necessary if the 3 rd dose was administered at age 4 years or older and at least 6 months after the previous dose)
Measles, Mumps, & Rubella (Usually given as MMR)	2 doses	2 doses	2 doses
Hepatitis B	3 doses	3 doses	3 doses
Varicella (chickenpox)	2 doses or evidence of immunity	2 doses or evidence of immunity	2 doses or evidence of immunity
Tetanus, diphtheria, acellular pertussis (Tdap)	Not applicable	1 dose	1 dose
Meningococcal Conjugate (MenACWY)	Not applicable	1 dose (First dose is given at 11-15 years of age; a second dose is required at age 16 or entry into 12 th grade)	1 or 2 doses (If 1 st dose of MenACWY was given at 16 years of age or older, that shall count as the 12 th grade dose)

For more information on the vaccines your child needs in order to attend school, talk to your healthcare provider, school nurse

THE PENN HILLS SCHOOL DISTRICT

GRADE _____ **EMERGENCY CARE CARD IN CASE OF SUDDEN ILLNESS OR INJURY** HMRM _____

Pupils Name _____ Date of Birth ____/____/____
(Last Name) (First) (MI) (mm / dd / year)

Address _____ Zip Code _____ Home Phone _____

Parent 1 Name _____ Relationship _____

Work # _____ Ext. _____ Cell # _____ Email _____

Parent 2 Name _____ Relationship _____

Work # _____ Ext. _____ Cell # _____ Email _____

****EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT FIRST****

NAME	RELATIONSHIP	PHONE

In case of an emergency and it is necessary to call a physician, please contact:

Family Physician _____ Phone # _____

If unable to contact parent or doctor, permission is granted to arrange for emergency hospital treatment in keeping with the Police Emergency Regulations stated on the reverse side of this card.

Please list ANY Health Conditions (diabetes, heart condition, allergies, asthma, etc.)

The information will be shared with appropriate school personnel only when deemed necessary by the school nurse to be in the best interest of the student.

Date ____/____/____ Signature of Parent or Guardian _____

PENN HILLS POLICE DEPARTMENT

Please indicate in the space below the name of the hospital you wish your child to be transport to in the event of a medical emergency:

The only exception will be if the needed treatment can be obtained only at Children's Hospital. In the event no hospital is named above, treatment will be at the discretion of the paramedics.

E.O.E.

NOTICE OF PENALTY FOR PROVIDING FALSE INFORMATION

A person who knowingly provides false information in this sworn statement for the purpose of enrolling a child in a school district which the child is not eligible commits a summary offense and shall, upon conviction for such violation be sentenced to pay a fine up to \$300.00, or up to 240 hours of community service, or both. In addition, the person shall pay all court cost and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with Section 2561 of the Public School Code during the period of enrollment.

Pennsylvania Public School Code can be viewed at
www.pa.code.com

SKYWARD FAMILY ACCESS

Please fill in the appropriate information below for each parent and/or guardian who would like to have a username and password assigned to them so they can view their student's information, grades and progress in Family/Student Access. Parent and/or guardians of the same student(s) can share the same login and password if desired.

Student Name _____ School _____

Parent Name _____ Phone # _____

Email _____

Parent Name _____ Phone # _____

Email _____

Your user name and password will be emailed to you.

Signature _____ Date _____

PLEASE RETURN TO:
Penn Hills School District
Technology Department
260 Aster Street
Pittsburgh, PA 15235

412-793-7000, ext. 1450