

# 2020 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
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Street Address	County	
City	State PA	Zip Code
School District of Residence		
Home Phone	Work Phone	Email Address

Child's Date of Birth	Age <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Race (optional)</b> <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
<b>Ethnicity (optional)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable		<b>Primary Language</b> <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
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<b>Relationship to Child</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please specify)	<b>(Select)</b> <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ (please specify)
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**Role**

- ☐ Primary Guardian  
☐ Secondary Guardian

- ☐ Legal Guardian  
☐ Other \_\_\_\_\_

(please specify)

**Household/Family Size (required)** check box:

- |                            |                            |                                |
|----------------------------|----------------------------|--------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7     |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8     |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> _____ |

**Household Income (required)** check box:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less Than \$5,000  | <input type="checkbox"/> \$5,001-\$10,000    | <input type="checkbox"/> \$10,001-\$15,000 |
| <input type="checkbox"/> \$15,001-\$20,000  | <input type="checkbox"/> \$20,001-\$25,000   | <input type="checkbox"/> \$25,001-\$30,000 |
| <input type="checkbox"/> \$30,001-\$35,000  | <input type="checkbox"/> \$35,001-\$40,000   | <input type="checkbox"/> \$40,001-\$45,000 |
| <input type="checkbox"/> \$45,001-\$50,000  | <input type="checkbox"/> \$50,001-\$60,000   | <input type="checkbox"/> \$60,001-\$70,000 |
| <input type="checkbox"/> \$70,001-\$100,000 | <input type="checkbox"/> More Than \$100,000 |  |

**2020 Federal Poverty Level Guidelines**

300%			
Family Size	Annual	Monthly	Weekly
1	\$38,280	\$3,190	\$736
2	\$51,720	\$4,310	\$995
3	\$65,160	\$5,530	\$1,253
4	\$78,600	\$6,550	\$1,512
5	\$92,040	\$7,670	\$1,770
6	\$105,480	\$8,790	\$2,028
7	\$118,920	\$9,910	\$2,287
8	\$132,360	\$11,030	\$2,545
Each Additional	\$13,440	\$1,120	\$258

**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).

Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible (**100% of FPL or below**) has been informed of their eligibility for Head Start.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

or



Check if not applicable

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

<input type="checkbox"/>	<b>Behavioral Supports:</b> 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.
<input type="checkbox"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<b>English Language Learner:</b> A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	<b>Individualized Education Plan (IEP):</b> 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.
<input type="checkbox"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<b>Homeless:</b> A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: 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"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> 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.
<input type="checkbox"/>	<b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.

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

# *Frazier School District*

## PRE-K CHECK-OFF LIST

STUDENT NAME: \_\_\_\_\_

1. \_\_\_\_\_ Birth Certificate
2. \_\_\_\_\_ Immunization Records
3. \_\_\_\_\_ Student Registration Form
4. \_\_\_\_\_ Proof of Residency (2 forms)
5. \_\_\_\_\_ Pre-K Counts Enrollment Form
6. \_\_\_\_\_ Proof of Income
7. \_\_\_\_\_ Home Language Survey
8. \_\_\_\_\_ IEP (Individualized Education Program) Does your Child have one? NO \_\_\_\_\_  
YES \_\_\_\_\_ Notified Special Education Director Date: \_\_\_\_\_
9. \_\_\_\_\_ Census Form
10. \_\_\_\_\_ Permanent Record Card
11. \_\_\_\_\_ Posted to SKYWARD
12. \_\_\_\_\_ Health Information Form
13. \_\_\_\_\_ Permission to Screen
14. \_\_\_\_\_ Permission to Publish Student Name / Photo
15. \_\_\_\_\_ Custody Papers (if applicable) \_\_\_\_\_ YES \_\_\_\_\_ NO
16. \_\_\_\_\_ Per Diem Letter (Foster Child Only) \_\_\_\_\_ YES \_\_\_\_\_ NO
17. \_\_\_\_\_ Lunch Application

Initial \_\_\_\_\_



Student ID# \_\_\_\_\_

# *Frazier School District*

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

## REGISTRATION FORM

2020-2021

Registration Date \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Full Middle Name \_\_\_\_\_ Generation \_\_\_\_\_

Nickname \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(City) (State) Female \_\_\_\_\_ Male \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Hispanic \_\_\_\_\_ White, not of Hispanic origin \_\_\_\_\_ Asian  
\_\_\_\_\_ Black, not of Hispanic origin \_\_\_\_\_ American Indian

Preferred Language: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student Address: P.O. Box \_\_\_\_\_ House # \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Guardian's Full Name \_\_\_\_\_

Guardian's Address \_\_\_\_\_

Guardian's Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Is the Student's Parent/Guardian an active duty member of the Military? \_\_\_\_\_ YES \_\_\_\_\_ NO

School Previously Attended \_\_\_\_\_

Address \_\_\_\_\_

First Day of Class at FRAZIER (Date) \_\_\_\_\_

\_\_\_\_\_  
\*Parent / Guardian (SIGNATURE REQUIRED)

\_\_\_\_\_  
\*Admission Clerk (SIGNATURE REQUIRED)

Student ID# \_\_\_\_\_

# *Frazier School District*

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

2020-2021

## **REGISTRATION FORM – EMERGENCY INFORMATION (List someone other than the Parents/Guardians)**

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

### **EMERGENCY CONTACT:**

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

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### **EMERGENCY CONTACT:**

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

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### **EMERGENCY CONTACT:**

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

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### **PROVIDER INFORMATION:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

\_\_\_\_\_  
\*Parent / Guardian (SIGNATURE REQUIRED)

# Frazier School District

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

Dr. Kelly Muic  
Elementary School Principal  
(724)736-9507

## ADMISSIONS SWORN STATEMENT

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Parent/Guardian Name) (Student's Name)  
who is seeking admission to the Frazier Elementary School, affirm that he/she **has not been suspended or expelled from any public or private school of the Commonwealth of Pennsylvania** 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. Furthermore, I affirm that **no allegations, charges or actions** concerning the above stated offenses are pending from any school.

I understand that a copy of \_\_\_\_\_'s disciplinary record will be  
(Student's Name)  
transmitted to the Frazier School District and that it will be inspected only by the student, school officials, state and local law enforcement officials or me, as parent/guardian to verify my statements.

I understand that any willful false statement made regarding the student's disciplinary record shall be a misdemeanor of the third degree.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_ previously enrolled as a student at:  
(Student's Name)

Name of District/Private School

Grade

Building

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Frazier School District

142 Constitution Street

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## \*HOME LANGUAGE SURVEY\*

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

**INSTRUCTIONS:** At registration, please ask all parents or guardians the following questions about the language use of the child. Print responses. If one of the answers is a language other than English or the country of origin is other than the United States, contact the person in the district responsible for language proficiency assessment/instructional placement or Intermediate Unit I. Otherwise, the student is considered English language proficient and no further action is needed. A copy of this survey shall be placed in the student's permanent folder.

School \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

Country of Origin \_\_\_\_\_

Other Countries of Residence \_\_\_\_\_

1. What was the student's first language?

\_\_\_\_\_ Dialect \_\_\_\_\_

2. Does the student speak a language other than English? (Do not include languages learned in school)

\_\_\_\_\_ Dialect \_\_\_\_\_

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

\_\_\_\_\_ Dialect \_\_\_\_\_

Name of 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 need 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.



# Frazier School District

CENSUS FORM  
2020/ 2021

Last Name \_\_\_\_\_ Other Last Name \_\_\_\_\_  
 P.O. Box \_\_\_\_\_ House # \_\_\_\_\_ Street \_\_\_\_\_ Zip \_\_\_\_\_ Number in Dwelling \_\_\_\_\_  
 Describe location of residence \_\_\_\_\_ Municipality \_\_\_\_\_ Twp \_\_\_\_\_ Boro \_\_\_\_\_

## BE SURE TO LIST ALL PERSONS LIVING IN THE HOUSEHOLD - SUPPLY ALL INFORMATION COMPLETELY AND ACCURATELY

Husband: If deceased, check _____		Wife: If deceased, check _____		Other Adults: 18 or Older	
Name	Age	Name	Age	Name	Age
_____	_____	_____	_____	_____	_____
Date of Birth _____	_____	Date of Birth _____	_____	Date of Birth _____	_____
Employed _____ Unemployed _____	_____	Employed _____ Unemployed _____	_____	Employed _____ Unemployed _____	_____
Occupation _____	_____	Occupation _____	_____	Occupation _____	_____
Employer _____	_____	Employer _____	_____	Employer _____	_____
Employer's Address _____	_____	Employer's Address _____	_____	Employer's Address _____	_____

## LIST BELOW ALL CHILDREN UNDER 18 (FROM OLDEST TO YOUNGEST)

Name	Sex	Age	Birthdate	At Home	In School	Grade	Handicapped	Employed

Person Providing Information \_\_\_\_\_ Date \_\_\_\_\_

# *Frazier School District*

## OFFICE OF THE SCHOOL NURSE

142 Constitution Street  
PHONE: (724) 736-9507

Perryopolis, PA 15473-1390  
FAX: (724) 736-0688

### HEALTH INFORMATION FORM

2020-2021

Dear Parent/Guardian:

Please take a few moments to complete the following student health information so that we may update your child's health record. Please be sure to include ALL information you would like us to be aware of, even if you have provided this information in the past.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_\_

Medical Condition/Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications (Please indicate whether taken/available at home or in school):

\_\_\_\_\_

\_\_\_\_\_

Procedures (Please indicate whether performed at home or in school):

\_\_\_\_\_

\_\_\_\_\_

History of Illness/Accident/Surgery: \_\_\_\_\_

\_\_\_\_\_

Immunizations during the Past Year (month/day/year):

Diphtheria & Tetanus: \_\_\_\_\_ Polio: \_\_\_\_\_

Measles, Mumps, Rubella: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_

Varicella: \_\_\_\_\_ Other: \_\_\_\_\_

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

I request the above health information be shared with teachers/staff members in contact with my child throughout the school day. I understand that the confidentiality of the information will be maintained by those who receive it. I will notify Frazier School District immediately if my child's health status changes, or there is a cancellation of a procedure or medication.

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

# *Frazier School District*

OFFICE OF THE SCHOOL NURSE

142 Constitution Street

Perryopolis, PA 15473-1390

PHONE: (724) 736-9507

FAX: (724) 736-0688

## PERMISSION TO SCREEN 2020-2021

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

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

School health services are designed to help students maintain optimum health and promote academic success. The following screening examinations are conducted each year in accordance with the Pennsylvania School Health Act. These grades were selected because they represent critical periods of growth and development in a child's life.

- \_\_\_\_\_ **Growth Measurement** – height, weight and body mass index measurements are checked once a year in grades K – 12.
- \_\_\_\_\_ **Vision Screening** – near and far visual acuity is checked once a year in grades K – 12. This identifies most children needing a complete eye examination.
- \_\_\_\_\_ **Hearing Screening** – hearing is checked once a year for each student in grades K, 1, 2, 3, 7 and 11.
- \_\_\_\_\_ **Physical Exam** – medical screening is performed by the school physician/nurse practitioner for students in grades K, 6 and 11. This is a basic screening ONLY-there is no diagnosis or treatment.  
\*May choose to have completed by private physician at your own expense
- \_\_\_\_\_ **Scoliosis Screening** – included in the grade 6 medical screening to detect deviations from the normal curvature of the spine through observation.
- \_\_\_\_\_ **Dental Exam** – dental health screening is performed by the school dentist for students in grades K, 3 and 7. This is a basic screening ONLY-there is no diagnosis or treatment.  
\*May choose to have completed by private dentist at your own expense

Please give your permission for these state-mandated screenings by signing your **initials on the line** next to the individual screening descriptions and then signing and dating the bottom of this form.

This form will be placed in your child's school health record and remain in effect while in attendance here at the Frazier School District unless otherwise directed by you, the parent/guardian, in writing.

Thank you for your interest in helping to maintain the health and well being of our children.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Frazier School District

142 Constitution Street

Perryopolis, PA 15473

Telephone: 724-736-9507

FAX (724) 736-0688

## Photo / Digital Media Release Form 2020-2021

Throughout the school year, we like to use the students' photographs to highlight their accomplishments. Several places we may use the students' photos are:

- In the hallways
- In slide show presentations
- In our yearbook or local newspaper articles about our school
- On the Web Page (students will not be identified by name)
- In movies created in the classroom (including student teaching videos)

**To give or not give your consent, please complete this form.** This will remain in effect throughout your child's schooling. If you wish to make any changes to this form in the future, you must submit a hand written note to the building principal.

Thank you for your prompt attention.

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### Photo / Digital Media Release Form

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

\_\_\_\_\_ YES, I give my permission for my child's photo to be used for school purposes.

\_\_\_\_\_ NO, I would prefer my child's photo not be used.

Parent Signature: \_\_\_\_\_

Parent Name (Please print): \_\_\_\_\_

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



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## **PARENT NOTIFICATION**

## **2020-2021**

By law, if parents are legally separated or divorced, each parent has equal rights to the access of the child/children or the child's/children's school records **UNLESS** a parent provides the Frazier School District with a court order that indicates which parent has access to the child/children or the child's/children's school records. The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may check the child/children out of the school with proper identification or be given access to the child's/children's school records.

**If such an order exists regarding your child/children, please provide a copy of the order to the school so that it may be placed in their file.**

\*\*\*If we already have an order on file, please notify us of any recent changes and forward us a copy of the most recent order. \*\*\*

Thank you for your cooperation.

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

Please indicate if you currently have a court order for your child/children. \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Parent Signature

## FREE / REDUCED LUNCH APPLICATIONS

Lunch Applications for the **2020-2021** school year are now available.

**We strongly recommend that if you have Internet access to apply online at [www.paschoolmeals.com](http://www.paschoolmeals.com) or [www.schoolcafe.com](http://www.schoolcafe.com).** The application will be processed faster.

Attached are frequently asked questions about Free and Reduced price meals.

If you need help completing the application online, please give us a call at 724-736-9507 ext. 115 or you may request an appointment for us to complete the application together; you will need to bring the following information with you:

1. If you receive food stamps or cash assistance, please bring your county record number. It will begin with the county code of 26 followed by your 7 digit record number.
2. If you have income, please bring your current pay stubs from your employer or a letter proving that you receive unemployment benefits, retirement benefits, child support or any other type of income that you may have.

If you **DO NOT** have Internet access and will need a paper application, please give us a call at 724-736-9507 ext. 115.

**PLEASE REMEMBER:** If you received free/reduced meals during the previous school year, you **MUST RE-APPLY within the first 30 days** of school.