

**PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT
Enrollment Form**



Please Print All Information

Student Information		School _____	Grade enrolling in _____	For Kindergarten: <input type="checkbox"/> Half Day Program <input type="checkbox"/> Full Day Program
Legal Last Name _____	Gender _____			
Legal First Name _____	Birth Date _____			
Middle Name _____	<i>Please check boxes for both ethnicity and race below.</i>			
Suffix _____	Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nickname _____	Race: What is this student's race? Check one or more			
Birth Country (if other than U.S.) _____	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Date Entered U.S. _____	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
First date of attendance in U.S. school _____	Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Other				
Primary language spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
If new to Pleasant Valley School District: Please provide previous school information:				
School Name _____	School Phone Number (____) _____			
School Address _____	City _____	State _____	Zip _____	
For Office Use Only: Start Date _____ Student # _____ Form of Birth Verification _____				

Household Information		Mailing Address <input type="checkbox"/> Same as Household Address
Household Address: Street _____	Apt. # _____	Mailing Address: Street / PO # _____
City _____	State _____	City, State, Zip _____
Zip Code _____	Phone Unlisted? Yes ___ No ___	
Legal District of Residence _____	Home Telephone _____	

If you are enrolling other students this year with Pleasant Valley School District, please fill out their information below: (Ask for an additional sheet if needed.)

Student Information		School _____	Grade _____	For Kindergarten: <input type="checkbox"/> Half Day Program <input type="checkbox"/> Full Day Program
Legal Last Name _____	Gender _____			
Legal First Name _____	Birth Date _____			
Middle Name _____	<i>Please check boxes for both ethnicity and race below.</i>			
Suffix _____	Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nickname _____	Race: What is this student's race? Check one or more			
Birth Country (if other than U.S.) _____	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Date Entered U.S. _____	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
First date of attendance in U.S. school _____	Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary language spoken in household _____				
If new to Pleasant Valley School District Please provide previous school information:				
School Name _____	Phone Number (____) _____			
Address _____	City _____	State _____	Zip _____	
Office Use Only: Start Date _____ Student # _____ Form of Birth Verification _____				

Student Information		School _____	Grade _____	For Kindergarten: <input type="checkbox"/> Half Day Program <input type="checkbox"/> Full Day Program
Legal Last Name _____	Gender _____			
Legal First Name _____	Birth Date _____			
Middle Name _____	<i>Please check boxes for both ethnicity and race below.</i>			
Suffix _____	Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nickname _____	Race: What is this student's race? Check one or more			
Birth Country (if other than U.S.) _____	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Date Entered U.S. _____	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
First date of attendance in U.S. school _____	Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary language spoken in household _____				
If new to Pleasant Valley School District Please provide previous school information:				
School Name _____	Phone Number (____) _____			
Address _____	City _____	State _____	Zip _____	
Office Use Only: Start Date _____ Student # _____ Form of Birth Verification _____				

If enrolling students at multiple schools in the PV District, the building secretary will make a copy of this form and return the original to you to take to the next building. Only do the paperwork once!

Please complete the section below if you have children younger than 5 years of age.	
Sibling under 5 years of age	Sibling under 5 years of age
Legal Last Name _____	Legal Last Name _____
Legal First Name _____	Legal First Name _____
Middle Name _____	Middle Name _____
Birth Date _____	Birth Date _____
Gender _____	Gender _____

Parent Information	
___ Mother Deceased ___ Father Deceased	
Female Parent/Guardian who resides with the student at the household address listed on page 1:	Male Parent/Guardian who resides with the student at the household address listed on page 1:
Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship _____ Legal Guardian ? Yes No	Relationship _____ Legal Guardian ? Yes No
Work Place _____	Work Place _____
Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>	Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>
Work Phone () _____ Extension _____	Work Phone () _____ Extension _____
Cell Phone () _____	Cell Phone () _____
Other Phone () _____	Other Phone () _____
E-mail Address _____	E-mail Address _____

If a parent/guardian does not live with the student or if custody is shared with a separate household, please list their information below:

Female Parent/Guardian	Male Parent/Guardian
Last Name _____	Last Name _____
First Name _____	First Name _____
Relation _____ Legal Guardian ? Yes No	Relation _____ Legal Guardian ? Yes No
Does student live part-time with this Parent/Guardian? Yes No	Does student live part-time with this Parent/Guardian? Yes No
If yes, please list household address:	If yes, please list household address:
Street _____	Street _____
City _____ St. _____ Zip _____	City _____ St. _____ Zip _____
Send a copy of Conference Report/Report Card ? Yes No	Send a copy of Conference Report/Report Card ? Yes No
If yes, please list mailing address:	If yes, please list mailing address:
<input type="checkbox"/> Same as above household address	<input type="checkbox"/> Same as above household address
Street _____	Street _____
City _____ St. _____ Zip _____	City _____ St. _____ Zip _____
Home Phone () _____ Unlisted ? <input type="checkbox"/>	Home Phone () _____ Unlisted ? <input type="checkbox"/>
Work Phone () _____ Ext. _____	Work Phone () _____ Ext. _____
Cell Phone () _____	Cell Phone () _____
Work Place _____	Work Place _____
Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>	Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>
E-mail Address _____	E-mail Address _____

Emergency Contact Information	
Please use a local contact other than parents . Parents will always be called first in any emergency situation.	
First Preference	Second Preference
Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship _____	Relationship _____
Home Phone () _____	Home Phone () _____
Work Phone () _____	Work Phone () _____
Cell Phone () _____	Cell Phone () _____

Medical Information	Doctor Name _____ Phone # () _____
	Dentist Name _____ Phone # () _____

Childcare Information	
Before School	After School <input type="checkbox"/> Same as before school information
Contact/Facility Name _____	Contact/Facility Name _____
Phone () _____	Phone () _____

Parent/Guardian Approving Enrollment

Signature _____ Date _____