

GREENVILLE AREA SCHOOL DISTRICT
9 Donation Road, Greenville, PA 16125 • PH: (724) 588-2500 FAX: (724) 588-5024

SCHOOL YEAR 2026-2027

Dear Parent/Guardian:

Welcome to the Greenville Area School District! All new GASD students register through the District Office regardless of where the student will attend (GES, GHS, Cyber, Private, Charter, Homeschool).

Children must be five years old on or before July 1, 2026 to be eligible for kindergarten in the 2026-2027 school year. In limited cases, a child who is four years and eleven months old by the first day of the school term may be considered for early entry. This exception will require:

- A written request from the child's parent or guardian,
- A recommendation from the District Psychologist,
- Support from the Building Principal, and
- Final approval from the Superintendent

Students must be registered by their legal guardian. To register a new student, Pennsylvania law requires* you to present the following documents at your registration meeting:

- Immunization Record - from previous school or family physician
- Birth Certificate - original birth certificate or notarized copy that identifies birth information: date, location (county and state), biological parents' names
- Proof of Residency - lease/mortgage agreement and current utility bill
- Proof of Identity – Driver's License or State ID card

*PA State Department of Ed Policy #24 P.S. 13-1301-13-1306

Greenville Area School District also requires the following documents, if applicable:

- ❖ Affidavit of Guardianship
- ❖ Custody Order
- ❖ Resource Care (foster placement)

Kindergarten Students:

- ★ Initial Enrollment Packet Pick Up at Greenville Elementary School: February 23 to March 6
- ★ Return Enrollment Packet *with* documents listed above by appointment: March 17, 18, 19
 - Enrollments returned without required documents will not be processed.
- ★ Kindergarten Screening by appointment April 17 to April 29

Enrollment packets can also be picked up at the District Office, located at 9 Donation Road.

Sincerely,

Mrs. Alyssa Daugherty

Mrs. Alyssa Daugherty
Child Accounting/Transportation Coordinator
724-588-2500 ext. 2300
adaugherty@greenville.k12.pa.us

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REGISTRATION FORM

OFFICE USE

GHS GES

PS Tech Sp. Ed. Anderson Enrl Log

Start Date: _____ Student ID: _____ PA ID: _____

Grade: _____ Homeroom: _____ Locker: _____ Bus: AM _____ PM _____ Stop: _____

Immunizations Birth Certificate Proof of Residency Custody Papers Visa/Passport Guardian DL/State ID

STUDENT INFORMATION Has the student previously attended GASD? Yes No If yes, what grade? _____

Student Last Name _____ First _____ Middle _____ Current Grade _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Male Female Primary Contact Phone No. _____

Primary Contact Email Address _____

FEDERAL ETHNICITY AND RACE

Ethnicity: Is the student Hispanic or Latino? Yes No

Race: White (Non-Hispanic)

Name of Preschool/Most Recent School Attended _____

Black or African American

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

Asian

School Phone _____

Was student ever tested by a school psychologist? Yes No

Does student receive special education services? Yes No

If yes: Learning Support Speech Gifted

Does student receive Title services? Yes No

If yes: Math Reading

PARENT/GUARDIAN INFORMATION

Student lives with: Both Parents Mother Father
 Grandparents Self Foster

Mother/Stepfather Father/Stepmother

Other: _____

Name of Mother/Guardian _____

Name of Father/Guardian _____

Street Address _____

Street Address _____

City/State/Zip _____

City/State/Zip _____

Primary Phone _____

Primary Phone _____

Employer/Work Phone _____

Employer/Work Phone _____

Are there any court documents regarding this student?

Yes No If yes, a copy of the court order must be provided to the district.

Is there a custody agreement or parenting plan in effect?

Yes No If yes, a copy of the agreement must be provided to the district.

Is the student a foster child?*

Yes No If yes, name of agency: _____

*Placing Agency documentation must accompany student registration form.

SIBLINGS/OTHER CHILDREN LIVING WITH STUDENT

EMERGENCY CONTACT INFORMATION (for medical/discipline emergencies)

Name	Relationship to student	Phone No.
Name	Relationship to student	Phone No.
Name	Relationship to student	Phone No.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Please indicate any allergies the student may have: _____

In the event that the parent/guardian cannot be reached, I authorize the Greenville Area School District to take whatever action is deemed necessary in their judgment for the health of the student. I will not hold the school district financially responsible for the emergency care and/or transportation for this student

Parent/Guardian Signature _____ Date _____ Relationship to student _____

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REQUEST FOR RECORDS

Student Name

Grade

Date

PREVIOUS SCHOOL

School Name/Address

School Phone No.

My permission as parent/guardian is hereby given for the release of their records, as well as the release of health and dental records, transcripts, state tests, IMPACT test and any other available school records to the Greenville Area School District. I also give my permission for the release of any psychological reports and IEP information, if available.

Signature of Parent/Guardian

Phone No.

Date

Student's New/Current Address

OFFICE USE ONLY BELOW

_____ entered the Greenville Area School District on _____.
Student Name _____ Date _____

Signature of School Official

Title

Please send all information requested to the contact indicated below.

Child Accounting
9 Donation Road
Greenville, PA 16125
adaugherty@greenville.k12.pa.us
Ph: (724) 588-2500 ext. 2300
Fax: (724) 588-5024

Greenville Elementary (K-6)
60 Fredonia Road
Greenville, PA 16125
kharned@greenville.k12.pa.us
jgreen@greenville.k12.pa.us
Ph: (724) 588-2500 ext. 1000 or 1001
Fax: (724) 588-5036

Special Education Attn: Wendy Alfreno
9 Donation Road
Greenville, PA 16125
walfreno@greenville.k12.pa.us
Ph: (724) 588-2500 ext. 2430
Fax: (724) 588-2504

Greenville Jr/Sr High School (7-12)
9 Donation Road
Greenville, PA 16125
tgehly@greenville.k12.pa.us
Ph: (724) 588-2500 ext. 2131
Fax: (724) 588-4397

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SAFE SCHOOLS

Parent/Guardian Registration Statement

Student Name _____ Date of Birth _____ Grade _____

Parent/Guardian Names _____

Address _____ Phone No. _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was was not previously suspended or expelled, or is is not presently suspended or expelled from any public or private school of this Commonwealth or any other state for an actor 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. I make this statement subject to the penalties of 24 P.S. § 13-1304-A (b) and 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of school from which student was suspended or expelled

Dates of suspension or expulsion

Please provide additional schools and dates of expulsion or suspension on the back of this sheet.

Reason for suspension/expulsion (optional)

Parent/Guardian Signature

Date

Any willful false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student's disciplinary record.

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SPECIAL EDUCATION SERVICES SURVEY

Student Name

Grade

According to special education laws, GASD must have a system for evaluating public awareness and child identification services.

Are you aware that guidance services are available for your child if necessary? Yes No

Are you aware that Title support services are available for your child if necessary? Yes No

Are you aware that special education services are available for your child if necessary? Yes No

If you answered yes to any of the above, please answer the following question:

How did you learn about the special education services available at Greenville Area School District?

- Elementary Title and/or Referral Team
- SAP Team (grades K-12)
- Discussion with regular education teacher
- Discussion with special education teacher
- Discussion with another parent
- Student Support Services
- Greenville Area School District Website

Parent/Guardian Name

Parent/Guardian Signature

Date

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MANDATED SCREENINGS

Student Name _____ Date of Birth _____ Grade _____

Date of Birth _____ Grade _____

Grade _____

The Pennsylvania School Health Act requires certain exams be given to school students, including the following:

<i>Growth and Vision</i>	Grades K-12
<i>Hearing</i>	Grades K-3, 7, 11, and as necessary
<i>Scoliosis</i>	Grades 6,7

The screening tests are performed in the school during the school year. Parents/Guardians will be notified if any concerns are found. The school nurse will complete in designated grades, or at your request, tests for vision, hearing, growth, and scoliosis.

The physical should be completed by your family physician, when your child reaches grades K, 7, and 11. If this is not possible, please contact the school for assistance.

Dental Exams Grades K, 3, 7

The dental exam can be completed by your family dentist or the school dentist.

Please indicate your preference:

I prefer to take my child to our family dentist for examination and will send the private dental exam form to the school.

I request my child be examined by the school dentist.

Parent/Guardian Signature

Date

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KINDERGARTEN DEVELOPMENTAL HISTORY

Student Last Name _____ First _____ Middle _____ Male Female

Student lives with: Both Parents Mother Father Stepfather Stepmother Guardian
(check all that apply)
 Grandmother Grandfather Other: _____

Preschool Experience? Yes No If yes, where: _____ For how long: _____

Is child receiving services from any agency? (Children and Youth, Counseling, Therapy, Wraparound, etc.) Yes No

If yes, explain: _____

Has your child ever been evaluated for any condition or problem that might affect school success? Yes No

If yes, explain: _____

Were the recommendations carried out? Yes No

If no, explain: _____

Would information regarding this evaluation and/or treatment be available for the appropriate school personnel?

Yes No If yes, please supply information below:

Name of Agency/Person _____

Address of Agency/Person _____

Phone No. _____

Do you suspect your child may need special services or considerations in their school setting or curriculum? Yes No

If yes, explain: _____

EXPERIENCES

Do you feel your child was delayed in any of the following?

Sitting/Crawling/Walking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using Single Words	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using Full Sentences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toilet Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeding Self	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does your child have any special problems in these areas?

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Finger Sucking	<input type="checkbox"/> Speech	<input type="checkbox"/> Eating
<input type="checkbox"/> Nail Biting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Accidents in pants	<input type="checkbox"/> Allergies	

Explain: _____

Does your child have any physical conditions that would prevent them from participating in an active Kindergarten program?

Yes No Explain: _____

Is your child's speech easily understood by strangers? Yes No

Which hand does your child prefer? Left Right

Can your child:

Zip Snap Tie Shoes Button Dress Self Use Toilet Alone Catch a ball Skip

Is your child able to:

<input type="checkbox"/> Identify Colors	<input type="checkbox"/> Print their name	<input type="checkbox"/> Count to 10	<input type="checkbox"/> Count to 20
<input type="checkbox"/> Identify Numbers 1-10	<input type="checkbox"/> Count objects to 10	<input type="checkbox"/> Use Scissors	<input type="checkbox"/> Use Crayons
<input type="checkbox"/> Identify Numbers 11-20	<input type="checkbox"/> Count objects to 20	<input type="checkbox"/> Listen to/follow directions	<input type="checkbox"/> Sit/Listen to a story
<input type="checkbox"/> Identify Letters	<input type="checkbox"/> Identify shapes	<input type="checkbox"/> Complete tasks begun	<input type="checkbox"/> Tell a familiar story
<input type="checkbox"/> Tell their full name	<input type="checkbox"/> Tell their phone number	<input type="checkbox"/> Tell their address	<input type="checkbox"/> Occupy self with quiet play

What words best describe your child?

Shy Happy Jealous Cooperative Excitable Affectionate
 Nervous Restless Talkative Stubborn Sensitive Confident

Comments: _____

What does your child like to do? (interests/hobbies/activities) _____

Has your child had any of the following experiences?

Library Public park Beach Zoo Museum Amusement Park Camping
 Circus Train/Ship/Airplane Trip

Does your child regularly play: Alone With Siblings With Other Children

Does your child watch TV? Yes No On average, how many hours per week? _____

Does your child play video/computer games? Yes No On average, how many hours per week? _____

What words best describe your child's feelings about coming to school?

Enthusiastic Fearful Worried Happy Eager Indifferent

Is there anything else you would like to share about your child? Yes No

Explain _____

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STUDENT HEALTH HISTORY

Student Name _____ Birthdate _____

Number of Brothers _____ Number of Sisters _____ Child Lives With _____

CHILD DEVELOPMENT HISTORY

Did the mother have any illness during pregnancy?

Yes No

Did the baby arrive on time?

Yes No

What was the baby's birth weight?

Yes No

Did the baby have any trouble while in the hospital?

Yes No

Did the baby have any special problems in the first six months?

Yes No

At what age did the child sit alone without support?

Yes No

At what age did the child begin to say two or three words together?

Yes No

At what age did the child walk alone without support?

Yes No

Can the child use the toilet without help?

Yes No

At what age did the child stop bedwetting?

Yes No

SPECIAL HEALTH NEEDS

Has the child ever been hospitalized?

Yes No

If yes, explain: _____

Is the child taking medication on a regular basis?

Yes No

If yes, what: _____

Does the child need to take medicine during school?

Yes No

If yes, what: _____ Time of day: _____

Is your child allergic to medications/insect stings/latex?

Yes No

If yes, explain: _____

Is your child diabetic?

Yes No

Has the child had any convulsions/seizures during the past year?

Yes No

Does your child have any physical limitations?

Yes No

Will he/she need any special considerations in school?

Yes No

Does your child have any restriction to physical activity?

Yes No

Explain: _____

Has your child had a concussion?

Yes No

If yes, when: _____

Has the child had any trouble with the following (please check all that apply):

<input type="checkbox"/> Ears	<input type="checkbox"/> Teeth	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Constipation	<input type="checkbox"/> Lead Poisoning
<input type="checkbox"/> Hearing	<input type="checkbox"/> Headaches	<input type="checkbox"/> Urinary Problems	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Eyes	<input type="checkbox"/> Joint Aches	<input type="checkbox"/> Asthma/Wheezing	<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Allergies
<input type="checkbox"/> Wear Glasses/Contacts		<input type="checkbox"/> Stomach Aches	<input type="checkbox"/> Skin Problems	

Does your child have a special diet or food problems?

Yes No

If yes, explain: _____

Please list any other medical concerns _____

Please check any of the following which worry you about your child:

<input type="checkbox"/> disobedient	<input type="checkbox"/> feelings hurt easily	<input type="checkbox"/> sad	<input type="checkbox"/> jealous of siblings
<input type="checkbox"/> daydreams	<input type="checkbox"/> selfish in sharing	<input type="checkbox"/> sulky	<input type="checkbox"/> fighting
<input type="checkbox"/> too restless	<input type="checkbox"/> thumb sucking	<input type="checkbox"/> temper tantrums	<input type="checkbox"/> stammering/stuttering
<input type="checkbox"/> nightmares	<input type="checkbox"/> shy	<input type="checkbox"/> purposely destroys things	<input type="checkbox"/> bedwetting

HEARING AND SPEECH INFORMATION

Has your child had ear infections, abscesses, drainage or other problems?

Yes No

If yes, explain: _____

Has your child had any treatment for their ears?

Yes No

If yes: Tonsillectomy Adenoidectomy Tubes
 Medication Lancing

Does your child's hearing seem to fluctuate? (get better or poorer)

Yes No

Has it ever been suggested that your child had a speech or language problem?

Yes No

If yes, explain: _____

Does any member of the child's immediate family have a hearing problem?

Yes No

If yes, explain: _____

Are there any health conditions of family members that may affect the ability of the child to function in the classroom?

Yes No

If yes, explain: _____



HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? No Yes (language) _____
2. Does your child communicate in a language other than English? No Yes (language) _____
3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes

**GREENVILLE AREA SCHOOL DISTRICT
9 DONATION ROAD, GREENVILLE, PA 16125**

GASD Media Production
and
Greenville Area School District Video/Photograph Consent Form

I consent I Do Not consent for in school Media/Pictures use.

I consent I Do Not consent for Video/Photograph use outside of school
(Including Not limited to: newspaper, Public TV, Facebook, GHS YouTube Ch.)

(student's name) grade _____

to be videotaped/photographed for any Media Production or other *video/photography productions* or publications of the Greenville Area School District.

I hereby release any rights that my child and I may have to any videotape, *photograph* or television production and understand that neither my child nor I will be paid for his/her appearances in any GHS Media production or Greenville Area School District publication. I understand that any video or photograph is the exclusive property of the Greenville Area School District.

I further acknowledge that I have read and understand the above statements.

If my preference should change, I will contact my child's school principal in writing.

Date

Parent/Guardian Name: _____
(Print)

Parent signature

Rev: 2-1-21

Rev. 2-7-2020

Rev. 1/26/2018

Revised 9/25/15

GREENVILLE AREA SCHOOL DISTRICT

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ACCEPTABLE USE OF THE INTERNET

Student Letter of Understanding

In order to gain access to the Internet resources at Greenville Area School district I agree to the following:

- The Student will use Internet access for activities that are related to classroom assignments, the promotion of school activities and the discussion of issues that may be of interest to others in the Greenville Area School District.
- The Student will follow the rules in accordance with the Greenville Area School District Acceptable Use policy.

Any use of the system that is considered outside of these areas or any use of language that may be considered inappropriate or offensive will result in the suspension of my access to the Internet resources on the GASD network according to school disciplinary guidelines.

STUDENT NAME _____ **GRADE** _____

The student named above (has) _____ (does not have) _____ my permission to access the Internet through Greenville Area School District.

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

Student access to the Internet may be changed by the parent or guardian presenting themselves in the school district office and asking for changes to be made to this form. This form will follow the student through school until graduation.

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POWERSCHOOL PARENT INTEREST FORM



PowerSchool

PowerSchool is an online platform that serves as a parent portal, providing parents with easy access to their child's school information, including grades, attendance, assignments, and school bulletins.

If you wish to have access to this information, please complete the following information and return to your child's school. Parents will then receive a Personalized Activation Code and detailed user information from the technology department.

Student Name _____ Grade _____

Parent/Guardian Name _____

Student's Homeroom Teacher _____

Parent/Guardian's Email Address _____

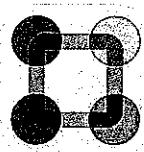
**If you already have a PowerSchool account,
you simply need to sign in using the password used previously.**

Program support is available by calling
Jodi Hibbard, Technology Coordinator, at (724) 588-2500, ext. 2406

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PARENT SQUARE

Emergency Alert Phone System



ParentSquare

ParentSquare is a secure, easy-to-use communication tool that keeps parents informed by bringing all school messages—like announcements, reminders, and forms—into one place. Parents can receive updates, message teachers, and respond to school requests via app, email, or text. The system will be **used in the event of school delays or cancellations** and both **PRIMARY** contacts will receive an alert notification. In the case of a major event involving any or all of the school buildings the emergency phone number will be called.

- Caller ID will display the school's main number, (724) 588-2500, when general announcements are delivered
- Caller ID will display 411 if the message is an emergency
- System will leave a message on voicemail
- If the **BLACKBOARD CONNECT** message stops playing, press any key 1-9 and the message will replay from the beginning.

Please provide the phone numbers and email addresses at which you wish to receive ParentSquare notifications.

STUDENT NAME _____

Grade _____

CONTACT 1

Name _____ Relationship to Student _____

Primary Phone Number _____

Secondary Phone Number _____

Email Address _____

CONTACT 2

Name _____ Relationship to Student _____

Primary Phone Number _____

Secondary Phone Number _____

Email Address _____

SCHOOL DISTRICT
STUDENT RESIDENCY QUESTIONNAIRE

Dear Parent or Guardian,

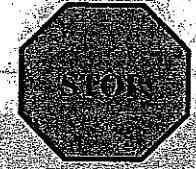
The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) Thank you for your cooperation.

1. Student name: _____ Birth Date: _____

Person completing form: _____ Relationship to child: _____

2. In what type of setting is the student living now?

Check one box below.

SECTION A	SECTION B
<input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason <input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations <input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings <input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings	<input type="checkbox"/> None of the choices in Section A apply.  If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.

CONTINUE to Question 2  if you checked any box in SECTION A

3. Contact number for person completing the form: _____

Address where student is now living: _____

4. The student lives with:

Check all that apply

- Parent(s) or legal guardian
- Relative, friend(s), or other adult(s)
- Alone
- Other: _____

5. School student attended last _____

Address of school: _____

Telephone number of school: _____

Contact person at school (if known): _____

6. Does the student have an IEP or a Chapter 15/504 agreement?

NO

YES. Please explain: _____

The staff person who is helping you register will contact the homelessness coordinator to review the information provided. If homelessness is verified, additional information will be needed to complete enrollment. The Homelessness Coordinator will contact you by the end of the next school day (or sooner) to share the determination regarding homeless status, to gather additional information and to discuss the plans for placement.

Signature of Parent/Legal Guardian: _____

Date: _____

NOTE TO STAFF: All forms with a checked box in Section A are to be faxed *immediately* to the Homeless Liaison to eliminate any delay.