

# HOMER-CENTER ELEMENTARY SCHOOL

## KINDERGARTEN REGISTRATION

HOMER-CENTER ELEMENTARY SCHOOL WILL BE CONDUCTING KINDERGARTEN REGISTRATION FOR THE 2018-19 SCHOOL YEAR ON WEDNESDAY, MARCH 7, 2018 IN THE ELEMENTARY LARGE GROUP INSTRUCTION ROOM BETWEEN THE HOURS OF 8:30 AM AND 2:45 PM. ***IF YOU HAVE A CHILD ELIGIBLE, PLEASE CONTACT THE ELEMENTARY SCHOOL AT 724-479-9077 AS SOON AS POSSIBLE TO RECEIVE ENROLLMENT FORMS PRIOR TO REGISTRATION. YOU MAY ALSO GO ON THE WEBSITE TO DOWNLOAD THE INFORMATION AT [www.homercenter.org](http://www.homercenter.org). CHOOSE THE ELEMENTARY SCHOOL, AND THEN PARENT FORMS. IF YOU CHOOSE TO DOWNLOAD THE FORMS, THEN YOU MUST SEND AN EMAIL TO [kgardner@homercenter.org](mailto:kgardner@homercenter.org) with the child's name, parents' names, address, phone no. and birthdate. YOU SHOULD BRING ALL COMPLETED FORMS WITH YOU TO THE REGISTRATION. IF YOU KNOW OF ANYONE ELSE HAVING A CHILD ELIGIBLE, PLEASE SHARE THIS INFORMATION WITH THEM.***

**YOUR CHILD MUST BE FIVE (5) YEARS OLD ON OR BEFORE AUGUST 31, 2018.**

PARENTS ARE ASKED TO COMPLY WITH THE FOLLOWING REGISTRATION TIMES:  
STUDENTS WHOSE LAST NAME BEGINS WITH:

A - C ----- 8:30 - 10:00 AM

D - J ----- 10:00 - 11:30 AM

K - R ----- 12:00 - 1:30 PM

S - Z ----- 1:30 - 2:45 PM

**REMEMBER, CHILDREN MUST ACCOMPANY PARENTS** so that speech and pre-kindergarten screenings may be conducted. **The following information is required: COMPLETED REGISTRATION PAPERS, OFFICIAL COPY OF BIRTH CERTIFICATE, THE CHILD'S HEALTH AND IMMUNIZATION RECORDS, AND PROOF OF RESIDENCY. (Proof of residency may include, but is not limited to, a current driver's license, automobile registration, insurance card, a current utility bill, or tax statement.)**

### THE REQUIRED IMMUNIZATIONS INCLUDE:

Four (4)	Diphtheria, Pertussis, Tetanus <i>(If fourth dose before fourth birthday, then fifth dose is needed)</i>
Four (4)	Trivalent Oral Polio Vaccine <i>(4<sup>th</sup> dose must be after 4<sup>th</sup> Birthday)</i>
Two (2)	Measles, Rubella, Mumps
Three (3)	Hepatitis B Vaccine
Two (2)	Varicella (chicken pox vaccine) or written proof of chicken pox disease

**ANY CHILD WHO DOES NOT HAVE THE REQUIRED IMMUNIZATIONS WILL NOT BE ADMITTED TO SCHOOL.**

**PARENTS SHOULD PARK AT THE BACK OF THE BUILDING AND FOLLOW THE SIGNS TO THE LGI ROOM FOR REGISTRATION**



**Homer-Center School District**  
**District Administration Office**  
*"Where Everybody is Somebody"*

Homer-Center Elementary School  
 45 Wildcat Lane  
 Homer City, PA 15748  
 724-479-9077  
 Fax: 724-479-3967

Dr. Charles Koron,  
 Superintendent  
 724-479-8080

Mr. Michael Stofa,  
 Elementary Principal  
 724-479-9077, Ext. 1013

Mrs. Kara Gardner,  
 Elementary Counselor  
 724-479-9077, Ext. 1116

**CONFIDENTIAL**

**STUDENT REGISTRATION**

Student Name \_\_\_\_\_ Sex: \_\_\_M \_\_\_F  
Last First Middle

Address \_\_\_\_\_  
(Must be specific for transportation purposes – i.e. name of road, township, route number, etc.)

Home Phone \_\_\_\_\_  Listed  Unlisted Parent email address \_\_\_\_\_

Birth Date \_\_\_\_\_

Ethnicity: Check one if student is

\_\_\_ Asian \_\_\_ Filipino \_\_\_ Indian \_\_\_ Pacific Islander  
 \_\_\_ Black \_\_\_ Hispanic \_\_\_ Multiple \_\_\_ White

Father/Guardian Name \_\_\_\_\_ Mother/Guardian Name \_\_\_\_\_

Father Cell Phone \_\_\_\_\_ Mother Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact & Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Alternative arrangements (If applicable) \_\_\_\_\_

Parents are: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated

Child lives with: \_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother

Other (Specify) \_\_\_\_\_

If Applicable: Court Order Presented \_\_\_ Yes \_\_\_ No Visitation Rights \_\_\_ Yes \_\_\_ No

\_\_\_ Foster Care (A copy of the placing agency must be provided and attached.)

Sibling Names	Date of Birth	Grade	Sibling Names	Date of Birth	Grade

Student Name \_\_\_\_\_

Name student prefers to be called \_\_\_\_\_

Do you wish to speak to our school counselor about any pertinent information?  Yes  No

All information shared with the counselor will remain confidential, unless otherwise requested by parent/guardian.

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***The following sections do not pertain to first time kindergarten enrollees.***

Grade last attended \_\_\_\_\_

Has your child ever been retained? \_\_\_ Yes \_\_\_ No If yes, provide grade(s) repeated \_\_\_\_\_

Check all which apply:

\_\_\_ Speech/Language Impaired

\_\_\_ Gifted

\_\_\_ Migrant

\_\_\_ Visually Impaired

\_\_\_ Title I Services

\_\_\_ English Language Learner

\_\_\_ Hearing Impaired

\_\_\_ Tutoring

\_\_\_ Special Education Services

\_\_\_ Physically Handicapped

\_\_\_ Occupational/Physical Therapy

\_\_\_ Other (Be specific) \_\_\_\_\_

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<b>THIS SECTION TO BE COMPLETED BY OFFICE STAFF.</b>	Entry Date _____	Grade Entered _____
	PA Secure ID _____	Homeroom _____
	Student Comp. ID _____	Bus Number _____
	Proof of Residency _____	Date Records Requested _____
	Entry Code _____	Date Records Received _____
	Birth Certificate Number _____	City/State/Country of Birth _____



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## Student Residency Questionnaire

**The McKinney-Vento, as amended by the No child Left behind Act of 2001, defines homelessness and outlines the rights homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of you child(ren). Thank you for your cooperation.**

1. Student name: \_\_\_\_\_ Birth Date: \_\_\_\_\_
2. Person Completing form: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_
3. In what type of setting is the student living now? Please 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 4 if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply to my family.</p> <div style="text-align: center;">  </div> <p>If you checked this section, you do not need to complete the remainder of this form. Submit this form to school personnel.</p> <p>Thank you</p>

4. Contact number for person completing the form: \_\_\_\_\_
5. Address where the student is now living: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. The student lives with: Check all that apply  
 Parent (s) or legal guardian     Relative, friend(s), or other adults(s)  
 Alone     Other: \_\_\_\_\_
7. School student attended last: \_\_\_\_\_  
Address of school: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number of school: \_\_\_\_\_  
Contact person at school (if known): \_\_\_\_\_
8. Does the student have an IEP or a Chapter 15/504 agreement?  
 NO  
 YES, please explain \_\_\_\_\_

The staff person who is helping you register will contact the Homeless Liaison/Homeless Coordinator to review the information provided. If homelessness is verified, additional information will follow to assist your child(ren). You will be contacted by the Homeless Liaison or Homeless Coordinator for additional information.

Signature of Parent/Legal Guardian:

\_\_\_\_\_

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

**NOTE TO STAFF:** All forms with a checked box in **Section A** are to be faxed or given *immediately* to the Homeless Liaison to eliminate any delay.

**Your District Liaison**

Mr. Matt Rodkey  
724-479-9077 ext. 3127

**Regional Homeless Coordinator**

Andrea Sheesley  
724-463-5300 ext. 1235



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**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 identification.

**Homer-Center School District**

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_
2. Does the student speak a language(s) other than English? \_\_\_\_ Yes \_\_\_\_ No  
 (Does not include languages learned in school)  
 If yes, specify the language \_\_\_\_\_
3. What language(s) is/are spoken in your home? \_\_\_\_\_
4. Has the student attended any school in the United States in any three years during his/her lifetime? \_\_\_\_ Yes \_\_\_\_ No

If yes, complete the following:

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

Person completing this form (if other than parent or 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.



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**Parents: Please review these policies with your child. They are emphasized as part of our computer curriculum in grades K - 6. A copy is also found in the student handbook.**

**Homer-Center Elementary School**  
**Student Internet/Computer Use Agreement**

I, \_\_\_\_\_ pledge to obey the following rules  
Student Name  
while using computers in the Homer-Center Elementary School.

- I will never give out personal information, such as my home address, telephone number, or the name and location of my school without my teacher's permission.
- I will tell my teacher right away if I come across any information that makes me feel uncomfortable.
- I will never send a person my picture or anything else without first checking with my teacher.
- I will always treat people online with respect.
- I will not reply to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do, I will tell my teacher right away.
- I will not access any sites that are inappropriate for student usage. If I accidentally access an inappropriate site I will immediately leave the site and tell my teacher.
- I will not buy or sell anything over the Internet.
- I will not copy or print material without permission from my teacher.
- I understand that if I violate any of the Internet usage rules, my access privileges will be revoked. I understand that I am also bound by all regulations within the Homer-Center School District Computer/Internet Use Agreement.

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

HOMER-CENTER SCHOOL DISTRICT  
ELEMENTARY DEPARTMENT

PERSONAL HISTORY RECORD

GRADE \_\_\_\_\_

DATE \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Birthdate \_\_\_\_\_ (verified: \_\_\_\_\_) Birthplace \_\_\_\_\_

**Immunizations:** *(Required for original school entrance)* Prior to your entering kindergarten, you must provide the school nurse with a copy of your child's immunization records provided by your child's physician. Your child will NOT be permitted to enter kindergarten until a copy of these immunizations has been received.

**Family Information:**

FATHER MOTHER  
Name \_\_\_\_\_ Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer (Maiden) \_\_\_\_\_

Employer's Phone \_\_\_\_\_ Employer's Phone \_\_\_\_\_

MARITAL STATUS: PARENTS LIVING TOGETHER YES \_\_\_\_\_ NO \_\_\_\_\_  
\*SEPARATED YES \_\_\_\_\_ NO \_\_\_\_\_  
\*DIVORCED YES \_\_\_\_\_ NO \_\_\_\_\_

*\*Please present school with a copy of the custody papers.*

\*Visitation Rights \_\_\_\_\_

**Person(s) with whom student lives if other than both parents:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Please list names and birthdates of brothers and sisters:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Living at Home \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Living at Home \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Living at Home \_\_\_\_\_



# Homer-Center Elementary School STUDENT HEALTH HISTORY

**Student Name** \_\_\_\_\_

**Date** \_\_\_\_\_

Please complete the following health history: (please explain any yes answers)

Health Item	Yes	No	Comments
Hospitalizations			
Surgery			
Concussion (Head Injury)			
Fractures			
Eye or Vision Problems			
Ear or Hearing Problems			
Speech Problems			
Cerebral Palsy			
Meningitis			
Heart Problems/Heart Murmur			
Behavioral or Emotional Disorder			
Attention Deficit Disorder			
Asthma			
Diabetes			
Cancer			
Seizure Disorder			
Bleeding Problem			
Bladder or Urinary Problems			
Other Health Concerns			
Currently on Medication (List)			
Allergies to Medication (List)			
Currently under the care of a physician for medical or surgical condition or injury			
Any restrictions on play or Physical Education Class? (Dr.'s excuse must be provided)			

Allergies	Yes	No	Treatment (be specific)
Bee Stings			
Insects			
Food (list)			
Latex			
Other			



Dear Parents,

As a district we are making efforts to be more environmentally conscientious. One new practice that has come from that initiative is to utilize paperless communication as much as possible. You are able to access Friday Folder information on our school website homepage by clicking the Friday Folder link. We would also like to e-mail these to you directly.

We understand that not every family has full connectivity to the internet and /or ability to download and print forms. In an effort to accommodate those families, we are requesting that you complete the form below and return it with your child as soon as possible.

Thank You

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

\_\_\_\_\_ I HAVE an e-mail account and would like to have Friday Folder

Information sent to this e-mail address:

Email \_\_\_\_\_ (print clearly)

\_\_\_\_\_ I DO NOT have e-mail. Please send traditional Friday Folder with all communication from the school.

\_\_\_\_\_ Neither, I support the Go Green Initiative and will access Friday Folder Information from the Homer-Center Elem School website.

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



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***KINDERGARTEN PARENT/GUARDIAN QUESTIONNAIRE***

Child's Name \_\_\_\_\_

**Pre-school information**

Name of pre-school(s) your child has attended:

Preschool (1) \_\_\_\_\_

How long did your child attend this pre-school? \_\_\_\_ Number of months or \_\_\_\_ Number of years

Phone number of pre-school, if known \_\_\_\_\_

Preschool (2) \_\_\_\_\_

How long did your child attend this pre-school? \_\_\_\_ Number of months or \_\_\_\_ Number of years

Phone number of pre-school, if known \_\_\_\_\_

*Homer-Center School District has my permission to contact the above named pre-schools to request school-related information regarding my child.*

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

\_\_\_\_\_  
Date

**Student Abilities**

- 1. Can state first and last name.  Yes  No
- 2. Can use the bathroom independently/unassisted.  Yes  No
- 3. Is able to button/zip articles of clothing  Yes  No
- 4. Can verbally state wants and needs.  Yes  No
- 5. Understands and can follow simple oral directions.  Yes  No
- 6. Can walk up and down stairs without assistance.  Yes  No
- 7. Is able to take care of own belongings.  Yes  No
- 8. Demonstrates self-control. Example: Does not have tantrums; does not cry inappropriately; keeps hands and feet to self.  Yes  No
- 9. Will attempt new things presented to him/her.  Yes  No

10. Please list any concerns you have for your child/children. \_\_\_\_\_

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

# KINDERGARTEN BUS BOARDING INFORMATION

NAME \_\_\_\_\_ SEX M F  
(Last) (First) (Initial)

PARENT(S) NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(Street, R D, Box) (Town) (Zip Code)

LOCATION OF HOUSE \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

EMERGENCY PHONE NO. \_\_\_\_\_ PARENT \_\_\_\_\_

Is child attending Day Care? Yes \_\_\_ No \_\_\_ Name of Day Care \_\_\_\_\_

AM? \_\_\_\_\_ PM? \_\_\_\_\_ Days of Week attending Day Care (circle all that apply) M T W TH F

## **FOR BUS COMPANY USE ONLY:**

NAME OF BUS STOP \_\_\_\_\_

BUS # TO SCHOOL \_\_\_\_\_ BUS # FROM SCHOOL \_\_\_\_\_

WALKER \_\_\_\_\_