

Riverview School District
Tenth Street Elementary School

January 20, 2025

Dear Prospective Kindergarten Parent or Guardian:

Welcome to Riverview School District Full Day Kindergarten!

Starting school is exciting for all children. Kindergarten is a major milestone for your child and for you as a parent. It acts as an introduction to the structure of school, to learning cooperation and interaction with peers, and to mastering new concepts and exploring new worlds! Riverview School District stands ready to make this a rewarding experience for your family.

Step # 1 – Kindergarten Registration Packet Pickup

Registration packets are available in the Tenth Street Elementary School Office from **Wednesday, January 22, 2025, through Friday, February 28, 2025**, between the hours of 9:00AM and 2:30 PM.

Step # 2 – Kindergarten Screening

Please return your completed registration packet and all required documents to the Tenth Street Elementary School Office. Upon successful completion of your registration packet and providing all required documents, you will receive an email to sign up for a screening time. Kindergarten Screening will be held **on Wednesday, April 2nd and Thursday, April 3rd from 9:30AM – 11:30AM and 12:30PM – 2:30PM**. The Kindergarten Screening consists of the kindergarten teachers evaluating each student one-on-one. The data is then used to build balanced classes and give us information regarding your child's developmental readiness for kindergarten.

Step # 3 – Kindergarten Orientation

Kindergarten Orientation will be **May 20th from 9:00 – 10:30** for both parents and incoming kindergarten students. Please enter the building through the front doors on Pennsylvania Avenue and will take place in the Auditorium at Tenth Street Elementary School.

Some things to Remember:

Age Requirement: - Students registering for kindergarten must be five years of age before September 1, 2025.

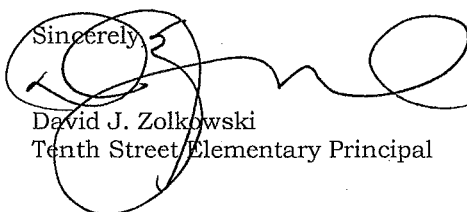
Immunization Information: - Is to be completed and returned to the school with your Registration Packet. A child must have the required medically appropriate vaccines or a plan to complete those vaccines or risk exclusion from school. A child may still obtain medical, religious, or philosophical exemption from meeting the immunization requirements. Talk to your child's pediatrician about the vaccines your child needs to attend school. Allegheny County Health Department does offer the required vaccines free of charge. To obtain information about clinic locations and times parents should contact ACHD Infectious Disease Program at 412-578-8060.

Physical Exam Form: (Included in this packet) - Should be returned to the school by Friday, August 15, 2025. A physical exam for all kindergarteners is needed before starting school.

Readiness Skills: - The following is a list of entrance skills you may want to review with your child before he/she enters kindergarten. It would be to your child's advantage if he/she can:

- * Zip, button and tie
- * Use bathroom facilities independently
- * Print their first name
- * Recognize their name in print
- * Recognize and name colors
- * Know numerals and number correspondence from 0 – 10.

The role you play in this critical point in your child's life is a very important one. We look forward to working with you as your child begins his/her school experience.

Sincerely

David J. Zolkowski
Tenth Street Elementary Principal

Kindergarten Registration Checklist

Name: _____ Date: _____

THE FOLLOWING IS NEEDED TO REGISTER AND SECURE A SCREENING TIME

Proof of Residency Documentation

- Photo ID with current address
- Copy of 3 utility bills with current address
- Deed, Lease, or Bill of Sale

Proof of Age

- The child's birth certificate, passport, or baptismal certificate

Registration Packet

- White Forms in Kindergarten Registration Packet

Proof of Immunization Status:

- A physician's statement / record of immunizations

THE FOLLOWING IS NEEDED BY THE TIME YOUR CHILD STARTS KINDERGARTEN

Health Forms

- Pink Forms in the Kindergarten Registration Packet
 - Physical Examination Form
 - Dental Report
 - Health History Form

Once you have completed the Proof of Residency, Proof of Age, the Registration Packet, and the Proof of Immunization Status, please return them to the school office in which they will attend. Please make sure you have all of the required information as only completed registration packets will be accepted. Once your packet is accepted you will be contacted by email to sign up for a Kindergarten Screening time.

If you have any question or concerns, please reach out to the building secretary or nurse of the school that your child will be attending.

Rachel Pazman - *Secretary*

Tenth Street Elementary

(412)828-1800 x2010

rpazman@rsd.k12.pa.us

Kelli Matthews - *Nurse*

Tenth Street Elementary

(412)828-1800 x2017

kmattthews@rsd.k12.pa.us

Tracy Soilis - *Secretary*

Verner Elementary

(412)828-1800 x3010

tsoilis@rsd.k12.pa.us

Kendall Kadylak - *Nurse*

Verner Elementary

(412)828-1800 x3017

kkadylak@rsd.k12.pa.us



Tenth Street and Verner Elementary

Kindergarten Registration

Please type or print clearly

Has your child attended a preschool?

Yes _____

No _____

If yes, please indicate which preschool.
Name, Address

Please sign permission for your child's
release of preschool records.

Yes _____

No _____

Signature

Date

Thank you for your cooperation.



Riverview School District 701 Tenth Street Oakmont, PA 15139 Phone 412.828.1800 Fax 412.828.9346 www.rsd.k12.pa.us

Parental Registration Statement

Student's name _____ () Male () Female

Date of birth _____ Place of birth _____ Birth certificate # (optional) _____ Ethnicity _____

Address _____ City _____ State _____ Zip Code _____

Person completing form _____ Relationship to student _____

Email _____ Telephone # _____ Cell Phone # _____

Student resides with: Check all that apply _____ Parent(s) or legal guardian _____ Relative, friend(s) or other adult _____ Alone _____

Other _____

Is there a custody agreement? _____ Is there a court order? _____

Name of Parent 1 _____

Name of Parent 2 _____

Parent's place of employment:

Parent 1 _____	_____	_____
Occupation	Employer	Business Address & Phone #

Parent 2 _____	_____	_____
Occupation	Employer	Business Address & Phone #

Number of brothers: _____ younger _____ older Number of sisters: _____ younger _____ older

Does the student live in the Riverview School District? Yes _____ No _____

In what type of setting is the student living now?

_____ In a rented or owned house or apartment _____ In an emergency or transitional shelter

_____ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason

_____ In a motel, hotel, campsites, or cars due to lack of alternative adequate accommodations

_____ In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings

_____ Other places not designed for, or ordinarily used as a regular sleeping accommodations for human beings

School district in which you last resided _____

Former school name and address _____

Last grade successfully completed _____ Grade now entering _____

Does your child have an IEP (Individual Education Plan)? _____ Yes _____ No

Does your child have a GIEP (Gifted Individual Education Plan)? _____ Yes _____ No

Does your child have a 504 Plan? _____ Yes _____ No

Does your child have any problems which would affect his/her participation in any part of the school program? _____ Yes _____ No
If YES please explain on back.

High Risk Medical Condition(s) _____ Yes _____ No If YES please explain on back.

Signature of person completing form _____ Date _____

Entrance date: _____ Date sent for records: _____

Racial/Ethnic Categories of Persons

Racial/Ethnic Categories – Categories used to describe groups to which individuals belong, identify with or belong in the eyes of the community. These categories do not denote scientific definitions of anthropological origins. However, no person may be counted in more than one racial/ethnic category.

AMERICAN INDIAN/ALASKAN NATIVE – A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN/PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent or Pacific Islands. This includes people from China, Japan, Korea, the Philippine Islands, Samoa, India and Vietnam.

BLACK or AFRICIAN AMERICAN (NON-HISPANIC) – A person having origins in any of the black, racial groups of Africa (except those of Hispanic Origin).

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

WHITE (NON-HISPANIC) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East – (except those of Hispanic origins).

MULTI-RACIAL (NOT HISPANIC)

NATIVE HAWAIIAN OR PACIFIC ISLANDER (NOT HISPANIC)



RIVERVIEW SCHOOL DISTRICT
Original Entry Information

Please type or print clearly

Name of Student _____ Date of Entry _____

Parent(s) with whom child resides:

_____	_____	_____	_____
Last Name	First Name	Initial	Phone Number

_____	_____	_____	_____
Last Name	First Name	Initial	Phone Number

Address where child resides:

_____	_____	_____	_____
House No.	Street	Town	Phone Number

Parents:

_____	_____	_____	_____
Last Name	First Name	Initial	Phone Number

_____	_____	_____	_____
Last Name	First Name	Initial	Phone Number

Children:

_____	_____	_____	_____	_____
Last Name	First Name	Initial	School	Date of Birth

_____	_____	_____	_____	_____
Last Name	First Name	Initial	School	Date of Birth

_____	_____	_____	_____	_____
Last Name	First Name	Initial	School	Date of Birth

_____	_____	_____	_____	_____
Last Name	First Name	Initial	School	Date of Birth



Parental Registration Statement

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

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 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. 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 the school from which student was suspended or expelled:

Dates of suspension or expulsion:

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

Reason for suspension/expulsion (optional) _____

(Signature of Parent or Guardian)

(Date)



Custodial Verification

Please type or print clearly

1. What is the child's formal name? _____
What is the name of the person providing this information? _____
2. What is the child's birth date: _____ current grade level _____
3. What is the child's **current** place of actual residence or domicile?
4. What is the formal name of the responsible adult who has formal custody of this child?

5. Have the courts issued formal custody papers naming someone the parent or guardian of this child?
_____ What is the name of the parent/guardian listed?

Please show us the original court custody papers and provide us a copy for review.

Custody papers received: Yes _____ No _____

6. Who listed this child as a dependent on the most recent federal income tax report?

Please provide us a copy of your last federal income tax form listing dependent children.

7. Has the child's domestic address recently changed? _____ When? _____

Please list the current domestic address for this child.

8. In what public school district is this child's residence located? _____

Pennsylvania state law requires that a child attend school in the school district of residence/domicile. School attendance decisions are made based upon this PA law.



Riverview School District 701 Tenth Street Oakmont, PA 15139 Phone 412.828.1800 Fax 412.828.9346 www.rsd.k12.pa.us

RIVERVIEW SCHOOL DISTRICT Home Language Survey

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS 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 method for the identification.

School: Jr/Sr High Tenth St Verner

Date: _____

Student's Name: _____

Grade: _____

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

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

☐ Yes ☐ No

If yes, specify the language and complete the 2 page questionnaire (link found on website):

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

4. Has the student attended any United States school in any 3 years during his/her lifetime?

☐ Yes ☐ No

If yes, complete the following:

Name of School

State

Dates Attended

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

*The school district/charter school/full day AVTS 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/full day AVTS 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/full day AVTS 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 school district/charter school/full day AVTS in the future.

Please file original with student's records.
Forward a copy to the District ESL Administrator.

Student ID: _____
School: _____
Grade: _____

Riverview School District
ENGLISH AS A SECOND LANGUAGE
STUDENT BACKGROUND QUESTIONNAIRE

Student's Name: _____
(First) (Last)

Male/Female Birthday: _____ Age: _____ Telephone: _____
(month) (day) (year)

Address: _____

Father's Name: _____ Father's Native Country: _____

Mother's Name: _____ Mother's Native Country: _____

Names and ages of brothers and sisters: _____

Names and relationships of others living in the home: _____

Was your child born outside the USA? ☐ No ☐ Yes If yes, list the country: _____

Child's First Spoken Language: _____

When did this student come to the USA?: _____

What language is used with parents? _____ With siblings: _____
With friends? _____

If your child is cared for by another person, what language is most often used? _____

Is an interpreter needed for home/school communication? ☐ No ☐ Yes

My child	Very well	Only a little	Not at all
Reads English			
Writes English			
Reads first language			
Writes first language			

Student's Name: _____

SCHOOL HISTORY

Please give the following information. Fill in name of each school one time. Indicate any breaks in schooling. Give any information that would help us understand your student's background better.

Age	Grade	Name of School: Location	Language(s) Used
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18+			

Last grade completed: _____ When? _____

Has your child studied English? ☐ No ☐ Yes How long? _____

Has your child ever received ESL instruction? ☐ No ☐ Yes Where? _____

Additional information you want us to know:

Student's special interests: _____

In school, student does well in: _____

Special medical problems the school should know about: _____

Does your child have learning difficulties? ☐ No ☐ Yes

Other: _____

Form filled out by: _____

(Signature)

(Date)

Student grade placement (if determined): _____

RIVERVIEW SCHOOL DISTRICT
RSD DISTRICT PROVIDED TECHNOLOGY DEVICE AGREEMENT

Responsibility, Standard of Care, Risk of Loss or Damage, and Reporting:

1. Students and parents are responsible for proper use and care of all district provided technology devices, as is the case with any district issued materials.
2. Intentional damage to the device (as determined solely by the Riverview School District (District) in its reasonable discretion) remains the responsibility of the student and parents.
3. Apart from manufacturer defects; loss, theft of, or damage to (accidental or intentional) the AC power adapter, or any other district issued accessory, are the sole financial responsibility of the students and parents.
4. Events of lost, stolen, or misplaced devices and/or power cords must be reported to the student's assigned building office **immediately** upon discovery to initiate recovery efforts and possible criminal investigation. Physical or mechanical damage, inoperability, or malfunction must be reported to the student's assigned building office within **7 days** of the occurrence, to facilitate proper claim submission under the manufacturer's various warranties. Forms for all such reports will be available in all building offices and included on the District website.
5. The District reserves the right to request the return of any district provided technology device and these items will need to be returned within 7 days to the student's assigned building office.
6. As required by State and Federal laws, Riverview School District (RSD) provides filtering for inappropriate websites/material. The district provided devices made available to RSD students are equipped with RSD hardware and are part of the RSD network and are subject to those laws. Part of RSD compliance is accomplished by various software configurations and preference settings. It is a violation of RSD's *Acceptable Use Policies* to edit or adjust any device settings to circumvent the RSD filtering software, whether in school or out of school, and doing so can have serious disciplinary consequences. Likewise, as a general proposition, the filtering technology cannot perfectly preclude violations of the District's Policies. Parents and Guardians should monitor their children's use of the device when at home to ensure that student use is consistent with all school policies and guidelines and to ensure that use is consistent with family standards. Students have a Riverview School District student email account for educational use only and can only receive/send emails to/from school staff. Any violation of RSD's *Acceptable Use Policies* will result in suspension of this email account.
7. This signed agreement is binding for the length of time the student possesses a district issued device. However, the District may opt to modify this agreement in the future as needed. Students may terminate this or future agreements at any time by returning all equipment to the RSD Technology Department and providing the District with OPT-OUT paperwork, also found on the district website.

Technical Note:

1. The District cannot guarantee 100% functionality of the device, their component drives and/or other memory components. Although RSD provides operating and application software, and can effect re-installation of same, the risk of loss to stored content is the responsibility of the student. While all students have access to the District OneDrive, students must still back-up their data files and folders, and maintain archival hard copies of their work. Students ultimately have the responsibility to back-up their files regularly and as frequently as they deem advisable.

Device Repair and Return Procedures

1. All devices requiring service **must** be accompanied by a properly filled out *Device Repair Request* form. These forms can be found in all building offices and on the District website. Devices turned in for repairs without completed paperwork (please provide as much information regarding the problem as possible - ie, error messages) cannot be processed and will be returned in current condition.
2. Please DO NOT include the power cord with the device when seeking repairs UNLESS said repairs are concerning powering of the device issues.
3. Upon receipt of the problem device to the student's building office, a student loaner machine will be provided to the student. The loaner may not necessarily be the same model that the student currently uses.

4. As soon as the assigned device is repaired it will be returned by the building.
5. If the student's device cannot be fixed, while available, it will be replaced with a similar device.
6. Any loaner equipment and power cords MUST be returned before receiving repaired/replaced.

Acknowledgement and Agreement:

Parent/Guardian **Name(s)** _____ Date: _____
(Please Print Clearly)

Parent/Guardian **Signature(s)** _____ Date: _____

Parent/Guardian EMAIL: _____ Contact Phone: _____

Student Signature _____ Login ID# _____ Date: _____

FOR DISTRICT TECHNOLOGY DEPARTMENT USE, PLEASE DO NOT WRITE BELOW THIS LINE

BLDG: _____ DATE: _____

COMPUTER LOGIN ID#: _____

RSD TAG #: _____

SN: _____

STUDENT FIRST NAME: _____

STUDENT LAST NAME: _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTHPRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

DATE _____ 20 _____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD

DATE OF BIRTH

SEX

☐ ☐

M F

Last

First

Middle

ADDRESS

No. and Street

City or Post Office

Borough or Township

County

State

Zip Code

MEDICAL HISTORY
IMMUNIZATIONS AND TESTS

VACCINE	Enter Month, Day, And Year Each Immunization Was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, Td	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /		2 / /		3 / /
HIB	1 / /		2 / /		3 / /
Varicella	1 / /		2 / /		Varicella Disease or Lab Evidence Date: _____
Other _____					

☐ MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health☐ RELIGIOUS EXEMPTION (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on. _____

Date

Result of Diagnostic Studies: _____

Date

Preventive Anti-Tuberculosis - Chemotherapy ordered.

☐

No

☐

Yes

Date

(Continued on Back)

Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
Neuromuscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination (✓)

	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

Date of Examination _____

Signature of Examiner _____

Print Name of Examiner _____

Address _____

Telephone Number _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTHPRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
Last First Middle						
ADDRESS _____						

No. and Street	City or Post Office	Borough or Township	County	State	Zip
_____	_____	_____	_____	_____	_____

REPORT OF EXAMINATION

		TOOTH CHART																
		RIGHT								LEFT								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
	UPPER																	Upper
	LOWER																	Lower

Is The Child Under Treatment Yes ☐ No ☐Treatment Completed Yes ☐ No ☐_____
Date of Dental Examination_____
Signature of Dental Examiner_____
Print Name of Dental Examiner_____
Address

Health History to be completed by parent or guardian

RIVERVIEW SCHOOL DISTRICT

Health History

Student's Name _____ Birthday _____ Grade _____

Please complete the following questions as completely and accurately as possible.

Give approximate dates or mark "yes" if your child has had any of the following:

_____ Allergies (please specify) _____

_____ Chicken Pox _____ Asthma _____ Middle ear Infection

_____ Rheumatic Fever _____ Bedwetting _____ Pneumonia

_____ Diabetes _____ Tonsillitis _____ TB (student or family)

_____ Seizures _____ Lead poisoning

Give significant details of child's medical history. Included serious illnesses, childhood diseases, Operations, serious injuries, physical disabilities or emotional disabilities. Explain any treatment or Medication regimes your child is receiving.

Please explain any concerns in regards to vision, hearing and speech. Include any corrective devices your child uses (i.e.: glasses, contacts, hearing aids, etc.)

Parent/Guardian Signature _____ Date _____

