

**WATTSBURG AREA SCHOOL DISTRICT
KINDERGARTEN REGISTRATION FORM**

STUDENT INFORMATION

Child's Full Legal Name _____ District ID # _____
Last (List generation: Sr., Jr., II, III) First Middle District use only
Male Female Birth Date _____
If non-resident, Home District _____

DISTRICT USE ONLY

Residency Code _____ Curriculum Code _____ PAsecureID _____
Entry Date _____ Entry Code _____

Primary household parent(s) that school information is to be sent to: _____ Relationship _____
Name that the child prefers to be called in school _____
Child's e-mail address (That he/she has access to) _____
Name of Pre-school or Headstart Program attended _____
Location of Pre-school or Headstart Program (List city and state) _____
How many days attended per week? _____ How many years attended? _____

PARENT INFORMATION (If Joint Custody and/or child does not reside full time – Please complete information below)

Father's Name _____
Mailing Address _____
(Street or PO Box) City State Zip Code
Home Phone _____ Cell Phone _____ Work Phone _____
Email Address _____

Mother's Name _____
Mailing Address _____
(Street or PO Box) City State Zip Code
Home Phone _____ Cell Phone _____ Work Phone _____
Email Address _____

- If the child does not reside with both biological parents, documentation is required to restrict the sharing of educational information with the other parent
- If you are the guardian of the child, guardianship papers are required and must be updated annually.

IN CASE OF SERIOUS ACCIDENT OR ILLNESS

Please list two **other** persons the school may call for advice or direction in caring for your child in case of serious accident, illness or disaster warning. (If parent/guardian cannot be reached, the school will use these contacts.)

Name _____ Relationship to child _____
Home Phone _____ Cell Phone _____ Work Phone _____
Name _____ Relationship to child _____
Home Phone _____ Cell Phone _____ Work Phone _____
Name _____ Relationship to child _____
Home Phone _____ Cell Phone _____ Work Phone _____

**WATTSBURG AREA SCHOOL DISTRICT
FAMILY INFORMATION FORM**

Head of Household Name _____ District ID # _____
Last (List generation: Sr., Jr., II, III) First District use only

Street Address _____
House Number & Road, Lot or Apt. # City State Zip Code

Mailing Address _____
If different from above (PO Box) City State Zip Code

Home Phone Number _____ Check if Private and/or Not Listed Township _____

HEAD OF HOUSEHOLD'S INFORMATION

Relationship to child(ren) in household _____

E-Mail address _____ Cell Phone No. _____

Place of Employment _____ Work Phone No. _____

OTHER ADULTS LIVINGS IN HOUSEHOLD (at above address)

(1) Head of Household Name _____ District ID # _____
Last (List generation: Sr., Jr., II, III) First District use only

Relationship to child(ren) in household _____

E-Mail address _____ Cell Phone No. _____

Place of Employment _____ Work Phone No. _____

(2) Head of Household Name _____ District ID # _____
Last (List generation: Sr., Jr., II, III) First District use only

Relationship to child(ren) in household _____

E-Mail address _____ Cell Phone No. _____

Place of Employment _____ Work Phone No. _____

CHILDREN LIVING IN HOUSEHOLD (at above address)

(1) Name _____
Last (List generation: Sr., Jr., II, III) First Middle

Birth Date _____ Male Female Grade/Age _____ School _____

(2) Name _____
Last (List generation: Sr., Jr., II, III) First Middle

Birth Date _____ Male Female Grade/Age _____ School _____

(3) Name _____
Last (List generation: Sr., Jr., II, III) First Middle

Birth Date _____ Male Female Grade/Age _____ School _____

(4) Name _____
Last (List generation: Sr., Jr., II, III) First Middle

Birth Date _____ Male Female Grade/Age _____ School _____

(5) Name _____
Last (List generation: Sr., Jr., II, III) First Middle

Birth Date _____ Male Female Grade/Age _____ School _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Is this student Hispanic/Latino? (Choose only one)

No, Not Hispanic/Latino

Yes, Hispanic/Latino

(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

What is the student's race? (Choose one or more)

American Indian or Alaska Native

(A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.)

Asian

(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American

(A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander

(A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)

White

(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

If this information is not provided, the district is required to fill it out by observation.

_____ District observation used



HOME LANGUAGE SURVEY¹

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEA's) 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 initial step in the identification process.

School District: _____ **Date:** _____

School: _____

Student's Name: _____ **Grade:** _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English? **Yes** **No**

(Do not include languages learned in school.)

If yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Has the student attended any United States school in any **Yes** **No**
3 years during his/her lifetime?

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form: _____

(if other than parent/guardian)

Parent/Guardian signature: _____

¹ The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA 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 LEA 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 LEA in the future.

**WATTSBURG AREA SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

School Enrollment Date _____

List all children that will need WASD transportation at this location.

Name _____ Grade _____ School Attending _____

Name _____ Grade _____ School Attending _____

Name _____ Grade _____ School Attending _____

Name _____ Grade _____ School Attending _____

Name _____ Grade _____ School Attending _____

LOCATION OF RESIDENCE

Street Address _____
House Number and Road, Lot Number

Between what two roads? _____

Color of house _____

If you are a working parent during school hours and need bus transportation for your child(ren) from or to a regular alternate stop before or after school, please complete the following:
(This request must be approved by the Transportation Department. They will notify you if your request has been approved.)

Alternate Pickup (a.m.) _____
House Number and Road, Lot Number

Adult Contact at Alternate Pick-up _____ Phone Number _____

Alternate Drop-off (p.m.) _____
House Number and Road, Lot Number

Adult Contact at Alternate Pick-up _____ Phone Number _____

FOR DISTRICT USE ONLY

Morning Pick-up Time _____ Seneca/Middle School Students

Afternoon Drop-off Time _____ Seneca/Middle School Students

Morning Pick-up Time _____ Elementary Center Students

Afternoon Drop-off Time _____ Elementary Center Students

Morning Pick-up Time _____ Other School

Afternoon Drop-off Time _____ Other School

**WATTSBURG AREA SCHOOL DISTRICT
HEALTH HISTORY**

To Parents or Guardian:

The information requested on this form will help the school authorities in determining the health status of your child and in assisting him/her to received maximum benefits from his/her educational opportunity.

Child's Full Legal Name _____

Birth Date _____ Place of Birth (city) _____

HEALTH HISTORY (Please give dates and details where known)

Asthma _____

Allergy _____

Bee Allergy (Severe) _____

Chicken Pox _____

Diabetes _____

Epilepsy _____

Operation (type) _____

Serious Accidents _____

Tuberculosis – self _____

Tuberculosis – family _____

Cardiac problems _____

Emotional problems _____

Gastrointestinal problems _____

Kidney/Bladder problems _____

Recurrent illness _____

Other _____

Has your child ever been hospitalized? Please give date(s) and reason(s).

Is your child under medical treatment at the present time? Yes No

Name of Physician: _____

Reason: _____

Is your child on any medication(s)? _____

Does your child wear glasses? Yes No

Please list any eye problems: _____

Please list any hearing problems your child may have _____

Does your child have any medical conditions that could affect their ability to succeed in school?

Name of family physician: _____ Phone number _____

Name of family dentist: _____ Phone number _____

Preferred hospital for emergency treatment: _____

Is your child covered by medical insurance? _____

SIGNATURE OF PARENT OR GUARDIAN _____ **Date** _____

For WAMS and SHS students only!

Please sign below if your child is permitted to be given, at the nurse's discretion, non-aspirin pain medication during the school day.

Signature of Parent or Guardian

Please sign below if the above medical and health information can be shared with your child's teachers, bus drivers, coaches, and other school staff as deemed necessary to best provide for your child while in school.

Signature of Parent or Guardian

SPEECH/LANGUAGE DEVELOPMENTAL QUESTIONNAIRE: KINDERGARTEN

Child's Name _____ Birth Date: _____

Parent: _____ Address: _____

Phone: _____

Date: _____

- | | | |
|--|-----|----|
| 1. Do family members ever and other people frequently have difficulty understanding your child's speech? | Yes | No |
| 2. Does your child ever become frustrated because of his/her speech or language? | Yes | No |
| 3. When your child talks, are his/her sentences always less than five words in length? | Yes | No |
| 4. Does your child have difficulty understanding directions? | Yes | No |
| 5. Does your child have difficulty with any of the following? | | |
| a. Carrying on a conversation with you by telling you what he/she is doing? | Yes | No |
| b. Asking questions such as why, when and how? | Yes | No |
| 6. Are you concerned about your child's hearing? | Yes | No |
| 7. Do you feel your child stutters? | Yes | No |
| 8. Do you have any questions or comments about your child's speech and language development? | Yes | No |

**Please return this form to the secretary with your other registration forms