

Bradford Area School District

George G. Blaisdell Elementary School · P.O. Box 375 · 265 Constitution Avenue · Bradford, PA 16701
Telephone: 814-362-6834 Fax: 814-362-5485 Web Site: www.bradfordareaschools.org E-mail: basd@bradfordareaschools.org

Erin E. Waugaman, Principal
Kimberly J. Swanson, Assistant Principal

Dear Parent/Guardian:

Thank you for your interest in the Bradford Area School District's Pre-K Program. Enclosed is an application packet and instructions for the **2020-2021** school year. Please fill out all forms and submit them with the required documentation to my attention at George G. Blaisdell Elementary School.

The BASD Pre-K Program is grant funded and therefore the district is required to commit to the guidelines of the grant. The grant states the district must serve the "**Educationally Disadvantaged**" students. The information requested on the enclosed application will enable the District to comply with this requirement. **No application will be processed without the remittance of all forms and requested documentation.**

In addition to the enclosed application packet, we are requesting the following documentation for the 2020-2021 school year:

- 1) **Proof of residency** - The BASD Pre-K program is for the residents of the BASD attendance area. Therefore, we are requesting verification of address. Examples of acceptable proof of residency would be a copy of driver's license, current utility/tax bill with name and address, etc.
- 2) **Verification of student age** - All students must attain the age of four by September 1, 2020 to qualify for acceptance into our program. Proof of your child's date of birth is required. Acceptable documentation includes birth certificate, baptismal certificate or transcript of the record of baptism - duly certified and showing date of birth, notarized statement from parents indicating the date of birth, duly attested transcript of the birth certificate, or duly certified transcript of birth.
- 3) **Proof of household income** - Acceptable documentation includes copy of paycheck, food stamp number, direct certification (TANF) case number, etc. If no household income complete the "Zero Income Declaration Letter" in the packet.
- 4) **Immunization records** - proof of immunizations

Other important information:

The Bradford Area School District's Pre-Kindergarten Program requires all students to be "**toilet trained**" by the first day of school. Exceptions will be considered upon submission of a doctor's script due to a medical and/or physical reason.

If an IU Program is currently serving your child, then a meeting will occur with the IU staff, parents, and the BASD administrative staff to determine if change of placement into the BASD Pre-K Program is deemed appropriate.

Sincerely,



Erin Waugaman



Bradford Area School District

REGISTRATION FORM

Office Use Only		
Grade _____	Homeroom _____	Locker _____
School Start Date _____		
Student ID _____	Gr 9 Entry Date _____	
PA Secure ID _____		
Age/Name Verified _____		
Proof of Residency _____		
Parental Registration _____	Driver's License _____	
Immunizations _____	Home Language Survey _____	
ESL Student _____	IEP Student _____	
Administrator Signature: _____		

Household Information			
Household Physical Address:		Household Surname:	
PO Box:	City:	State:	Zip:
Household Phone #:		Household E Mail:	

Student Information – Must Match Birth Certificate		
First Name:	Middle Name:	Last Name:
Date of Birth:	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student E Mail:		Student Cell Phone #:
Ethnicity: (Choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic Latino		Language Spoken in Home:
Race: (Choose one or more) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander		
Birth City:	Birth State:	Birth Country:
Date Entered the U.S.:	<u>Most Recent</u> PA Entry Date:	Student's 1 st Language:
Has this student ever attended Bradford Area Schools? YES NO	Has this student ever attended a Pennsylvania School? YES NO	Resident of BASD: YES NO Non-Resident 1306 Student _____

School History		
Name of previous school attended:		City: State:
Name/Address of previous school district:		City: State:
Has this student ever repeated any grade? YES NO	If yes, what grade(s):	
Does this student have Special Placement or Special Education? YES NO If Yes, Please Specify:	Individualized Education Program (IEP - Per PA Department of Education Guidelines, this includes Speech): Gifted IEP (GIEP) or Section 504 Service Agreement	
Does this student receive ESL Services? (English as Second Language) YES NO	If yes, what date did services begin:	

FATHER – Is father currently active military? Yes No		
First Name: Mr. Dr. Rev.	Middle Name:	Last Name:
DOB:	Address:	Permission to pick student up from school. YES NO
Phone: Cell #:	City, State, Zip Code	
E Mail:	Relationship to Student:	Resides in Household? YES NO
Mailings requested? YES NO	Custodial Parent? YES NO	Legal Custody? YES NO
Employer Name:		Employer Phone:

MOTHER – Is mother currently active military? Yes No

First Name: Ms. Mrs. Dr. Rev.		Maiden Name:	Last Name:
DOB:		Address:	Permission to pick student up from school. YES NO
Phone:	Cell #:	City, State, Zip Code	
E Mail:		Relationship to Student:	Resides in Household? YES NO
Mailings requested? YES NO		Custodial Parent? YES NO	Legal Custody? YES NO
Employer Name:			Employer Phone:

Emergency Contact (In addition to parents already listed)

Mr. Mrs. Ms. Dr. Rev.		First Name:	Last Name:
Gender		Relationship to Student:	Permission to pick student up from school. YES NO
Street Address:			
City:	State:	Zip:	Workplace:
Home Phone:		Cell Phone:	Work Phone:

Your response to the question below will help to determine what residency documents are necessary for enrollment of your child. Additionally, if determination is made that you qualify for additional services, a School District Liaison will contact you to gather more information and discuss services available for your child.

In what type of setting is the Student now living?

Domestic Abuse Emergency Shelter
 Sharing housing of other due to loss of housing, economic hardship, or similar reasons
 In a motel/hotel/campsite/car due to lack of alternative adequate accommodations
 Other places not designed for, or ordinarily used as, a regular sleeping accommodation for human being
 NONE OF THE ABOVE

Other Children and Adults Living in Household

Name:	Gender:	DOB/Grade:	Relationship to Student:
Name:	Gender:	DOB/Grade:	Relationship to Student:
Name:	Gender:	DOB/Grade:	Relationship to Student:
Name:	Gender:	DOB/Grade:	Relationship to Student:
Name:	Gender:	DOB/Grade:	Relationship to Student:

Are there any Legal Records that Bradford Area School District should have on file regarding a custody agreement for this child? If yes, please provide a copy for adequate protection of your rights. YES _____ NO _____

Registered by: _____
 Signature Relationship to Student Date

HOUSEHOLD INCOME

Total number of people in the household. Include all children and adults. _____	Combined annual income of all people in the household. Include all income before any deductions (such as taxes, insurance, child support, etc). Income includes monies from work, welfare, child support, alimony, pension, retirement, social security, SSI, VA benefits, etc. \$ _____
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**Bradford Area School District
Pre-Kindergarten Income Verification**

Request for total gross income and proof of income. Acceptable documentation includes copy of paycheck, Food Stamp number, Direct Certification (TANF) case number, etc.

1. Name (List everyone in the household)	Earnings from work before deductions	Welfare, child support, alimony	Pensions, Retirement, Social Security	All other income	Check if no income
(Example) John Smith	\$200/bi-weekly	\$150/weekly	\$100/monthly	\$ ___ / ___	
	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	
	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	
	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	
	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	
	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	
	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	
	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	
	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	\$ ___ / ___	

Food Stamp number: _____

Direct Certification (TANF) number: _____

Signature Required:

I certify that all information is true and that all income is reported.

Sign here: _____ Print name: _____ Date: _____