

HOLLIDAYSBURG AREA SCHOOL DISTRICT – 2019 KINDERGARTEN REGISTRATION ANNOUNCEMENT

Dear Parent(s)/Guardian(s):

The Hollidaysburg Area School District reminds parent(s)/guardians(s) that it will be conducting its annual kindergarten and first grade registration on the dates listed below. Any child living in the Hollidaysburg Area School District who is five years old before September 1, 2019, is eligible to enter kindergarten. Any child who is six years old before September 1, 2019, is eligible to enter first grade. There are no exceptions to the cutoff date.

If your child is currently enrolled in kindergarten in the district, you do not need to register for first grade.

| <u>School Your Child Will Attend</u> | <u>Registration Centers</u> | <u>School Phone #</u> | <u>Registration Dates</u> |
|--------------------------------------|-----------------------------|-----------------------|---------------------------|
| Charles W. Longer School | Charles W. Longer School | 814-695-4431 | February 26 & 27, 2019 |
| Frankstown School | Frankstown School | 814-695-4961 | February 20 & 21, 2019 |
| Foot of Ten School | Foot of Ten School | 814-695-1941 | February 11 & 12, 2019 |

The person registering a student for school must be a resident of the Hollidaysburg Area School District and must be:

- A. Either parent listed on the birth certificate.
- B. A guardian appointed to the student in the custody agreement, signed by a Judge.
- C. A 1302 Affidavit Guardian as outlined in Hollidaysburg Area School District Policy 202.
- D. A verified foster parent
- E. A host family for an approved foreign exchange student.
- F. A student may register him/herself if age 18 or over.
- G. A pre-adoptive parent.

REGISTRATIONS ARE BY APPOINTMENT ONLY

****Please complete the attached form and return to the school office at least 2 weeks prior to registration****

****You will receive a call to set up an appointment****

The parent/guardian must provide the following list of required documents for registration purposes.

YOU MUST BRING THESE ITEMS WITH YOU WHEN YOU COME FOR YOUR APPOINTMENT:

1. Student's proof of age (acceptable documents include):
 - State issued birth certificate
 - Notarized copy of birth certificate
 - Hospital issued birth certificate
 - Baptismal certificate or transcript of the record of baptism, duly certified and showing the date of birth
 - Current/valid passport
 - A prior school record indicating the date of birth
2. Student's current immunization/shot record (acceptable documents include):
 - Student's current immunization record
 - Written statement from the former school district or medical office stating that the required immunizations have been administered or that a required series is in progress (If your child will get his/her last series of shots during the summer, please provide us with another updated copy before the first day of school.) See reverse for Pennsylvania Dept. of Health School Vaccination Requirements.
3. Proof of Residency of parent registering student, which must include the name and current address in the Hollidaysburg Area School District (acceptable documents are listed below):

If you provide any of the forms listed below to prove residency, you only need to provide **one**:

| | | |
|----------------------|--|---|
| Current Utility Bill | Rental/Lease Agreement (Dated within last 2 months) | Contract to Purchase/Build a home (Dated within last 2 months) |
|----------------------|--|---|

If you provide any of the forms listed below to prove residency, you must provide **two**:

| | | |
|--------------------------------|--|------------------------------|
| Current Credit Card Bill | Current Property Tax Bill | Current Vehicle Registration |
| Current/Valid Driver's License | Current /Valid DOT Identification Card | |

4. Information not required but beneficial to the student for enrollment:
 - Name, address and telephone number of the previous school.
 - Documents relating to special education needs such as a current IEP, NOREP, Evaluation Report, etc.
 - Court orders concerning custody issues.

The District reserves the right to verify the authenticity of any documents provided and take appropriate action if not satisfied.

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

*Usually given as DTP or DTaP or if medically advisable, DT or Td

** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose

***Usually given as MMR



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



KINDERGARTEN REGISTRATION

Please complete the form below and return it to the school office as soon as possible. Once your form is received, we will call you to set up an appointment.

It would be appreciated if you would pass this information on to neighbors if they do not have any children presently enrolled in an elementary school.

CHILD'S NAME: _____
 LAST NAME FIRST NAME MIDDLE NAME

CHILD'S BIRTHDATE: ____/____/____ BIRTHPLACE: _____ SEX: _____

PARENT(S):

RESIDES WITH: (circle one) Both Parents / Mother / Father

FATHER'S LAST NAME FIRST NAME MIDDLE INITIAL

STEP-MOTHER'S LAST NAME MAIDEN NAME FIRST NAME MIDDLE INITIAL

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

MOTHER'S LAST NAME MAIDEN NAME FIRST NAME MIDDLE INITIAL

STEP-FATHER'S LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

GUARDIAN(S):

GUARDIAN LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

GUARDIAN LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

WILL REGISTER FOR: KINDERGARTEN ____ FIRST GRADE ____ (PLEASE CHECK ONE)

SIBLINGS AT HOME/SCHOOL, HR teacher, & date of birth: _____
