



***Bentworth Elementary Center***



**100 Bearcat Drive**

**Bentleyville, PA 15314**

**Phone: 724-239- 3606**

**Fax: 724-239-3205**

**Susanne R. Macik, Elementary Principal**

The following documents are needed for Registration:

- Birth Certificate
- Immunization Record
- 2 Proofs of Residency

# BENTWORTH SCHOOL DISTRICT

## STUDENT REGISTRATION FORM

Date:		Grade:	
Child's Legal Name:		Phone:	
Current Address:			
City:	State:	ZIP Code:	
Birthdate:	Birthplace:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Entry to the State of Pennsylvania (if not born in PA):			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander Are you Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N			

### PARENT INFORMATION

Father's Name:		Phone:	
Father's Address (if different from child):			
City:	State:	ZIP Code:	
Occupation:	Email:		
Does this address require a separate mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Mother's Name (and Maiden):			
Mother's Address (if different from child):		Phone:	
City:	State:	ZIP Code:	
Occupation:	E-mail:		
Does this address require a separate mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Number of Brothers:	Ages:
Number of Sisters:	Ages:
Bus Number:	Bus Stop:

### GUARDIAN INFORMATION

*If a child lives with someone other than a parent*

Guardian's Name:	
Relationship:	
Foster:	Agency:

Please attach a copy of the signed order by the Judge of Orphans Court. If a student lives with someone other than natural mother or father and does not have a court appointed guardian then a 1302 affidavit must be completed.

### DOCUMENTATION OF RESIDENCY

Wage Statement Social Security Check Current Year Wage Tax Receipt Public Assistance Utility Bills

Other:

### SIGNATURES

Parent/Legal Guardian Signature:	Date:
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# Bentworth School District

150 Bearcat Drive

Bentleyville, PA 15314

Phone: (724)239-2861

Fax: (724)239-2865

## Household Information Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian(s) Name: Mother \_\_\_\_\_ Father \_\_\_\_\_

Do you have other children enrolled in the district who live in the same household at least 50% of the time? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please fill out information below:*

First Name	Last Name	School (HS, MS, Elem)	Grade

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### Parent Notification

By law, each parent has equal rights and access to their child and their child's school records, **UNLESS** a parent provides Bentworth School District with a court order that indicates otherwise. The school **MUST HAVE A COPY OF THE CURRENT COURT ORDER** on file.

In cases of separation/divorce, who has primary custody? \_\_\_\_\_

Is there a legal custody agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## 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.

**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?**  
(Do not include languages learned in school.)

Yes  No

If yes, specify the languages \_\_\_\_\_

**3. Has the student attended any United States school in any 3 years during his/her lifetime?**

Yes  No

**If yes, complete the following:**

<b>Name of School</b>	<b>State</b>	<b>Dates Attended</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.

# Race & Ethnicity Survey

## Bentworth School District

The U.S. Department of Education has changed the questions that the district must use to collect race and ethnicity information for students and employees. There are now two questions instead of one. Please review and respond to both questions.

In particular, the changes mean that:

- ✧ If you are Hispanic or Latino, you should also select a race in the second question
- ✧ If you are Asian or Pacific Islander, you need to select a new category

Name: \_\_\_\_\_

**1. Are you Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following, if applicable, by marking one or more boxes to indicate what you consider your race to be.

**2. How would you describe yourself?** (Choose one or more from the following racial groups)

- American Indian or Alaska Native**  
(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)
- Asian**  
(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American**  
(A person having origins in any of the Black racial groups of Africa – includes Caribbean Islanders and other of African origin.)
- Native Hawaiian or Other Pacific Islander**  
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White**  
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NEW STUDENT REGISTRATION  
SPEECH-LANGUAGE INFORMATION

STUDENT'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ PLEASE CIRCLE:  
(HOME/CELL/WORK) (HOME/CELL/WORK)

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Is this student *currently* enrolled in Speech-Language Therapy? Yes No

If yes, please indicate the school or facility: \_\_\_\_\_

Do you have any concerns about the way your child talks? Yes No

If yes, please indicate what area(s):

\_\_\_\_\_ Articulation – may omit, substitute, or distort certain speech sounds.

\_\_\_\_\_ Voice – may be hoarse, breathy, nasal, may talk too loudly or softly.

\_\_\_\_\_ Fluency – may stutter, repeat words, repeat sounds, hesitate, or prolong words.

\_\_\_\_\_ Language - may have difficulty with grammar, vocabulary, etc.

\_\_\_\_\_ Hearing - may appear inattentive or ask to have information repeated.

Please describe area(s) of concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL DISTRICT**  
**STUDENT RESIDENCY QUESTIONNAIRE**



Dear Parent or Guardian,

Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) Thank you for your cooperation.

1. Student name: \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
Person completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**2. 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><b>CONTINUE to Question 3</b>  <b>if you checked any box in SECTION A</b></p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <p style="text-align: center;"></p> <p>If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.</p>

3. Contact number for person completing the form: \_\_\_\_\_

Address where student is now living: \_\_\_\_\_  
\_\_\_\_\_

4. The student lives with:

Check all that apply

- Parent(s) or legal guardian  
 Relative, friend(s), or other adult(s)  
 Alone  
 Other: \_\_\_\_\_

5. School student attended last : \_\_\_\_\_

Address of school: \_\_\_\_\_

Telephone number of school: \_\_\_\_\_

Contact person at school (if known): \_\_\_\_\_

6. Does the student have an IEP or a Chapter 15/504 agreement?

NO

YES. Please explain: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# MEDIA PERMISSION FORM

## BENTWORTH SCHOOL DISTRICT

During the school year your child may have the opportunity to experience various forms of learning through media. In order for your child to participate, Bentworth School District requires your permission. Your signature is requested below on three separate items. Omission of a signature on any portion of this form will mean your child does NOT have your permission for that particular item.

Student Name (Print) \_\_\_\_\_

Parent/Guardian (Print) \_\_\_\_\_

### VIDEO CONFERENCING PARTICIPANT WAIVER

I understand that in a Distant Learning Classroom my child's voice, physical presence and participation in classroom activities will be transmitted to learning sites and will be electronically recorded. I understand that my signature indicates participation and electronic recording of these classes will not be a violation of my child's or my personal rights and hereby release any claims for the use of such.

- I give permission for my child to participate in videoconferencing.
- I DO NOT give permission for my child to participate in videoconferencing.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### WEBSITE/INTERNET PICTURE NOTIFICATION

To effectively illustrate the educational activities of students in our schools, Bentworth School District may desire to post your child's picture to the school website and school social media sites such as Instagram, Twitter, and Facebook. The name of the student will NOT be posted, only the picture. In order to use the picture, we are requesting your permission.

- I give permission for my child's picture to be distributed via email/internet including the Bentworth website and social media sites.
- I DO NOT give permission for my child's picture to be distributed.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### TELEVISION/NEWSPAPER PARTICIPANT WAIVER

I give my permission for my child to be interviewed, recorded and/or photographed for television (including video viewing sites such as youtube and vimeo) and/or newspaper. I understand that my signature indicates that this will not be a violation of my child's or my rights and hereby release any claims for the use of such.

- I give my permission for my child to be interviewed, recorded and/or photographed for the television and/or newspaper.
- I DO NOT give permission for my child to be interviewed, recorded and/or photographed.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**This document is binding. In the event that you would like to cancel this contract you must submit your request in writing.**



## Bentworth Kindergarten Parent Questionnaire

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F

Name of person filling out form: \_\_\_\_\_

**Please read through the form and respond to all items.**

### **Part 1: Home/School**

Who does the child live with: (check all that apply)

Mother      Father      Stepmother      Stepfather      Grandmother      Grandfather

Other (Please specify): \_\_\_\_\_

Parents separated or divorced:      Yes      No

Brothers/Sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Foster family (If applicable) - Case worker's name & phone # \_\_\_\_\_

Any recent deaths/losses/major events that may have affected your child?

\_\_\_\_\_

Does your child have any special interests?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any chores/responsibilities at home?

\_\_\_\_\_

Does your child do things at home that concern you? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

When your child does something wrong how is he/she disciplined? How does he or she react to the discipline?

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Do you have any school related concerns?

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Did your child attend preschool or daycare? If so, where and how many years?

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Is there anything else we need to know about your child to help with the transition into Kindergarten?

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**Part 2: Health**

Does your child have any current or past physical health issues?

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Does your child take any medications? If so, please list and include dosage.

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Has your child ever experienced any major physical and/or psychological trauma?

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***Thank you for taking the time to tell us about your child - We are excited to begin this journey with you and your family!***