

# Online Registration Summary

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Bojczuk, Eliza Wynter | 7601

**Modified By:**  
**Modified Date:**  
**Application End Year: 2021**

**Submission Date: 01/23/2020**  
**Application Number: # 7601**  
**Application Created By: Shannon Bojczuk**

## Household

### Home/Main Phone

Home  
Phone: (484)723-9264

### Home Address

606 JOLENE DR  
WEST CHESTER, PA 19382  
Chester County  
Household has no separate Mailing Address

### Parent/Guardian

**Bojczuk , Shannon** Gender: F  
**Birthdate: 07/04/1980** Household: Yes

### Contact Information

Cell: (484)723-9264  
Work:  
Other: (215)260-3809  
Email: shannboj@gmail.com  
Secondary  
Email:

### Migrant Worker

Migrant Worker: No

### Impact Aid

Parent/Guardian in Military: No

### Custody/Visitation

Custody/Visitation: No

### Parent/Guardian

**Bojczuk Jr., Peter Nikolaus** Gender: M  
**Birthdate: 08/30/1974** Household: Yes

### Contact Information

Cell: (215)260-3809  
Work:  
Other:  
Email: peterboj2@gmail.com  
Secondary  
Email:

### Migrant Worker

Migrant Worker: No

### Impact Aid

Parent/Guardian in Military: No

### Custody/Visitation

Custody/Visitation: No

### Emergency Contact

**Sanville , Patty** Gender: F  
**Birthdate: 07/08/1971** Household: No

### Contact Information

Home:  
Mobile: (610)547-2567  
Work:  
Email:

## Emergency Contact

**Sanville , Patty** Gender: F  
**Birthdate: 07/08/1971** Household: No

### Verification Information

Address Line 1: 8320 Winchester Lane  
Address Line 2: Alburdis, PA 18011

### Other Household

**Bojczuk , Ruby Josephine** Gender: F  
**Birthdate: 02/20/2017** Household: Yes

Child Description starting literal:  
Enrolled in a Pre-School

### Student

**Bojczuk , Eliza Wynter** Gender: F DOB: 01/04/2015  
**Nickname: Eliza**

### Demographics

Student Cell Number:  
Student Personal Email:  
Date Entered U.S.: 01/04/2020  
City of Birth: Upland  
State of Birth: Pennsylvania  
Country of Birth starting literal: United States  
First Date in US School starting literal:  
Enrollment Grade: K  
Pref K Session starting literal: KA  
Preferred Session Reason starting literal: Work  
School: Bradford Heights Elementary School  
Preferred Start Date starting literal: 08/31/2020

### Race Ethnicity

White  
Is Hispanic/Latino: No

### Housing

Homeless: No

### Student Services

Student has IEP: No  
Student has 504 plan: No  
Student received gifted/talented services: No

### Language Information

Student language: English  
First language spoken by student: English  
Language most often spoken at home: English  
Parent/Guardian language: English  
Student has received ELL services: No

Student		
Bojczuk , Eliza Wynter	Gender: F	DOB: 01/04/2015
Nickname: Eliza		

### Previous School

Last Year

School:

City:

State: PENNSYLVANIA

Country: United States

Phone:

Previous School Fax:

Previous School Email:

Prev School Grade:

### Relationships

Shannon Bojczuk - Mother

Guardian: true

Mailing: true

Portal: true

Messenger: true

Secondary Household false

Contact Order: 1

Peter Bojczuk - Father

Guardian: true

Mailing: true

Portal: true

Messenger: true

Secondary Household false

Contact Order: 2

Patty Sanville - Aunt

Contact Order: 3

Ruby Bojczuk - Sibling

Emergency Contact Release: Yes

### Health Services - Emergency Information

Please provide your child's primary care provider's (doctor's) name and phone number. This information helps DASD better serve your child. If you do not have a primary care provider, you may enter a medical institution such as a local urgent care facility or hospital.

Primary Care Provider: CHOP

Primary Care Phone: (610)429-1100

Insurance Company: Aetna

Insurance Group: Johnson & Johnson

### Health Services - Medical or Mental Health Conditions

No medical or mental health conditions

### Illnesses

Chicken Pox: No

Measles: No

Whooping Cough: No

Hepatitis: No

Mumps: No

Rheumatic fever: No

Scarlet Fever: No

German Measles: No

Tuberculosis: No

Student		
Bojczuk , Eliza Wynter	Gender: F	DOB: 01/04/2015
Nickname: Eliza		

### Health Services - Medications

Medication Name: Epi Pen

Comments: for egg allergy. We've never needed to use it.

Where taken: Both

Type: Emergency

Tylenol: Yes

Ibuprofen: Yes

Benadryl: Yes

Mylanta: Yes

### Immunizations

### Additional Student Info

Internet Access: Yes

### Release Agreements

Parental Registration Agreement: Yes

AUP Student: Yes

AUP Parent: Yes

Social Media Student starting literal: Yes

Social Media Parent starting literal: Yes

Diabetes Release Agree starting literal: Yes

Handbook Agreement Parent starting literal: Yes



Release Agreements Date starting literal: 01/23/2020

**Signature:**

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