

**PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT  
Enrollment Form**



**Please Print All Information**

<b>Student Information</b>		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 _____	Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Other _____		Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary language spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
<b>If new to Pleasant Valley School District:</b> Please provide previous school information:				
School Name _____		School Phone Number (____) _____		
School Address _____		City _____	State _____	Zip _____
<b>For Office Use Only:</b> Start Date _____ Student # _____ Form of Birth Verification _____				

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

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!

<b>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.)</b>				
<b>Student Information</b>		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 _____	Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Other _____		Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary language spoken by student <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
<b>If new to Pleasant Valley School District</b> Please provide previous school information:				
School Name _____		Phone Number (____) _____		
Address _____		City _____	State _____	Zip _____
<b>Office Use Only:</b> Start Date _____ Student # _____ Form of Birth Verification _____				
<b>Student Information</b>		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 _____	Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Other _____		Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary language spoken by student <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
<b>If new to Pleasant Valley School District</b> Please provide previous school information:				
School Name _____		Phone Number (____) _____		
Address _____		City _____	State _____	Zip _____
<b>Office Use Only:</b> Start Date _____ Student # _____ Form of Birth Verification _____				

As stated in the student handbook, the Pleasant Valley Community School District (PVCS) can release certain information to the public about individual students. Included are such items as: name, address, telephone number, email address and grade level (for a complete list, please see the student handbook). Consistent with this policy, by completing this registration form, you are agreeing (unless you opt out as described below) that PVCS may release you and your student's name, address, telephone number (cell and landline), email and grade level to each respective PTA in the PVCS for the purpose of creating a printed student directory. If you do not want this information included in your school's PTA student directory, you must submit your objection in writing by letter or email to your school's principal by the first day of school.

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

<b>Parent Information</b>	
___ Mother Deceased      ___ Father Deceased	
<b>Female Parent/Guardian</b> who resides with the student at the household address listed on page 1:	<b>Male Parent/Guardian</b> who resides with the student at the household address listed on page 1:
Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship _____ Legal Guardian ? <b>Yes No</b>	Relationship _____ Legal Guardian ? <b>Yes No</b>
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 _____

<b>If a parent/guardian does not live with the student or if custody is shared with a separate household, please list their information below:</b>	
<b>Female Parent/Guardian</b>	<b>Male Parent/Guardian</b>
Last Name _____	Last Name _____
First Name _____	First Name _____
Relation _____ Legal Guardian ? <b>Yes No</b>	Relation _____ Legal Guardian ? <b>Yes No</b>
Does student live part-time with this Parent/Guardian? <b>Yes No</b>	Does student live part-time with this Parent/Guardian? <b>Yes No</b>
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 ? <b>Yes No</b>	Send a copy of Conference Report/Report Card ? <b>Yes No</b>
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 _____

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

<b>Medical Information</b>	Doctor Name _____ Phone # (____) _____
	Dentist Name _____ Phone # (____) _____

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

**Parent/Guardian Approving Enrollment**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PVCSD STUDENT HEALTH AND EMERGENCY INFORMATION**

**\*\*IN AN EMERGENCY IT IS VITAL THAT THIS INFORMATION BE AVAILABLE\*\***

STUDENT \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FATHER'S WORKPLACE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER'S WORKPLACE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

**\*\*\*IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE NOTIFY\*\*\***

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_ DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

**HEALTH CONCERNS: INCLUDING ALLERGIES** \_\_\_\_\_

**\*\*MEDICATIONS\*\***

I request that the following prescription or over-the-counter medication(s) be given to my student during school. I understand that I must provide the medication(s) and dosage information in the original container and that **all medication is to be kept in the Health Clinic.** (See Student Handbook for clarification of the district policy.)

1. \_\_\_\_\_ dose \_\_\_\_\_ time(s) \_\_\_\_\_ reason \_\_\_\_\_

2. \_\_\_\_\_ dose \_\_\_\_\_ time(s) \_\_\_\_\_ reason \_\_\_\_\_

**\*\*OVER THE COUNTER MEDICATIONS\*\***

\_\_\_\_\_ I request that the school nurse or a designee give my student over-the-counter-medication(s) during the school day for non-emergency complaints. I understand that the school district is not responsible for any reaction that may occur as a result of my student's taking this over-the-counter medication. The following medication(s) may be given to my student:

**Tylenol** \_\_\_\_\_ **Ibuprofen** \_\_\_\_\_ **Midol** \_\_\_\_\_ **Decongestant** \_\_\_\_\_ **Other** \_\_\_\_\_

\_\_\_\_\_ I do not give permission for my student to be given any over the counter medication(s).

**\*\*\***I hereby authorize the school to administer first aid as needed, to dispense medications as directed above and to refer to the above named persons in the event that my child needs emergency care and I cannot be located immediately. I understand that I am responsible for any expenses that may be incurred in referral or treatment.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT HEALTH HISTORY

Dear Parent,

Please help us update your student's health records by giving us the following information.

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student medical history: (Past chronic illness, injuries or surgeries, please include dates):  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any allergies?  Yes  No

If Yes, what type of allergy (include allergies to medications)?

Allergies: \_\_\_\_\_

If an allergic reaction occurs, what steps should be taken? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medications your child is now taking:

Name	Reason	Given At School?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Please check any conditions that apply, explain onset, severity and limitations. Use lines below for specific information such as medications.

- ADHD/ADD Medications \_\_\_\_\_
- Asthma Medications \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Digestive Problems \_\_\_\_\_
  - GERD \_\_\_\_\_
  - Constipation \_\_\_\_\_
  - Irritable bowel \_\_\_\_\_
- Headache Medications \_\_\_\_\_
- Hearing \_\_\_\_\_
  - Tubes \_\_\_\_\_

- Seizures \_\_\_\_\_
  - Type & Meds \_\_\_\_\_
  - Last Seizure \_\_\_\_\_
- Speech difficulty \_\_\_\_\_
- Visual Problems \_\_\_\_\_
  - Color Blindness \_\_\_\_\_
  - Glasses or Contacts \_\_\_\_\_
- Psychosocial/Behavioral concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use this area for additional information: \_\_\_\_\_  
\_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions, please contact the school nurse.

Joette Strobbe, RN BSN  
Email: [strobbejoette@pleasval.k12.ia.us](mailto:strobbejoette@pleasval.k12.ia.us)  
Bridgeview Elementary 563-332-0215  
Hours: 9:45 – 2:15pm

Ann Harris, RN BSN  
Email: [harrisann@pleasval.k12.ia.us](mailto:harrisann@pleasval.k12.ia.us)  
Cody Elementary 563-332-0210  
Hours: 9:30 a.m. – 2:00 p.m.

Kim Zupancic, RN MSN  
Email: [zupancickim@pleasval.k12.ia.us](mailto:zupancickim@pleasval.k12.ia.us)  
Hopewell Elementary 563-332-0250  
Hours: 9:45 a.m. – 2:15 p.m.

Melinda Whigham, RN BSN  
Email: [whighammelinda@pleasval.k12.ia.us](mailto:whighammelinda@pleasval.k12.ia.us)  
Pleasant View Elementary 563-332-5575  
Hours: 8:15 a.m. – 2:15 p.m.

Stacy Schick, RN BSN  
Email: [schickstacy@pleasval.k12.ia.us](mailto:schickstacy@pleasval.k12.ia.us)  
Riverdale Heights Elementary 563-332-0525  
Hours: 8:15 a.m. – 2:15 p.m.



## Dental Screening Requirement for School Enrollment

Iowa children enrolling into Kindergarten or 9<sup>th</sup> grade are required to have a dental screening.

### Elementary

- Applies to Kindergarten students only (REVISED)
- Screening must occur no earlier than age 3 and no later than 4 months after enrollment (REVISED)
- Screenings can be performed by: dentists, dental hygienists, physicians, registered nurses, or physician assistants

### High School

- Applies to 9<sup>th</sup> grade students only (REVISED)
- Screening must occur no earlier than 1 year prior to enrollment and no later than 4 months after enrollment (REVISED)
- Screenings can only be performed by: dentists or dental hygienists

Local I-Smile Oral Health Coordinators are working with schools throughout the state to help implement the requirement – including assisting families to get children screened and finding follow-up care as needed.

To find your local I-Smile Coordinator, go to:

[www.idph.state.ia.us/webmap/default.asp?map=ismile](http://www.idph.state.ia.us/webmap/default.asp?map=ismile)

Required forms and additional information on the school dental screening requirement can be found at:

[www.idph.state.ia.us/hpcdp/oral\\_health\\_school\\_screening.asp](http://www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp)

**Oral Health Bureau – Iowa Department of Public Health**

**1-866-528-4020**

Revised July 2010



# Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

**This certificate is not valid unless all fields are complete.  
RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

**Student Information** (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home or mobile):
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

**Screening Information** (health care provider must complete this section)

**Date of Dental Screening:** \_\_\_\_\_

**Treatment Needs (check ONE only based on screening results, prior to treatment services provided):**

**No Obvious Problems** – the child’s hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

**Requires Dental Care** – tooth decay<sup>1</sup> or a white spot lesion<sup>2</sup> is suspected in one or more teeth, or gum infection<sup>3</sup> is suspected.

**Requires Urgent Dental Care** – obvious tooth decay<sup>1</sup> is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

<sup>1</sup> Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

<sup>2</sup> White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

<sup>3</sup> Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

**Screening Provider (check ONE only):**  
 DDS/DMD    RDH    MD/DO    PA    RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) \_\_\_\_\_ Provider Business Phone: \_\_\_\_\_

Provider Business Address: \_\_\_\_\_

Signature and Credentials of Provider or Recorder\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.  
Children should have a complete examination by a dentist at least once a year.  
**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

Iowa Department of Public Health • Oral Health Bureau  
515-281-3733 • 866-528-4020 • [www.idph.state.ia.us/hpcdp/oral\\_health.asp](http://www.idph.state.ia.us/hpcdp/oral_health.asp)

*A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.*



**Pleasant Valley  
Community  
School District**

**TRANSFER OF STUDENT RECORDS**

Please return a copy of this form with the information requested. Pleasant Valley encourages sending requested documents electronically to: westdeb@pleasval.k12.ia.us.

To:  
School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_

The following student(s) have enrolled in Cody Elementary School:

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please forward the following information:

Registrar contact's email address: \_\_\_\_\_

1. Cumulative records (grades, test scores, attendance records, discipline records)
2. Health and immunization records
3. If applicable, forward all Special Education records, current IEP, social worker report, and psychological report.

**Please send records to:**

Cody Elementary School  
2100 Territorial Rd  
LeClaire, IA 52753  
Phone: (563) 332-0210  
Fax: (563) 332-0213

To electronically send files, please email:  
westdeb@pleasval.k12.ia.us

**Office Use Only:**

Date Requested: \_\_\_\_\_

Date Received: \_\_\_\_\_

# Fee Billing Statement

08/17/2011  
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11-12 Cody Elementary  
2100 Territorial Rd, LeClaire, IA 52753  
Phone: (563)332-0210 Fax: (563)332-0213

Student Name \_\_\_\_\_ **School Fees are prorated based on date of entry.**

Fee (Type)	Due Date	Course Fee	Pay Date	Payment		Credit
				Amount	Type	
*School Fees 11/12 (School Fees) Amount: \$70.00	08/17/2011					Balance Due: \$70.00
						<b>Total Balance Due for Fees: \$70.00</b>

### Optional Items:

Please circle any of the additional items your student is interested in.

Activity Card (Allows entry into PVHS home sports and fine arts events) \$35.00

PTA Memberships (\$5 per membership; cards will be handed out in August) \$5.00 x \_\_\_\_\_ members = \$ \_\_\_\_\_

Member Name(s) \_\_\_\_\_

**Total Enclosed \$ \_\_\_\_\_**  
(Include payments towards "Balance Due" above as well as optional items)

**Please make checks payable to Pleasant Valley Community School District.** If you have multiple students, please include a separate check for each building represented.

<i>Office Use Only:</i>	
Date Paid: _____	Amount: \$ _____
<input type="checkbox"/> Cash	Check #: _____

Dear Parents/Guardians,

If your child has outstanding fees for the current school year, a separate list of those fees is enclosed. Applications for Free and Reduced meals for the 2011-2012 school year will be sent to all parents in early August. If you will be submitting a Free and Reduced Meals application, you may delay payment of the school fees until you are notified of the status of your request.

If you have any questions, please contact the Cody Office at 332-0210.



Dear Parent:

In an effort to provide communication to our parents and students, we are pleased to offer several electronic sources of information:

**eNEWS** School and district communication of a non-confidential nature is sent via email (eNews) instead of paper. Information that is specific to a student or groups of students or is confidential in nature will not be sent via eNews. If you provided us with an email address on your child's enrollment form, you will be enrolled in eNews automatically. If you wish to sign up for eNews with additional email addresses, go to the district's webpage at <http://www.pleasval.k12.ia.us> and click on the registration link, **Pleasant Valley Schools Electronic News Online Registration (eNews)**. A confirmation email will be sent to you to verify your registration

Pleasant Valley will not give email lists to anyone outside of the district. Also, your email address will not appear anywhere in the communications distributed. Both of these protocols will insure that you will not receive spam/junk email. If you do not have access to email, information is available in the school office.

**PARENT/STUDENT PORTAL** The Parent/Student Portal from Infinite Campus (the Student Information System) allows students in grades 7-12 and parents of K-12 students to view

- Student lunch account balances (updated daily at 5:00 p.m.)
- A weekly calendar of school events which includes PTA events and activities
- Weather-related, emergency school closings and other district notices
- Student schedule (with day pattern for elementary student art, music, physical education and science classes) with an email link to contact teachers
- Student attendance record
- A fee statement for the current school year
- For students in grades 7-12 and their parents, detailed information about grades and assignments.

Instructions for activating your Parent Portal account will be sent prior to the start of the school year.

**STAFF EMAIL** On the District's webpage is a link to Staff Email addresses.

While we encourage you to use this system for communicating with us, there are still instances where best practice will be for you to use the telephone. We have included some guidelines for your convenience.

***Use normal phoning procedures in the following circumstances:***

- Reporting absences
- The need to pick-up a student at a time other than dismissal
- When a student should not go home as regularly established
- Requesting that homework be sent home that particular day
- An item that would require you to talk to a staff member that day

***Please consider using e-mail for the following:***

- Checking on student progress
- Requests for the teacher to call other than that particular day
- Correspondence that would not need a reply that given day
- Correspondence that is not of a highly confidential nature
- Arranging a classroom visitation

Sincerely,  
James R. Spelhaug, Ph.D.  
Superintendent  
[spelhaugjim@pleasval.k12.ia.us](mailto:spelhaugjim@pleasval.k12.ia.us)

Ladonna Czachowski  
Technology Facilitator  
[czachowskil@pleasval.k12.ia.us](mailto:czachowskil@pleasval.k12.ia.us)

# Pleasant Valley Community Schools 2011-2012 Calendar

## High School Registration

August 8 – 9:00 a.m. to 4:00 p.m. Seniors Only

August 9 – 9:00 a.m. to 5:30 p.m. Seniors Only

August 10 – 9:00 a.m. to 6:45 p.m. Gr. 9-11 and new students

August 11 – 9:00 a.m. to 3:00 p.m. Gr. 9-11 and new students

August 12 – 9:00 a.m. to 3:00 p.m. Make-Up

## Back to School Day

August 10 – 4:00 to 7:00 p.m. Gr. K through 6

August 10 – 9:00 a.m. to 6:00 p.m. Junior High

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August 17 – First Day of School

K-12 Early Outs for Professional Development:

September 5 – K-12 No School

Times:

HS Dismiss @ 12:30 pm

JH Dismiss @ 1:00 pm

Elem Dismiss @ 1:30 pm

October 21 – K-12 No School

November 23-25 – K-12 No School

Dates:

August 31

September 14

October 5

December 7

December 23 – January 3 – Winter Break

January 16 – K-12 No School

February 1

March 21

February 17 – K-12 No School

February 20 – K-12 No School

April 18

May 9

March 9-16 – Spring Break

April 6 – K-12 No School

May 25 – K-12 Last Day of School

K-6 Dismiss @ 11:30 am

JH Dismiss @ 2:25 pm

HS Dismiss @ 3:30 pm

May 27 – Graduation