

**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 _____				

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 ? <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 _____

**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 ? <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 _____

**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 \_\_\_\_\_

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.

**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.

- |   |   |
|---|---|
| <input type="checkbox"/> ADHD/ADD Medications _____ | <input type="checkbox"/> Seizures _____                         |
| <input type="checkbox"/> Asthma Medications _____   | Type & Meds _____   |
| <input type="checkbox"/> Diabetes _____             | Last Seizure _____  |
| <input type="checkbox"/> Digestive Problems _____   | <input type="checkbox"/> Speech difficulty _____                |
| <input type="checkbox"/> GERD _____                 | <input type="checkbox"/> Visual Problems _____                  |
| <input type="checkbox"/> Constipation _____         | <input type="checkbox"/> Color Blindness _____                  |
| <input type="checkbox"/> Irritable bowel _____      | <input type="checkbox"/> Glasses or Contacts _____              |
| <input type="checkbox"/> Headache Medications _____ | <input type="checkbox"/> Psychosocial/Behavioral concerns _____ |
| <input type="checkbox"/> Hearing _____              | _____   |
| <input type="checkbox"/> Tubes _____                | _____   |

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Pam Cinadr, RN BSN  
 Email: [cinadrp@pleasval.k12.ia.us](mailto:cinadrp@pleasval.k12.ia.us)  
 Pleasant Valley High School  
 563-332-5151  
 Hours: 8:00 AM – 3:30 PM



May 2011

Dear Parents and/or Guardians:

Iowa children enrolling into 9<sup>th</sup> grade are required by law to have a dental screening by a licensed dentist or dental hygienist. Screening must occur no earlier than 1 year prior to enrollment and no later than 4 months after enrollment. The purpose of the dental screening requirement is to improve the oral health care of Iowa's children.

To comply with this recent requirement, your student must provide a certificate of dental screening. Enclosed with this letter is the Iowa Department of Public Health Certificate of Dental Screening form. Please have your child's dentist or dental hygienist complete this form and return it to the school. Please return the forms to the attention of Pam Cinadr, school nurse. The district is requesting that the forms be returned to begin the 2011-2012 school year.

If your child/family does not have a dentist or has difficulty obtaining a screening certificate, please contact Brianna Boswell, the I-Smile Coordinator for Scott County. Brianna may be reached at 563-326-8645 or [bboswell@scottcountyiowa.com](mailto:bboswell@scottcountyiowa.com).

Thank you for your attention to and timely completion of this request.

Sincerely,

Jim Spelhaug  
Superintendent



# 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: adamsons@pleasval.k12.ia.us.

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

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

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

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

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

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

The following student(s) have enrolled in Pleasant Valley High 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. Is this student in good standing? \_\_\_ Yes \_\_\_ No
  - a. Has the student failed any classes? \_\_\_ Yes \_\_\_ No
  - b. Has the student been expelled? \_\_\_ Yes \_\_\_ No
2. Cumulative records (grades, test scores, attendance records)
3. Discipline records
4. Complete transcript of courses, grades, and credits earned through the current grade.
5. Grades at the time of withdrawal
6. Copy of student's current schedule
7. Health and immunization records
8. If participating in athletics, copy of current physical
9. If applicable, forward all Special Education records, current IEP, social worker report, and psychological report.

**Please send records to:**

Registrar  
Pleasant Valley High School  
604 Belmont Rd  
Bettendorf, IA 52722  
Phone: (563) 332-5151  
Fax: (563) 823-1950

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

**Office Use Only:**

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

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

Health  Transcript

Counselor: \_\_\_\_\_

New Student  Returning Student

ID # \_\_\_\_\_

# Fee Billing Statement

08/17/2011  
Page 1 of 1

School Fees are prorated based on date of entry.

11-12 Pleasant Valley High School  
604 Belmont Rd, Bettendorf, IA 52722  
Phone: (563)332-5151 Fax: (563)823-1950

Student Name \_\_\_\_\_

Fee (Type)	Due Date	Course Fee	Payment		Credit
			Pay Date	Amount	
*School Fees 11/12 (School Fees) Amount: \$80.00	08/17/2011				Balance Due: \$80.00
					<b>Total Balance Due for Fees: \$80.00</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) \$40.00

Yearbook \$57.00

Parking Pass (Gr. 11 & 12 only) \$10.00

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

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

Student Name \_\_\_\_\_

**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 Pleasant Valley High School Office at 332-5151.

**PVHS BUS TRANSPORTATION FORM  
2011-2012 SCHOOL YEAR**

**MUST COMPLETE & RETURN THIS FORM  
EVEN IF STUDENT(S) WILL NOT RIDE THE BUS.  
THE FORM IS NEEDED FOR SCHOOL RECORDS.**

Due to the number of high school students choosing not to ride the school bus to and from school, it is important for us to know of your son's/daughter's intention for this service. If your intention for this service should change during the school year, please contact Durham Bus Service at (563) 332-4949, allowing a minimum one-week notice.

Please complete the following for **ALL HIGH SCHOOL STUDENTS** at your residence, making sure to check the statement indicating your bus transportation intent for each student.

The **STUDENT ID # CAN BE OBTAINED** from the upper right-hand corner of the "Fee Billing Statement," from the parent portal or from your son/daughter.

**1. Student Name** (print) \_\_\_\_\_ **Student Number** \_\_\_\_\_ **Grade** (11/12 School Yr) \_\_\_\_\_

\_\_\_\_\_ will NOT ride the bus during the 2011-2012 school year.  
\_\_\_\_\_ will ride the bus during the 2011-2012 school year.

**2. Student Name** (print) \_\_\_\_\_ **Student Number** \_\_\_\_\_ **Grade** (11/12 School Yr) \_\_\_\_\_

\_\_\_\_\_ will NOT ride the bus during the 2011-2012 school year.  
\_\_\_\_\_ will ride the bus during the 2011-2012 school year.

**3. Student Name** (print) \_\_\_\_\_ **Student Number** \_\_\_\_\_ **Grade** (11/12 School Yr) \_\_\_\_\_

\_\_\_\_\_ will NOT ride the bus during the 2011-2012 school year.  
\_\_\_\_\_ will ride the bus during the 2011-2012 school year.

**PHYSICAL HOME ADDRESS**

**House Number** \_\_\_\_\_

**Street Name (print)** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City (print)** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

If your physical address should change during the school year, please contact the high school office at (563) 332-5151.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PARKING PERMIT APPLICATION FORM  
2011-2012 SCHOOL YEAR**

**Grades 11 and 12 - Cost: \$10.00** (Please include with your 11<sup>th</sup> grade or 12<sup>th</sup> grade registration payment)

NOTE: Those juniors who have not completed their Freshman/Sophomore Service-Learning requirement will NOT be issued a parking permit until the obligation has been fulfilled.

**Grade 10 – Parking Information**

Due to a limited number of parking spaces, sophomore parking permit applications will not be processed until all juniors and seniors requesting a parking permit have been issued one (approximately the second week of the school year).

Parking permits for the remaining available parking spaces will be issued to sophomores. If more students apply than the number of available parking spaces in the lower school parking lot, then those students participating in a school-sponsored activity will be first choice, with the remaining students using Our Savior Lutheran Church's parking lot.

A \$10.00 fee will be charged to sophomore students at the time the parking tag is issued. This fee should not be paid in advance or included with fall registration.

Student Name (print) \_\_\_\_\_

Grade (2011/2012 School Yr) \_\_\_\_\_

Make of Vehicle (ex: Ford) (print) \_\_\_\_\_

Model of Vehicle (ex: Mustang) (print) \_\_\_\_\_

Color of Vehicle (print) \_\_\_\_\_

License **Plate** Number \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Early Dismissal/Early Release/Late Arrival Policies 2011-2012 School Year**

Pleasant Valley Community High School operates under a closed campus system. Students may not leave the high school building without prior permission from a school official. Students who violate the closed campus policy will be placed on the appropriate attendance policy step. Where no academic classes are missed, students may be granted an “Early Dismissal” or “Late Arrival”. These may be for a single day (in which case a parent’s note or phone call to the Attendance Office is satisfactory) or a “permanent” arrangement. This form gives students permission on a permanent basis for early dismissal or late arrival.

ALL sophomores, juniors and seniors who ride the bus ARE NOT allowed to leave campus then return to ride the bus, regardless if they have a scheduled study hall at the beginning or end of the day. They will be assigned an open study hall and will have attendance taken.

### **EARLY DISMISSAL DUE TO FACULTY IN-SERVICE (No 8<sup>th</sup> period)**

**Applies to:** ALL Students

Students unable to leave after 7<sup>th</sup> period will be allowed to remain at school (in the cafeteria) until the buses arrive at 3:30 p.m. or they have been picked up. No attendance will be taken.

### **EARLY RELEASE (immediately following the student’s last scheduled ACADEMIC class)**

**Applies to:** Eligible Sophomores (those with the approved grade point average and standardized test proficiency)  
ALL Juniors & Seniors

This privilege allows students with study halls at the end of the school day to have the opportunity to leave school after their last scheduled academic class. They must use the nearest exit and be out of the building by the end of passing time (5 minutes).

Eligible Sophomores: Parents will receive a notification form, entitled “Sophomore Early Release Form”, sometime during the summer prior to the 2011-2012 school year. Any parent **approving** this privilege must sign, date, and return the form to the attendance office for the privilege to become effective.

Juniors & Seniors: Any parent wanting this privilege **revoked** must contact their son’s/daughter’s counselor at (563) 332-6250 to have them assigned to an 8<sup>th</sup> period resource.

### **LATE ARRIVAL**

**Applies to:** Eligible Sophomores (those with the approved grade point average and standardized test proficiency)  
ALL Juniors & Seniors

This privilege allows students with study halls at the beginning of the school day to have the opportunity to arrive late, reporting no more than five minutes before their first scheduled academic class and entering through the main office entrance. Those students reporting to these study halls must either report to the cafeteria for open study hall or room 261 if they have been assigned to restricted study hall. Attendance will be taken. Any parent wanting this privilege **revoked**, must contact the attendance office at (563) 332-6132.

Eligible Sophomores: Parents will receive a notification form, entitled “Sophomore Early Release Form”, sometime during the summer prior to the 2011-2012 school year. Any parent **approving** this privilege must sign, date, and return the form to the attendance office for the privilege to become effective.

Juniors & Seniors: Any parent wanting this privilege **revoked** must contact their son’s/daughter’s counselor at (563) 332-6250 to have them assigned to a study hall.

I have read and understand the above policies regarding my son/daughter.

---

Student Name (print)

---

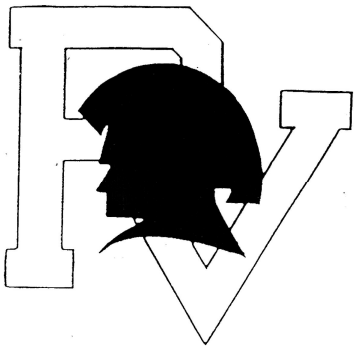
Grade (2011-2012 School Yr)

---

Parent/Guardian Signature

---

Date



# Pleasant Valley Booster Clubs

## Supporting the Children of Our Community

The success of the booster clubs of the Pleasant Valley School District depends on you.....the parents of our students.

Listed below are the district's support organizations. Please read the information describing each of the clubs and consider your participation in as many of these organizations as your time and interest allows.

**ATHLETIC BOOSTERS**

The Athletic Boosters meet the 4<sup>th</sup> Monday of each month at 6:00 pm in the high school library. They support and promote the various athletic programs, good sportsmanship and fund-raising projects to provide additional funds for the athletic program. Please contact **Eric Dippel at 650-5635**, e-mail [dippel@cvmedpc.com](mailto:dippel@cvmedpc.com) for additional information.

**BAND BOOSTERS**

The PV Band Booster Organization assists students and instructors through fundraising, coordinating events, trips, uniforms, chaperoning, concessions at home football games and supports the entire 6<sup>th</sup>-12<sup>th</sup> grade PV Band program. The Band Boosters meet monthly on Monday evenings during the school year, refer to the band website [www.pleasval.k12.ia.us/highschool/Band](http://www.pleasval.k12.ia.us/highschool/Band) for times and dates. Please contact **Shelly Roys at 289-525**, for additional information.

**CHORAL BOOSTERS**

This group meets monthly at the high school. We help the vocal music programs K-12 with concerts, trips, chaperoning, contests and fundraising. Please contact **Jayne Knott at 332-9421** or e-mail [jsknott4@yahoo.com](mailto:jsknott4@yahoo.com) for more information.

**DRAMA BOOSTERS**

This group meets monthly at the high school. We provide support for the high school drama program. We are involved in production activities, fundraising, and events that promote the development of our children in theater. Productions will include a fall musical, children's theater and workshops, winter play, variety show, spring play, and murder mystery. Please contact **Jennifer Colarusso at 359-1931** or e-mail [ossura@mchsi.com](mailto:ossura@mchsi.com) or [pvdramaboosters@gmail.com](mailto:pvdramaboosters@gmail.com) for more information.

**ORCHESTRA BOOSTERS**

The Orchestra Boosters plan fundraising and special events to support the PV Orchestra Strings program. We meet monthly during the school year. To help us with your time and talents please contact **Darlene Corchado at 332-5660** or e-mail [darlene3985@mchsi.com](mailto:darlene3985@mchsi.com) for more information.

Please note: An individual from the organization(s) you have marked will be contacting you.

Name: \_\_\_\_\_

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

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

Email \_\_\_\_\_

Student's Name: \_\_\_\_\_

Pleasant Valley High School  
Volunteer Form  
2011-2012

*Please sign up for the various volunteer positions that PVHS PTA supports. Please return this form to the high school by May 9, 2011. Thank you in advance for your help.*

\_\_\_\_\_ Baked Goods – Donate approximately 3 dozen cookies or brownies or a gallon of juice for one of the following school functions: Academic Awards Night, Blood Drive.

\_\_\_\_\_ Homecoming Helpers – Provide a farm wagon, a convertible, or a truck to pull a wagon; a place to store a homecoming float, or help along the parade route.

\_\_\_\_\_ Dance Chaperones – Needed for the following dances. Please circle which one(s) you would be interested in.

Kick-Off  
Aug. 19, 2011

Homecoming  
Oct. 15, 2011

Turnabout  
Feb. 25, 2012

\_\_\_\_\_ Teacher /School Board Appreciation Week (May, 2011) – Provide cookies, brownies, muffins, fruit for week long appreciation week.

\_\_\_\_\_ Right After Prom (May 5-6) - A drug & alcohol free evening open to all Junior & Seniors after prom. Various volunteer positions ranging from set up, decorations, food, run games, etc.

\_\_\_\_\_ Senior Picnic (May 24) – Chaperones, set up. (this date is subject to change)

\_\_\_\_\_ Graduation Reception (May 27) – Set up, decorate and serve refreshments after PVHS graduation.

\_\_\_\_\_ Blood Drive – Serve juice and cookies. Circle date(s).  
Dec. 8, 2011 Mar. 1, 2012

\_\_\_\_\_ Asst. School Nurse – Assist with various activities in the nurses office; also need nursing substitutes

\_\_\_\_\_ Service-Learning – Help with driving, chaperoning and other aspects of the community service program.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_



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