



Avonworth School District  
Enrollment Packet  
2023 - 2024



**AVONWORTH SCHOOL DISTRICT**

258 Josephs Lane  
Pittsburgh, PA 15237

Dear Families:

Enclosed you will find the materials necessary to enroll your child in the Avonworth School District for the 2023-2024 school year. Please carefully review all the enclosed materials. Complete and return all forms including this checklist to your child’s new school as soon as possible.

If you have any questions about completing your enrollment packet, please do not hesitate to contact your child’s school.

<b>Avonworth School District Enrollment Checklist 2023-2024</b>		
	Parent/Guardian Initials	School Official Initials
1. Student Registration Form (6 pages)		
2. Residency Verification		

Please bring the original and a copy of the following documents when dropping off the completed enrollment packet:

- Current Immunization Records
- Birth Certificate
- Proof of Residency (One from column A **AND** one from column B)

**Column A**

Driver’s license  
Closing papers  
Lease agreement  
Rent

**Column B**

Utility bill  
Cable bill  
Paid wage tax receipt  
Guardian form or court order

**Notice of nondiscrimination:** Avonworth School District will not discriminate in its education programs, activities, or employment practices, based on race, color, national origin, gender, religion, ancestry, disability, union membership, or any other legally protected classification. Announcement of this policy is in accordance with state and federal laws, including Title IX of the Education Amendments of 1972, and sections 503 and 504 of the Rehabilitation Act of 1973. Employees and participants who have an inquiry, complaint of harassment or discrimination, or who need information about accommodations for disabled persons, should contact Ashlea Rineer-Hershey, Director of Student Services, 1310 Roosevelt Road, Pittsburgh, PA 15237, (412) 366-7171 ext. 1901, [arineerhershey@avonworth.k12.pa.us](mailto:arineerhershey@avonworth.k12.pa.us).



# Avonworth School District Registration Form

(Kindergarten: Student must be age 5 before September 1 of school year)

Today's Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: (check one) \_\_\_\_\_  
\_\_\_\_\_ Primary Grades K-2  
\_\_\_\_\_ Elementary Grades 3-6  
\_\_\_\_\_ Middle School Grades 7-9  
\_\_\_\_\_ High School Grades 10-12

### **Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date student entered school district: \_\_\_\_\_

Date student entered Pennsylvania: \_\_\_\_\_ Student's State of Birth: \_\_\_\_\_

Child Lives With: Both Parent's \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other (specify) \_\_\_\_\_

***Is the student's parent/guardian an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp. and Coast Guard (including full-time National Guard?)***

Yes \_\_\_ No \_\_\_

Parent/Guardian includes legal guardian or other person standing in loco parentis (such as grandparent or stepparent with who the child lives, or a person whom is legally responsible for the child's welfare including a foster parent on active military duty).

**\*\*If child does not live with both parents, yet both parents are to receive mailings,**

**Please write the additional address on the back of this form. Please indicate the relationship to the student.**

### **Parent / Guardian #1 Information:**

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

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

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

Work #: \_\_\_\_\_

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

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

Receive educational/school materials: \_\_\_yes \_\_\_no

### **Parent / Guardian #2 Information:**

Name \_\_\_\_\_

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

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

Work #: \_\_\_\_\_

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

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

Receive educational/school materials: \_\_\_yes \_\_\_no

### **Household Members: (siblings/others)**

<u>Name</u>	<u>Age</u>	<u>Sex M/F</u>	<u>School Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# Avonworth School District Registration Form

(Kindergarten: Student must be age 5 before September 1 of school year)

The following is needed for PA Department of Education and federal reporting.

**Race/Ethnicity** (Check all that apply)

- Hispanic/Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other

**Please check one – Language Most Often Spoken at Home**

- |                                   |                                     |   |   |
|-----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Arabic     | <input type="checkbox"/> Chinese        | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> English  | <input type="checkbox"/> German     | <input type="checkbox"/> Hindi (Indian) | <input type="checkbox"/> Japanese       |
| <input type="checkbox"/> Korean   | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian        | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Spanish  | <input type="checkbox"/> Taiwanese  |   |   |

Previous School Attended: \_\_\_\_\_ School District: \_\_\_\_\_

Kindergarten: \_\_\_\_\_ Preschool: \_\_\_\_\_

Last Previous Address: \_\_\_\_\_

By completing the enrollment of your child and signing this form, you are certifying that your child is currently a legal resident of Avonworth School District. If a family has fraudulently enrolled a child in the district, the district will file criminal charges for falsifying this certification and will charge the family the full tuition fees for the number of days in which their child was illegally enrolled.

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

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



# Avonworth School District Registration Form

(Kindergarten: Student must be age 5 before September 1 of school year)

## 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. All registered students receive this survey.

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

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

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

1. What is 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
3. What language(s) is/are spoken in your home? \_\_\_\_\_
4. Has the student attended any United States school in any 3 years during his/her lifetime?  
\_\_\_\_ Yes \_\_\_\_ No

If yes, please list all schools attended (from Primary years through present)

Name of School	State/Country	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.



# Avonworth School District Registration Form

(Kindergarten: Student must be age 5 before September 1 of school year)

## Additional Student Information Must be completed for ALL Students

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Building: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Previous School: \_\_\_\_\_ District: \_\_\_\_\_

Does the student attend an Early Intervention Program?

Yes  No

If yes, where? \_\_\_\_\_

Does the student have an Individualized Education Program (IEP)?

Yes  No

Does the student have a Gifted Individualized Education Program (GIEP)?

Yes  No

Does the student have a 504 Service Agreement?

Yes  No

Does your child receive any of the following services?

Title I  Vision  Hearing  OT  PT  Speech  Other

Do you have any other health, academic, or behavioral concerns?

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

\_\_\_\_\_  
Date



**Request for Student Records  
Must be completed if transferring to  
Avonworth School District**

Name of School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ has been enrolled in the \_\_\_\_\_ grade at Avonworth School District.  
Student's Name

Please release the following information listed below regarding the student who is withdrawing from your building:

- Administrative Records (name, address, grade, **birth certificate**, etc.)
- Certified Academic Records
- Confidential Records including Custody Papers
- Health Records and Immunization Records
- Specialized Education Service Records (IEP, GIEP, Speech and Language, etc.)
- Attendance Records
- All Certified Discipline Records- if none, please confirm

If applicable:

- PSSA Scores and Date(s) taken
- **PA Secure ID Number**
- Date first entered Grade 9: \_\_\_\_\_

Please send or fax above information to:

**Avonworth High School**

Grades 10-12  
258 Joseph's Lane  
Pittsburgh PA 15237  
Phone: 412-366-6360  
Fax: 412-366-7603

**Avonworth Middle School**

Grades 7-9  
256 Joseph's Lane  
Pittsburgh PA 15237  
Phone: 412-366-9650  
Fax: 412-358-9621

**Avonworth Elementary School**

Grades 3-6  
1320 Roosevelt Road  
Pittsburgh PA 15237  
Phone: 412-366-7170  
Fax: 412-366-4146

**Avonworth Primary Center**

Grades K-2  
1310 Roosevelt Road  
Pittsburgh PA 15237  
Phone: 412-366-7171  
Fax: 412-367-8307

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

\_\_\_\_\_  
Date



# Parental Statement

## Sworn Statement of Previous Suspension or Expulsion of Student

(This form must be notarized)

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

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Pennsylvania School Code 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was , was not , previously suspended or expelled, or is  is not , presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. 13-1304-A (b) and 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

**If this student has been or is presently suspended or expelled from another school, please complete:**

Name of the school from which student was suspended or expelled:  
\_\_\_\_\_

**Dates of suspension or expulsion:** \_\_\_\_\_  
(Please provided additional schools and dates of expulsion or suspension on back of this sheet)

**Reason for suspension/expulsion:** \_\_\_\_\_

**Sworn to and subscribe before me**

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Notary Public**

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

Any willful false statement made above shall be a misdemeanor of the third degree.  
This form will be maintained as part of the student's disciplinary record.



\*\*\*\*\* CONFIDENTIAL \*\*\*\*\*

Dear Parent or Guardian:

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

Student name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**1. 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>CONTINUE to Question 2  if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <div data-bbox="1182 737 1341 894"></div> <p>If you checked this section, you do not need to complete the remainder of this form.</p> <p>Submit the form to school personnel now.</p>

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

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

**3. The student lives with:**

**Check all that apply**

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

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

Township and State of school: \_\_\_\_\_

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

- NO
- YES. Please explain: \_\_\_\_\_

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

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