

HOMER-CENTER ELEMENTARY SCHOOL KINDERGARTEN REGISTRATION

HOMER-CENTER ELEMENTARY SCHOOL WILL BE CONDUCTING KINDERGARTEN REGISTRATION FOR THE 2017-18 SCHOOL YEAR ON WEDNESDAY, MARCH 1, 2017 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. 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 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, 2017.

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 (If fourth dose before fourth birthday, then fifth dose is needed)
Three (3) or more	Trivalent Oral Polio Vaccine
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.**

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.

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Speech/Language Impaired | <input type="checkbox"/> Gifted | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Title I Services | <input type="checkbox"/> English Language Learner |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Special Education Services |
| <input type="checkbox"/> Physically Handicapped | <input type="checkbox"/> Occupational/Physical Therapy | |
| <input type="checkbox"/> Other (Be specific) _____ | | |
-

THIS SECTION TO BE COMPLETED BY OFFICE STAFF.	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 _____



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: 724-479-8768

Dr. Jennifer Beck
 Superintendent
 724-479-9000

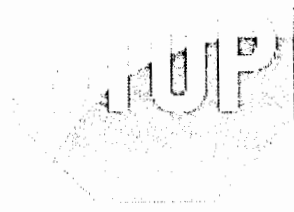
Mr. Michael Brown
 President, Board of Directors
 724-479-9000

Mr. James Gaudin
 Superintendent
 724-479-9000

Homer-Center School District
 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

Ms. Tammy Buffone
724-479-9077 ext. 3132

Regional Homeless Coordinator

Andrea Sheesley
724-463-5300 ext. 1235



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 724-479-9077
 Fax: 724-479-8768

Dr. Richard L. Brown
 Superintendent
 724-479-9077

Dr. Michael E. Swartz
 Elementary Principal
 724-479-9077

Mr. Tom W. Schuchman
 Elementary Coordinator
 724-479-9077

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.



Homer-Center School District
District Administration Office

"Where Everybody is Somebody"

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45 Wildeat Lane
Homer City, PA 15748
724-479-9077
Fax: 724-479-8768

PA State Board of Education
2000 State Street
Harrisburg, PA 17103
717-787-1234
www.pasde.net

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 _____ Sex _____
Last First Middle

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:

Name _____ FATHER Name _____ MOTHER

Employer _____ (Maiden) Employer _____

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)			
Fraclures			
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			

BUS BOARDING INFORMATION

ELEMENTARY

NAME _____ SEX M F
(Last) (First) (Initial)

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

LOCATION OF HOUSE _____

HOME PHONE NO. _____ CELL PHONE NO. _____

EMERGENCY PHONE NO. _____ NAME/RELATIONSHIP _____

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 _____



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 724-479-9077
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Director of Learning
 Superintendent
 Director of Administration
 Director of Curriculum
 Director of Instruction
 Director of Special Services
 Director of Student Services
 Director of Transportation
 Director of Facilities
 Director of Information Technology
 Director of Safety
 Director of Community Relations
 Director of Intergovernmental Affairs
 Director of Legal Services
 Director of Human Resources
 Director of Purchasing
 Director of Maintenance
 Director of Security
 Director of Environmental Services
 Director of Energy Services
 Director of Information Services
 Director of Telecommunications
 Director of Public Works
 Director of Parks and Recreation
 Director of Cultural Services
 Director of Senior Services
 Director of Youth Services
 Director of Adult Services
 Director of Health Services
 Director of Social Services
 Director of Family Services
 Director of Housing Services
 Director of Economic Development
 Director of Planning and Development
 Director of Intergovernmental Affairs
 Director of Public Information
 Director of Public Works
 Director of Parks and Recreation
 Director of Cultural Services
 Director of Senior Services
 Director of Youth Services
 Director of Adult Services
 Director of Health Services
 Director of Social Services
 Director of Family Services
 Director of Housing Services
 Director of Economic Development
 Director of Planning and Development

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. _____

**Homer-Center Elementary School
Kindergarten Registration Parent Questionnaire**



Child's Name _____

Please check correct column.

Action		Always	Most of the time	Seldom	Never
1.	Child is able to button his/her own clothing.	Always	Most of the time	Seldom	Never
2.	Child is able to zip up a zipper already fastened in place.	Always	Most of the time	Seldom	Never
3.	Child can pull on a hat and/or mittens.	Always	Most of the time	Seldom	Never
4.	Child can go to the bathroom unassisted.	Always	Most of the time	Seldom	Never
5.	Child can walk up and down stairs using alternate feet, unassisted by an adult.	Always	Most of the time	Seldom	Never
6.	Child takes responsibility for his/her own belongings.	Always	Most of the time	Seldom	Never
7.	Child demonstrates good sportsmanship when playing games.	Always	Most of the time	Seldom	Never
8.	Child shows physical and emotional self-control.	Always	Most of the time	Seldom	Never
9.	Child shows self-confidence in new situations without parents/guardians being present.	Always	Most of the time	Seldom	Never
10.	Child is willing to try new things.	Always	Most of the time	Seldom	Never

