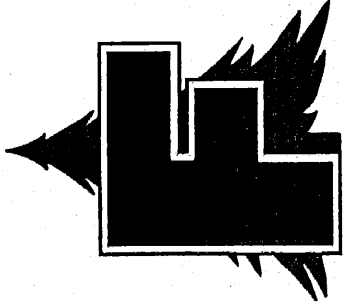


FOREST AREA SCHOOL DISTRICT



PRE – K REGISTRATION PACKET

2018-2019

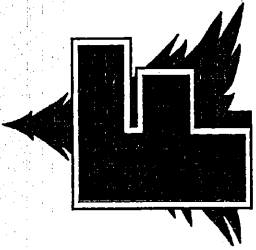
Parents:

Please bring the following when you come to register:

- Birth Certificate
- Proof of Residency
- Completed Registration Packet
- Immunization record must be provided for your child to enter School
- Proof of Income (for PK Counts qualification)

Allow at least one-half hour for registration.

Forest Area School District
22318 Route 62, Box 16
Tionesta, PA 16353
(814)755-3302 or (814) 927-6688



FOREST AREA SCHOOL DISTRICT

22318 Route 62, Box 16, Tionesta, Pennsylvania 16353-9307

Amanda E. Hetrick, Superintendent

(814) 755-4491 Fax: (814)755-2426

March 20, 2018

Dear Parents/Guardians,

Forest Area School District is excited to have your child enrolled in our pre-k or kindergarten program. We have an excellent program that will provide your child with a solid foundation for success in the coming years. Our school and teachers are committed to providing your child with the best learning experiences possible. We appreciate your participation in your child's education and look forward to partnering with you in their learning experiences.

Sincerely,

Debra Arner
East Forest Principal

Ehsya Pospisil
West Forest Principal

The Forest Area School District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities or employment practices and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to Mrs. Amanda Hetrick, Title IX Coordinator or Mrs. Debra Arner, Section 504 Coordinator.

FOREST AREA PRE-K AND KINDERGARTEN REGISTRATION

FOREST AREA SCHOOL DISTRICT has set the registration dates for students entering Pre-K and Kindergarten for the first time in the 2018-2019 school year.

Registration and Screening will be held by appointment:

West Forest Elementary from 8:00 a.m. to 2:30 p.m. Friday, April 6, 2018

East Forest Elementary from 8:00 a.m. to 2:30 p.m. Friday, April 6, 2018

Students may enter:

- Children must be 4 years old by August 28, 2018 to enter Pre-K or 5 years old by August 28, 2018 to enter Kindergarten unless they have already completed Pre-K in the 2017-2018 school year.

Parents or guardians must bring a birth certificate, immunization records, proof of residency, as well as the completed registration packet on registration day. In addition, proof of income (W2, pay stub, etc.) will allow us to apply for PK Counts funding that will provide additional materials and services for your child's classroom. Registration packets will be available at each school, and on line at www.forestareaschools.org.

Registration will take approximately one-half hour. Children registering for Kindergarten who already attend Pre-K in Forest Area will be screened in their current program, thus parents do not need to register their child. Children registering for Kindergarten who are not currently enrolled in East Forest or West Forest are required to attend on April 6th.

Parents should call West Forest Elementary School at 814-755-3302 or East Forest Elementary School at 814-927-6688 to set up an appointment to register their child.

2018 PA Pre-K Counts Enrollment Form

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed: MM / DD / YY

Last Name (Child)	First Name (Child)	Middle Initial
-------------------	--------------------	----------------

Street Address	County
City	State PA
	Zip Code

School District of Residence	
Home Phone	Work Phone
	Email Address

Child's Date of Birth	Age	Gender
	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Male <input type="checkbox"/> Female

Race (<i>optional</i>) <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other
Ethnicity (<i>optional</i>) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (please specify)

Last Name (Legal Guardian)	First Name (Legal Guardian)	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female

Relationship to Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please specify)	(Select) <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ (please specify)
--	---

Role

- Primary Guardian
 Secondary Guardian

- Legal Guardian
 Other _____
 (please specify)

Household/Family Size (required) check box:

- 1
 2
 3
 4
 5
 6
 7
 8

Household Income (required) check box:

- Less Than \$5,000
 \$15,001-\$20,000
 \$30,001-\$35,000
 \$45,001-\$50,000
 \$70,001-\$100,000
 \$5,001-\$10,000
 \$20,001-\$25,000
 \$35,001-\$40,000
 \$50,001-\$60,000
 More Than \$100,000
 \$10,001-\$15,000
 \$25,001-\$30,000
 \$40,001-\$45,000
 \$60,001-\$70,000

2018 Federal Poverty Level Guidelines

Family Size	300%		
	Annual	Monthly	Weekly
1	\$36,420	\$3,035	\$700
2	\$49,380	\$4,115	\$950
3	\$62,340	\$5,195	\$1,199
4	\$75,300	\$6,275	\$1,448
5	\$88,260	\$7,355	\$1,697
6	\$101,220	\$8,435	\$1,947
7	\$114,180	\$9,515	\$2,196
8	\$127,140	\$10,595	\$2,445
Each Additional	\$12,960	\$1,080	\$249

Actual Annual Verified Gross Household (Family) Income: \$ _____

*Attach copies of documents used to verify income prior to enrollment

- Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income.
 See *Federal Poverty Level Guidelines* relative to family size (must be verified prior to enrollment).

Other Child Eligibility Risk Factor Criterion (Must check all that apply):

<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.</p>
<input type="checkbox"/>	<p>Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.</p>
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>Incarcerated Parent: A child for whom one of the child's parents is currently in prison.</p>
<input type="checkbox"/>	<p>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <ul style="list-style-type: none"> A. 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; B. 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; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>Teen Mother: A child whose mother was under the age of 18 when the child was born.</p>

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

Staff Verifying Income and Risk Factors (Signature)

Date

Staff Verifying Income and Risk Factors (Print Name)

**Forest Area School District
STUDENT REGISTRATION FORM**

<input type="checkbox"/> East Forest School PO Box 308 120 W. Birch Street Marienville PA 16239	<input type="checkbox"/> West Forest School 22318 Rte. 62, Box 15 Tionesta PA 16353
Enrollment Date: _____	
PA Secure ID # _____	
Student ID #: _____	
Lunch #: _____	
Withdrawal Date: _____	

STUDENT'S FULL NAME:	
Mailing Address:	Grade: _____ Sex: M F
911 Street Address: (If Different)	D.O.B.: _____ City/State or Country/ of Birth: _____
City/State/Zip:	State Entry Date: _____ US Entry Date: _____
Does the student receive any of the following programs: (circle)	Student Lives with (circle): Both Parents Mother Father Guardian Foster Parent
Gifted ~	Siblings Living within the home/ Male or Female / D.O.B.
Special Education Alternative ~	1 _____
Private ~ or	2 _____
Charter	3 _____
Date Student Entered 9 th Grade: _____	4 _____
Active Military Member Yes No	
Branch _____	

Ethnic Background: Is the student of Hispanic, Latino or of Spanish origin? Yes No

Race: American Indian/Alaskan Native Asian Black/African American White Native Hawaiian or Pacific Islander
 Multiracial (Circle All That Apply)

Are there custody papers which limit the child from being picked up at school by the non-custodial parent? Yes No
 If yes, please furnish a copy of the custodial papers to the school principal.

Parent Information:
 *Place a check mark next to the name of the person(s) who should receive school reports.
 Mother's Name: _____ Primary 1 2 3 Address (if different from student) _____
 Home Phone: # _____ Cell #: _____ E-mail Address: _____ Employer: _____ Work Phone #: _____

Father's Name: _____ Primary 1 2 3 Address (if different from Student) _____
 Home Phone: # _____ Cell #: _____ E-mail Address: _____ Employer: _____ Work Phone #: _____

Guardian Name/Relationship: _____ Primary 1 2 3 Address (if different from Student) _____
 Home Phone: # _____ Cell #: _____ E-mail Address: _____ Employer: _____ Work Phone #: _____

Request for Educational and Health Records	
Previous School Attended:	Last Grade Attended:
Address:	
City:	State: _____ Zip: _____
Phone #	Fax #:

Emergency Contact Information:

<input type="checkbox"/> Contact Name:	Relationship:
Home Phone #:	Cell Phone #:
<input type="checkbox"/> Contact Name:	Relationship:
Home Phone #:	Cell Phone #:
<input type="checkbox"/> Contact Name:	Relationship:
Home Phone #:	Cell Phone #:

Forest Area School District

Health Office

Student Name: _____ Grade: _____

Date of Birth: _____ Siblings & Age: _____

Medical History

Allergies Latex Environmental Food Bees/Insects Other

Please describe: _____

Require: Epi-Pen Yes No
 Benadryl Yes No

Asthma Yes No
Inhaler Yes No If yes, name of inhaler _____

Seizures Yes No If yes, name of Medication _____

Diabetes Yes No Insulin Dependent Yes No
If yes, name of Insulin or Diabetes Medication _____

Vision & Hearing Wears glasses or contacts Yes No
 Wears Hearing Aid(s) Yes No

Movement Limitations Yes No
If yes, please explain _____

Recent Illness, Surgery or Hospital Stay Yes No
If yes, explanation and date _____

Any condition requiring care or accommodation at school Yes No
If yes, please explain _____

Other Yes No
If yes, please explain _____

Does your child take medications at home? Yes No

Medication Name and Dose _____

Scheduled Time _____

Does your child require medication at school? Yes No

If medication at school (prescription or over the counter) is required a Medication Administration Consent form must be completed and signed by your child's physician and a parent/guardian. All prescription and over the counter medication MUST be brought to school by a parent/guardian in the original prescription bottle or over the counter packaging.

Child's Physician: _____ Phone Number: _____

CONTACT PERSON(S)*RELATIONSHIP*CONTACT NUMBER

1.		3.
2.		4.

I give permission for the school nurse to administer the following as needed:

Tylenol Yes No Ibuprofen Yes No Tums Yes No Cough Drops Yes No

Health Services Mandated by Law

(please indicate your preference by checking boxes below)

Physical Exam (Grades K, 6th and 11th) School Physician Private Physician
Dental Exam (Grades K, 3rd and 7th) School Dentist Private Dentist

If you choose Private Physician/Private Dentist, the exam must be completed and returned to school by December 31st. If exams are not returned to school they will be scheduled to be done by the school physician and school dentist.

Other services such as growth, vision, hearing and scoliosis screenings will be provided to all students as mandated by law. First aid and emergency treatment as ordered by the school physician will also be provided. Health and immunization information will be shared on a need to know basis. District nurses will share medical information with district personnel, transportation contractors and the Venango Technology Center as deemed necessary.

My signature below indicates I understand that my child will receive the indicated school health services unless I submit a written request to the school nurse that they are not to be provided. If the school is unable to contact a parent or contact person listed above, I hereby authorize the school to make whatever arrangements necessary to protect the health and safety of my child.

Parent/Guardian Signature: _____ Date: _____

Forest Area School District
Health Registration Form

Date: _____

Student's Name (Last, First, Middle): _____
Gender: M / F Grade: _____ Birthdate: _____
Address: _____ Telephone: _____
Father's Name: _____ Mother's Name: _____
Student lives with: _____ Family Dentist: _____
Family Doctor: _____
Is your child covered by Health Insurance? Yes _____ No _____ if yes, type: Private: _____ Medical Assistance: _____ Other: _____
Last School Attended: (include city/state) _____

HEALTH HISTORY

Developmental:
Problems with pregnancy: _____
Learning difficulties/developmental concerns: _____
Health:
Attention Deficit (ADHD): _____
Diabetes: _____ Last Attack: _____
Asthma: _____
Inhaler name: _____
Seizure disorder: _____
Type: _____ Last Seizure: _____
Hearing Problems: _____
Hearing aids: Yes _____ No _____
Vision Problems: _____
Glasses: _____ - Contacts: _____
Frequent Ear Infections: _____
Headaches: _____
Congenital Heart Defect: _____
Mitral Valve Prolapse: _____
Murmur: _____
With/Without limitations: _____
High Blood Pressure: _____
Frequent Colds: _____
Pneumonia: _____
Bronchitis: _____
Frequent Nosebleeds: _____
Frequent Strep Throat: _____
Ulcers: _____
Urinary Tract Infections: _____
Kidney Problems: _____
Bedwetting: _____
Bowel Problems: _____
Concussion (date): _____
Parent/Guardian Signature: _____

Scoliosis: _____
Birth Defects: _____
Head/Neck Injury: _____
Anemia/Blood Disorder: _____
Fractures: _____
Dental/Orthodontic Problems: _____
Females: Menstrual problems: _____
Communicable Diseases: (state date or age occurred)
Chicken Pox (varicella): _____
Whooping Cough (pertussis): _____
Mononucleosis: _____
Hepatitis: _____
Rheumatic Fever: _____
Scarlet Fever: _____
Tuberculosis: (TB) _____
Allergies:
Environmental: _____
Reaction: _____ Treatment: _____
Food Allergy: _____
Reaction: _____ Treatment: _____
Bee Sting Allergy: _____
Reaction: _____ Treatment: _____
Medication Allergy: _____
Reaction: _____ Treatment: _____

Surgery/Hospitalizations/Serious Illness/Injuries: _____
Medication(s): Please specify if med needed at school
and if yes **MUST** see school nurse. _____

Date: _____

PAsecureID

Verification of Student Information

Forest Area School District

STUDENTS LEGAL NAME - PLEASE PRINT

*LEGAL LAST NAME _____
Generation(Jr., III, IV, etc)

*LEGAL FIRST NAME _____

*LEGAL MIDDLE NAME _____

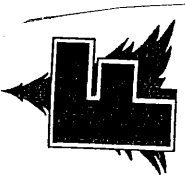
*Denotes required name as it appears on birth certificate.

STUDENTS NICKNAME _____

BIRTHDATE _____ PA SECURE ID# _____

SCHOOL LAST ATTENDED _____ GRADE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____



FOREST AREA SCHOOL DISTRICT

22318 Route 62, Box 16,
Tionesta, Pennsylvania 16353-9307
Ms. Amanda E. Hetrick, Superintendent
(814) 755-4491 Fax: (814)755-2426

SERVICES

Student Name: _____

Please indicate with a check mark if your child has previously received any of the following special services:

- _____ Speech/Language _____ Behavior Management Plan
- _____ Learning Support _____ Life Skills
- _____ Emotional Support _____ Autistic Support
- _____ Gifted Support _____ Prescreening Referral/IST/RTI
- _____ Health Impaired _____ Occupational Therapy
- _____ Hearing _____ Physical Therapy
- _____ Vision _____ Free/Reduced Lunch (circle one)
- _____ Special Transportation _____ Other (explain) _____
- _____ Title 1 Reading Support _____ Title 1 Math Support
- _____ Assistive Devices (hearing aid, communication device, etc.) _____

Signature of Parent/Legal Guardian _____

_____ Date

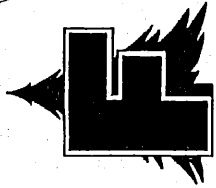
OFFICE USE ONLY

_____ Deb Arner _____ Elisha Pospisil

_____ Guidance Counselor _____ Nurse

AN EQUAL OPPORTUNITY EMPLOYER

The Forest Area School District does not discriminate based upon age, gender, race or handicapping condition. Compliance officers for Title IX, Ms. Amanda E. Hetrick, and Section 504, Mrs. Debra Arner.



FOREST AREA SCHOOL DISTRICT
22318 Route 62, Box 16, Tionesta, Pennsylvania 16353-9307
Ms. Amanda E. Hetrick, Superintendent
(814) 755-4491 Fax: (814) 755-2426



STUDENT RESIDENCY QUESTIONNAIRE

Dear Parent or Guardian,

The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. 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**

<u>SECTION A</u>	<u>SECTION B</u>
<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 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 3  if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <p></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 living now: _____

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: _____

The staff person who is helping you register will contact the homelessness coordinator to review the information provided. If homelessness is verified, additional information will be needed to complete enrollment. The Homelessness Coordinator will contact you by the end of the next school day (or sooner) to share the determination regarding homeless status, to gather additional information and to discuss the plans for placement.

Signature of Parent/Legal Guardian

Date

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

AN EQUAL OPPORTUNITY EMPLOYER

The Forest Area School District does not discriminate based upon age, gender, race or handicapping condition. Compliance officers for Title IX, Ms. Amanda E. Hetrick, and Section 504, Mrs. Debra Arner.

**Forest Area School District
HOME LANGUAGE SURVEY**

The Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: Forest Area School District

School: West Forest Elementary Date: _____

Student Name: _____ Grade: _____

1. What was the student's first language? _____
2. Does the student speak a language other than English? _____
If yes, specify the language: _____
3. What language(s) is/are spoken in your home? _____

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

Parent/Guardian Signature: _____

The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and English instructional services. Given this responsibility, the school district/charter school 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 may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.