

**ENROLLMENT REQUIREMENTS**

* Your child must be 3 or 4 years of age prior to September 1, 2024
* Child’s birth certificate or passport. If you have misplaced your child’s birth certificate, you can apply for a new one online at mycertificates.health.pa.gov
* Parent or guardian’s photo ID with a valid Beaver County address.
* Child’s immunization records
* Pre-K Counts requires income verification in the form of your most recent tax return, 3 consecutive pay stubs, SSI, or Child Support documentation.

\*\*\*If you are registering a child and you are not the biological parent, you will need an Affidavit of Guardianship, Foster Agency Placement Letter or Applicable Court Documents.

**PROGRAM INFORMATION**

* Breakfast, Lunch, and Snack provided each day.
* Transportation is provided for children living in the Aliquippa School District
* This is a full day program. Arrival begins at 9:10 and Dismissal begins at 3:45, Monday-Friday. Pre-K follows the same school calendar as the Aliquippa Elementary School.
* Our developmentally appropriate curriculum includes language and literacy, mathematics, creative arts, health, personal and social interactions, physical development, science, and social studies and aligns with the curriculum used in grades K-6.
* Our teachers are PA Certified Masters Level Educators
* Pre-K students have the opportunity to participate in many Aliquippa Elementary School events, activities, and programs.

**2024-2025 PRE-K COUNTS ENROLLMENT FORM**

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

Legal Last Name First Middle Suffix (Jr., LLL)

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

Street Address State Zip Code County

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

School District of Residence

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

Primary Phone Relationship to child Home/Cell/Work

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

Secondary Phone Relationship to child Home/Cell/Work

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ Gender \_\_\_ Male \_\_\_Female

Race (optional) Circle all that apply Black/African American Asian White

Native Hawaiian or Pacific Islander American Indian/Alaskan Native

Ethnicity (optional) \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_Not Applicable

Primary Language \_\_\_\_\_ English \_\_\_\_\_ Spanish Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student lives with

Both Parents⬜ Mother ⬜ Father⬜ Legal Guardian ⬜ Foster Parent ⬜

Parent/Guardian #1 Information: Parent/Guardian #2 Information:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD MEMBERS**

| **List Household Members below for determination of family size** *(required)*: | | |
| --- | --- | --- |
|  | *Relationship to Child* | *Age* |
| **1** | ENROLLING CHILD |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:   * Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse) * A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated. * A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker. * Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. ***If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.***   Note: A family size value of one (1) with an income of $0 is entered when a foster child is applying for Pennsylvania Pre-K Counts. | | |
| **DETERMINED FAMILY SIZE =** | | |

**EMPLOYMENT STATUS**

| **Employment Status of parent/guardian** | | **Employment Status of 2nd parent/guardian (if applicable)** | |
| --- | --- | --- | --- |
| **☐** | Employed Full-Time | **☐** | Employed Full-Time |
| **☐** | Employed Part-Time | **☐** | Employed Part-Time |
| **☐** | Unemployed | **☐** | Unemployed |
| **☐** | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **☐** | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

**INCOME SOURCES**

| **Household Income Sources** *(Must check all that apply):* | | | | |
| --- | --- | --- | --- | --- |
| **☐** Employment | **☐** Self-Employment | **☐** Unemployment  Compensation | **☐** Worker’s  Compensation | **☐** TANF Cash  payments |
| **☐** Social Security | **☐** SSI | **☐** Child Support | **☐** Alimony | **☐** Other |

**ELIGIBILITY FACTORS *(Must check all that apply):***

| **☐** | **Behavioral Supports:** A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required. |
| --- | --- |
| **☐** | **Child Protective Services:** A child who is a foster child, a kinship care child or receiving Children and Youth services. |
| **☐** | **Education Level of Guardian:** Does not have high school diploma or GED or post-secondary degree. |
| **☐** | **English Language Learner:** A child whose first language is not English and who is in the process of learning English is considered an English Language Learner. |
| **☐** | **Individualized Education Plan (IEP):** A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider. |
| **☐** | **Incarcerated Parent:** A child for whom one of the child’s parents is currently in prison. |
| **☐** | **Homeless:** A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:   1. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; 2. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; 3. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings. |
| **☐** | **Migrant (Non-Immigrant)/Seasonal Student:** A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming. |
| **☐** | **Teen Mother:** A child whose mother was under the age of 18 when the child was born. |

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate. I understand that I may be asked to verify or substantiate information provided.

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian** (Signature) | **Date** |
|  |  |
| **Parent/Guardian Name** (Print Name) |

| **FOR OFFICE USE ONLY** |
| --- |

**Income Verification2024 Federal Poverty Level Guidelines Based On Annual Income**

| **Family Size** | **100% (Head Start Eligible)** | **300% (Pre-K Counts Eligible)** |
| --- | --- | --- |
| **1** | $15,060 | $45,180 |
| **2** | $20,440 | $61,320 |
| **3** | $25,820 | $77,460 |
| **4** | $31,200 | $93,600 |
| **5** | $36,580 | $109,740 |
| **6** | $41,960 | $125,880 |
| **7** | $47,340 | $142,020 |
| **8** | $52,720 | $158,160 |
| **Each Additional** | +$5,380 | +$16,140 for each additional family member |

| Actual Annual Verified Gross Household (Family) Income: | $ | |  |
| --- | --- | --- | --- |
| \*Attach copies of documents used to verify income prior to enrollment | | | |
| Family Size (per PKC guidelines): | |  | |

| **☐** | Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment. | | | |
| --- | --- | --- | --- | --- |
|  | |  |  |
| **Staff Verifying Income and Risk Factors Signature** | |  | **Date** |

**For Head Start Eligible families (100% of FPL or below) ☐ Check if not applicable**

| I have been informed of my child’s eligibility for Head Start and given the following:  ☐ Contact information for the following Head Start location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Application and/or assistance with referral  ☐ Brochure or website with information about Head Start  My signature below indicates that I have been informed about my options but may still choose to enroll in the Pre-K Counts program. | | |
| --- | --- | --- |
|  |  |  |
| **Parent/Guardian Signature** | | **Date** |
|  |  |  |
| **Staff Signature** | | **Date** |

**PRE-K COUNTS TRANSPORTATION INFORMATION & AUTHORIZATION TO RELEASE CHILDREN**

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

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Transportation Method: Bus Rider \_\_\_\_\_ Parent Drop Off/Pickup \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

People permitted to pick up the student other than the Parent/Guardian

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

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

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

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

Please note, if the bus attendant cannot identify the person picking up your child, he or she will be allowed to ask the individual for some form of identification.

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

**Parent/Guardian Signature Date**



**STUDENT HEALTH & EMERGENCY CONTACT INFORMATION**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

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

Name of Parent/Guardian registering the child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who does your child currently live with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Phone: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Phone: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacts if Parents are not available:

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

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May these contacts pick up your child from school or the bus stop if you are unavailable Yes/No

Do we have permission to call an ambulance in case of a serious injury/illness Yes/No

Does your child have a Primary Care Physician Yes/No

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

Does your child have any special medical conditions or is she/he under a doctor’s care? Yes/No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any medications? Yes/No

If yes, please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever hit his/her head, had an injury, or been told that he/she had a concussion?

Yes/No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to share medical information regarding your child with school personnel (Teachers, Administrators, Counselors, Nurses, School Psychologist)? Yes/No

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**STUDENT MEDIA RELEASE FORM**

Throughout the school year we like to use photographs and videos to highlight student accomplishments. Several places that we may use photographs and videos include but are not limited to the following:

1. District Social Media
2. District Website
3. Local Newspapers & Newsletters
4. Yearbook
5. Slide Show Presentations
6. Hallways of School Buildings

Please complete and return this form to indicate whether or not you give permission for the Aliquippa School District to photograph and disclose photographs and/or videos of your child. Please mark the appropriate line to indicate your choice and please discuss your wishes with your child so that she/he knows to notify someone if she/he cannot be photographed and/or videotaped.

\_\_\_\_\_ I give the Aliquippa School District permission to photograph/videotape my child.

\_\_\_\_\_ I do not give Aliquippa School District permission to photograph/videotape my child.

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

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_**

**HOME LANGUAGE SURVEY**

The Office of Civil Rights requires that school districts identify students with limited English proficiency in order to provide appropriate language instruction programs. Pennsylvania has selected the Home Language Survey as the method for identification.

**School District: Aliquippa School District** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

1. What is/was the student’s first language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does the student speak a language other than English (Do not include language learned in school). \_\_\_\_\_ Yes \_\_\_\_\_ No
3. What language(s) are spoken in your home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Has the student attended any United States school during his or her lifetime? \_\_\_\_\_ Yes \_\_\_\_\_ No/

If yes, complete the following:

| Name of School | State | Dates Attended |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

1. If No, what country did the student attend school last? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing this form (if other than parent/guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

The school district has the responsibility under the federal law to serve students who are limited English proficient and need English instruction services. Given this responsibility, the school district 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 may conduct screening 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 in the future.

**INFORMATION FOR STUDENTS WITH CUSTODY AGREEMENTS**

Is there a divorce or separation that affects your child’s custody? Yes \_\_\_\_\_ No \_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the intent of the Aliquippa School District to remain neutral toward families split by divorce or separation. If you have a legal court document, which establishes you as a sole legal guardian, you will need to provide the District with a copy of the document to be attached to your child(ren)’s permanent record. We will use this as a legal basis for working with you as custodial parent.

Parent/Guardian 1: Parent/Guardian 2

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student \_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_

Address (if different from student) Address (if different from student)

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

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

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there a custody agreement?

\_\_\_\_\_ Joint Custody \_\_\_\_\_ Sole Custody with Parent 1

\_\_\_\_\_ Sole Custody with Parent 2 \_\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any court orders regarding custody or visitation?

\_\_\_\_\_ Yes (Please provide a copy) \_\_\_\_\_ No

1. Is there a parenting plan or visitation schedule

\_\_\_\_\_ Yes (please provide a copy) \_\_\_\_\_ No

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_**

Documentation Provided \_\_\_\_\_ Yes \_\_\_\_\_ No

**STUDENT HEALTH & EMERGENCY CONTACT INFORMATION**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

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

Name of Parent/Guardian registering the child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who does your child currently live with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Phone: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Phone: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacts if Parents are not available:

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

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May these contacts pick up your child from school or the bus stop if you are unavailable Yes/No

Do we have permission to call an ambulance in case of a serious injury/illness Yes/No

Does your child have a Primary Care Physician Yes/No

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

Does your child have any special medical conditions or is she/he under a doctor’s care? Yes/No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any medications? Yes/No

If yes, please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever hit his/her head, had an injury, or been told that he/she had a concussion?

Yes/No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to share medical information regarding your child with school personnel (Teachers, Administrators, Counselors, Nurses, School Psychologist)? Yes/No

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**STUDENT MEDIA RELEASE FORM**

Throughout the school year we like to use photographs and videos to highlight student accomplishments. Several places that we may use photographs and videos include but are not limited to the following:

1. District Social Media
2. District Website
3. Local Newspapers & Newsletters
4. Yearbook
5. Slide Show Presentations
6. Hallways of School Buildings

Please complete and return this form to indicate whether or not you give permission for the Aliquippa School District to photograph and disclose photographs and/or videos of your child. Please mark the appropriate line to indicate your choice and please discuss your wishes with your child so that she/he knows to notify someone if she/he cannot be photographed and/or videotaped.

\_\_\_\_\_ I give the Aliquippa School District permission to photograph/videotape my child.

\_\_\_\_\_ I do not give Aliquippa School District permission to photograph/videotape my child.

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

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_**

ATTENDANCE POLICY

(Please Retain for Your Records)

Attendance at Pre-K is very important! In this first year of school, your child will learn valuable social and academic skills. Attending Pre-K everyday will ensure your child gains a solid foundation in reading and math to better prepare him or her for Kindergarten.

**What To Do When Your Child Is Absent**

We realized that although regular attendance is required in school, your child may be absent due to illness or emergency. If your child must be absent, a written excuse is required for each day’s absence and must be given to your child’s teacher within three (3) days after your child returns to school. A maximum of ten (10) days of cumulative excused absences are permitted. All absences beyond ten (10) cumulative days shall require an excuse from a licensed physician.

| **EXCUSED ABSENCES** | **UNEXCUSED ABSENCES** |
| --- | --- |
| Illness (5+ days requires a doctor's excuse)  Professional health care service appointment  Quarantine  Family Emergency  Recovery from Accident  Required Court Attendance  Death in the Family  Observance of a recognized religious holiday  Non-school sponsored educational trip | Truancy  Missing the school bus  Trips not approved in advance  Attending a recreational/entertainment event  Birthdays or other celebrations  Parent/Guardian Work  Any other reason not listed in the legal excuse grouping.  Failure to provide a written reason for an excused absence within three (3) days of his/her return. |

If your child misses five (5) consecutive days of school or ten (10) days overall, and those absences are unexcused, your child may be at risk of being removed from the Pre-K Counts program for illegal absences. Children who have 10 or more consecutive unexcused absences over the course of the school year and have not responded to program supports must be dismissed from the Pennsylvania Pre-K Counts program.



Our school is using ParentSquare!

Dear Parents & Guardians,

We are excited to let you know that this year we’ll be using ParentSquare to communicate with you at the school, and in your classrooms and groups.

ParentSquare provides a simple and safe way for everyone at school to connect.

With ParentSquare you’ll be able to:

• Receive all district, school and classroom communication via email, text, or app • View the school and classroom calendar and RSVP for events

• Easily sign up to volunteer and/or bring items

• Securely receive report cards, IEPs and other important student documents

Register your Account

Please click the QR code to activate your account. It takes less than a minute.

You can use ParentSquare on any device. You can download the free mobile app for iOS or Android or use the desktop version at www.parentsquare.com.

Our goal is for every family to join ParentSquare and engage with our school community. Please feel free to ask me any questions.

Thank you so much!

