



# Leechburg Area School District

210 Penn Avenue  
Leechburg, PA 15656

"Providing Quality Education Since 1829"

## REVISED DATE FOR KINDERGARTEN REGISTRATION SCREENING

February 11, 2019

Dear Parents/Guardians:

Registration/Screening for Kindergarten in the Leechburg Area School District for the 2018-2019 School Year will be held at **David Leech Elementary** on **Tuesday, May 14, 2019**. This process will take approximately one hour to complete. Please pick up a registration packet at the school starting **February 27<sup>th</sup>** and then register for an appointment. **All children, who will be five (5) years of age on or before September 1, 2019, are eligible for Kindergarten registration.**

The child's birth certificate and immunization records should be presented at registration. State law now requires immunization against:

- **Hepatitis B**
- **diphtheria, tetanus**
- **polio**
- **HIB**
- **M.M.R. #1**
- **M.M.R. #2**
- **Varicella**

Immunization for Whooping Cough is recommended but not required. The school nurse will be present to review your immunization and medical history records.

Kindergarten Registration Packets will be available for pick up beginning on February 27, 2019 in the elementary office, at the kindergarten transition event, or online at [www.leechburg.k12.pa.us](http://www.leechburg.k12.pa.us). Upon picking up a packet, you will have the opportunity to sign up for an appointment time that works best for you and your family. If printing the documents from the website, please be sure to call the elementary office to schedule your appointment.

**Please bring all completed documents to registration.** Space is limited, therefore please be sure to pick up your packet and schedule an appointment as soon as possible. Our assessment process allows for six students to be screened per hour.

The time slots available will be as follows:

<b>9:00-10:00</b>	<b>2:00-3:00</b>
<b>10:00-11:00</b>	<b>4:00-5:00</b>
<b>12:00-1:00</b>	<b>5:00-6:00</b>
<b>1:00-2:00</b>	<b>6:00-7:00</b>

During your scheduled appointment, parents are permitted to park in the parking lot next to the Baker Building. We hope this first encounter with our school is an informative and welcoming experience. We look forward to seeing you on **May 14, 2019**. Please make every effort to attend on this day as this represents a critical first step toward meeting the needs of your child and ensuring their success.

If you have any questions, please call the Elementary Office at 845-6071.

In Partnership,

Mr. David M. Keibler  
Pre- K -5 Principal

Ms. Tiffany Nix  
Superintendent of Schools  
tnix@leechburg.k12.pa.us  
(724) 842-9681  
(724) 845-2241 Facsimile

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Business Manager/Human  
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Dear Parent/Guardian:

In 1987, Congress passed the Stewart B. McKinney Homeless Assistance Act, (subsequently renamed the McKinney-Vento Homeless Act) to aid homeless persons. A section of the Act entitled *Education for Homeless Children and Youth*, has been amended and is now part of the No Child Left Behind Act of 2001.

Under the No Child Left Behind Act of 2001 Amendments, the term "homeless children and youths" means individuals who lack a fixed, regular, and adequate nighttime residence.

Each School District is required by law to collect information on the number of "homeless children and youths" that are residing in their districts. This information will be considered confidential and will be maintained in your child's Permanent Record Folder. The Family Educational Rights and Privacy Act govern access to this information as does the School District Confidentiality Policies and Procedures.

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Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Please check the appropriate box (es) below that are indicative of your child's present situation.

My child is sharing the housing of other persons due to:

\_\_\_\_\_ Loss of Housing                      \_\_\_\_\_ Economic Hardship  
\_\_\_\_\_ Other Similar Reason              \_\_\_\_\_ WE ARE NOT SHARING HOUSING

My child is currently:

\_\_\_\_\_ Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations;

\_\_\_\_\_ Living in emergency or transitional shelters;

\_\_\_\_\_ Awaiting foster care placement

\_\_\_\_\_ Residing in a public or private place not designed for or ordinarily used for sleeping accommodations for human beings

\_\_\_\_\_ Living in a car, park, public space, abandoned building, substandard housing, bus or train stations, or similar settings

\_\_\_\_\_ NONE OF THESE SITUATIONS APPLY



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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 the identification.

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

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

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

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

What is/was the student's first language? \_\_\_\_\_

Does the student speak a language(s) other than English?

(Do not include languages learned in school.)

Yes

No

If yes, specify the language(s): \_\_\_\_\_

What language(s) is/are spoken in your home? \_\_\_\_\_

Has the student attended any United States school in any 3 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/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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## Verification of Residency

According to Board Policy and the PA School Code, parents/guardians must demonstrate proof of residency. The following should be submitted as acceptable proofs:

- ✓ Driver License  
and
- ✓ Gas Bill  
or
- ✓ Electric Bill  
or
- ✓ Lease/Rental Agreement  
or
- ✓ Primary Mortgage Document

The undersigned verifies that the facts set forth in the foregoing are true and correct. The undersigned further understands that false statements herein are made subject to the penalties of 24 P.S. §13-1302(c), 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities and any other applicable penalty provisions, including the charge of tuition if found to not be a resident in the district.

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

Parent/Legal Guardian: \_\_\_\_\_

# LEECHBURG AREA SCHOOL DISTRICT

## Kindergarten Registration

Registration Date: \_\_\_\_\_ A.M. Reason: \_\_\_\_\_  
 \_\_\_\_\_ P.M. Reason: \_\_\_\_\_

(For School Use Only)

Birth Cert. # \_\_\_\_\_  
 File # \_\_\_\_\_

LAST NAME (Legal) \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ F M BIRTHPLACE (City or County/State) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 (If R.D.# or P.O. Box, State your Street or Road) LISTED \_\_\_\_\_ UNLISTED \_\_\_\_\_

Ethnicity \_\_\_\_\_  
 First Name to be used in School \_\_\_\_\_ Immunizations Yes \_\_\_\_\_ No \_\_\_\_\_

COMPLETE NAME	DIV.	SEP.	DECEASED (Year)	OCCUPATION/ PLACE OF EMPLOYMENT	BUSINESS PHONE #
Father:					
Mother (Maiden Name):					
Step-father:					
Step-mother:					

Guardian: \_\_\_\_\_  
 (Relationship: \_\_\_\_\_ )  
 No. Brothers/Sisters: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Names: \_\_\_\_\_ YEAR: \_\_\_\_\_  
 Is it a Foster Home? Yes  No   
 FORMER SCHOOL ATTENDED: \_\_\_\_\_ ADDRESS \_\_\_\_\_

In the event of an emergency and the parents cannot be reached, please notify: \_\_\_\_\_  
 FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HEALTH PROBLEMS: \_\_\_\_\_  
 SPEECH \_\_\_\_\_ HEARING \_\_\_\_\_ ALLERGIES \_\_\_\_\_ OTHER: \_\_\_\_\_  
 Number: \_\_\_\_\_

If there is any special information the teacher should know about this child, please note on back of this sheet. Thank you.