

**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			
Household Address: Street _____		Apt. # _____	Mailing Address <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!

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 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 _____		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 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 _____		Phone Number (____) _____		
Address _____		City _____	State _____	Zip _____
Office Use Only: 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 ? 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 _____

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.

- 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
Bridgeview Elementary 563-332-0215
Hours: 9:45 – 2:15pm

Ann Harris, RN BSN
Email: 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
Hopewell Elementary 563-332-0250
Hours: 9:45 a.m. – 2:15 p.m.

Melinda Whigham, RN BSN
Email: 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
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 9th 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 9th 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

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

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 decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.
- Requires Urgent Dental Care** – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.
² 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.
³ 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

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: ellerbachl@pleasval.k12.ia.us.

To:
School: _____

Address: _____

Phone: _____

City: _____ State: ____ Zip Code: _____

Fax: _____

The following student(s) have enrolled in Riverdale Heights 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:

Riverdale Heights Elementary School
2125 Devils Glen Rd
Bettendorf, IA 52722
Phone: (563) 332-0525
Fax: (563) 332-0224

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

Office Use Only:

Date Requested: _____

Date Received: _____

Fee Billing Statement

08/17/2011
Page 1 of 1

School Fees are prorated based on date of entry.

11-12 Riverdale Heights Elementary
2125 Devils Glen Rd, Bettendorf, IA 52722
Phone: (563)332-0525 Fax: (563)332-0224

Student Name _____

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

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 Riverdale Heights Office at 332-0525.



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

Ladonna Czachowski
Technology Facilitator
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

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