

# Delaware Valley School District

## Student Registration Requirements

To register a student in the Delaware Valley School District, please make sure that you must have:

- Proof of Age** – the following items can be used to establish a child’s age: **original** birth certificate from the state with raised seal, a valid passport **and a certified birth certificate from the county of birth with raised seal**. Hospital record of birth is not acceptable.
- An immunization record** for the student.
- Proof of residency** within the service boundary of the Delaware Valley School District is required. Acceptable documentation includes:
  - \* a property deed or tax bill from home owners,
  - \* a rental agreement from renters.
- Utility Bill matching the address and name of natural parent or guardian.**
- Proof of the parent/guardian identity**. This must be a photo ID of the parent(s) or guardian(s) (for example: Pennsylvania driver’s license) indicating the address corresponding to the address on the proof of residency.
- ◆ The name, mailing address, phone number and fax number of the previous school.
- ◆ Any information regarding special services provided by the previous school (Ie: IEP, Chapter 15, etc)
- ◆ Any court documents or formal agreements explaining custody arrangements. Guardianship paperwork is required if you are not the natural parent of the student
- ◆ **High School students must supply their transcripts from the last school of attendance prior to visiting the guidance office.**

### **DISTRICT POLICY:**

**Kindergarten Age Requirement:** A student must be five (5) years old on or before September 1st of the current school year to attend Kindergarten.

**Grade 1 Age Requirement:** A student must be six (6) years old on or before September 1st of the current school year to attend First

**Registration Hours:** During the school year -- each school day: 9:00AM to 1:00PM.

Bring the information and documents listed above to the Office of Support Services located at the entrance to the Delaware Valley Middle School cafeteria. This entrance is off the Middle School parking area of the campus on Routes 6 & 209 approximately 4 miles north of the Borough of Milford, Pennsylvania.

- **In the event of incomplete forms or missing documents, all materials will be returned until all the required elements are complete.**

If you have any questions or need further information, contact the Office of Support Services at 570-296-1889.

# STUDENT REGISTRATION

School \_\_\_\_\_

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

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Ethnic Origins (circle one): White Black Hispanic Asian  
Pacific Islander American Indian/Alaskan Native

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(City, State, ZIP)

Doctor's Name \_\_\_\_\_ Dr Phone # \_\_\_\_\_

Has the student been enrolled in DVSD before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what school? \_\_\_\_\_ Year(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

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**Primary Parent/Guardian**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature \_\_\_\_\_  
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Name (Last) \_\_\_\_\_ First \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
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**FOR OFFICE USE ONLY**

- Birth Certificate
- Immunizations
- Proof of Residency
- Proof of Identity
- Guardianship Papers

Special Ed: Y \_\_\_\_\_ N \_\_\_\_\_

Enrollment Code \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Transportation \_\_\_\_\_

# Delaware Valley School District

252 Route 6 & 209, Milford, PA 18337  
Phone: 570-296-1883 Fax: 570-296-1818

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

1. Name and mailing address of previous school:

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ FAX number: \_\_\_\_\_

2. Is there any information you feel we should know about the student?

\_\_\_\_\_

3. Was the student receiving any special services at the previous school? If yes, please list below.

\_\_\_\_\_

4. Explain any special custody arrangements: \_\_\_\_\_

\_\_\_\_\_

Second Parent Mailing

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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

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

5. Are there any court documents restricting access to the child? Copies of court documents prohibiting access must be provided. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Delaware Valley School District**  
236 Route 6 & 209  
Milford, PA 18337  
570/296-1800 Fax: 570/296-3172

**Delaware Valley Elementary School**  
500 Avenue S  
Matamoras, PA 18336  
570/296-1820 Fax: 570/491-5561

**Dingman-Delaware Elementary School**  
1355 Route 739  
Dingmans Ferry, PA 18328  
570/296-3120 Fax: 570/296-3171

**Dingman-Delaware Primary School**  
1375 Route 739  
Dingmans Ferry, PA 18328  
570/296-3130 Fax: 570/296-3173

**Shohola Elementary School**  
940 Twin Lakes Road  
Shohola, PA 18458  
570/296-3600 Fax: 570/296-3161

**Delaware Valley Middle School**  
258 Route 6 & 209  
Milford, PA 18337  
570/296-1830 Fax: 570/296-3162

**Dingman-Delaware Middle School**  
1365 Route 739  
Dingmans Ferry, PA 18328  
570/296-3140 Fax: 570/296-3170

**Delaware Valley High School 9/10**  
256 Route 6 & 209  
Milford, PA 18337  
570/409-2009 Fax: 570/409-2002

**Delaware Valley High School 11/12**  
252 Route 6 & 209  
Milford, PA 18337  
570/296-1850 Fax: 570/296-3164

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

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

\_\_\_\_\_  
Student's Date of Birth

Prior School Information: School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**REQUEST FOR HEALTH AND SCHOOL RECORDS**

I hereby certify that the above-named pupil enrolled in the Delaware Valley School District in grade \_\_\_\_\_  
on \_\_\_\_\_  
(Date)

**Please forward the following information to the appropriate school:**

- Health and Dental Records
- Personal Health History
- All Papers and Evaluations Relevant to Special Education  
That may include: - Psychological and Educational  
- Speech and Language (*if applicable*)  
- Occupational Therapy (*if applicable*)
- Current Report Card of Withdrawal Grades
- Other Available School Records

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Registrar

*Please forward this form to the appropriate office if records are kept in another location. Thank you.*

**DELAWARE VALLEY SCHOOL DISTRICT**  
**MILFORD, PENNSYLVANIA 18337**  
**HEALTH REGISTRATION FORM**

Date of Entry \_\_\_\_\_

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

**Dear Parent:**

When your child enters school, we establish a cumulative record file on him/her to enable us to have a greater understanding of your child's needs. All information, of course, will be kept strictly confidential, so please answer every question. Birth Certificate and Immunization Record must be presented at registration.

PLEASE PRINT NEATLY. Thank you for your cooperation

Has your child ever attended school in the DVSD? \_\_\_\_\_

If yes, what grade \_\_\_\_\_

**Pupil's Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

Home Telephone No. \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Community or Road \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City or Town: \_\_\_\_\_ Grade: \_\_\_\_\_

**Father or Male Guardian**

**Mother or Female Guardian Name**

Name	
Relation to child	
Education	
Occupation	
Business Tel.	

Child lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other Person \_\_\_\_\_ (name & relationship to student)

Language spoken in home \_\_\_\_\_

**OTHER CHILDREN IN FAMILY**

Name	Birthdate	Grade and School	Name	Birthdate	Grade and School

If parent is not available in Emergency, call:

1. \_\_\_\_\_

2. \_\_\_\_\_

Physician to be called in emergency:

Name	Address	Phone No.

**DISEASES & HEALTH HISTORY**

Year or Age	Year or Age	Year or Age
Chicken Pox	Pneumonia	Enuresis (bedwetting)
German Measles	Menstrual	Epilepsy (Seizures)
Measles	Rheumatic Fever	Heart Disease
Mumps	Scarlet Fever	Tuberculosis
Whooping Cough	Mononucleosis	Contact with TB

Check if child has a history of the following and describe:

Asthma or Bronchitis: \_\_\_\_\_

Allergies: Foods, Drugs, Hay Fever, Grasses, Animals – **PLEASE BE SPECIFIC:** \_\_\_\_\_

Ear Aches or Ear Infections \_\_\_\_\_ Frequent Colds and Sore Throats \_\_\_\_\_

Any Hospitalization, stitches or fractures? \_\_\_\_\_

Family History of Color Blindness: \_\_\_\_\_ In yes, whom? \_\_\_\_\_

Is your child at present under medical treatment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, why? \_\_\_\_\_

It is advised that every child wearing eyeglasses should receive periodic eye examinations. The school would appreciate a report of exam and name of examiner together with his/her recommendations for the school.

**DELAWARE VALLEY SCHOOL DISTRICT**

**PRIVATE PHYSICIAN'S REPORT OF**

**PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M F

**PLEASE ATTACH CURRENT IMMUNIZATION RECORD FROM DOCTOR OR CLINIC**

**Medical History (if yes, explain)**

Allergies ----- Y N _____	Hypertension-----Y N _____
Asthma----- Y N _____	Neuromuscular Disorder -----Y N _____
Cardiac----- Y N _____	Orthopedic Condition----- Y N _____
Drug/Alcohol Dependency---- Y N _____	Respiratory Illness-----Y N _____
Diabetes-----Y N _____	Seizure Disorder----- Y N _____
Gastrointestinal Disorder-----Y N _____	Skin Disorder-----Y N _____
Hearing Disorder-----Y N _____	Vision Disorder-----Y N _____
Other (specify) -----Y N _____	

**Please list any special medical problems or medications the student takes.**

**PHYSICAL EXAM**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

System	Normal	Abnormal	Deferred	Comment/Screening Result		
Hair/Scalp						
Skin						
Eyes & Vision Screening				OD	OS	REFER
Ears & Hearing Screening				PASS	FAIL	REFER
Nose & Throat						
Teeth & Gingiva						
Lymph Glands						
Heart						
Lungs						
Abdomen						
Genitourinary						
Neuromuscular/Extremities						
Spine/Scoliosis						
Psycho-Social Screening				WNL		REFER: Y N

Is the child under treatment ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the child have any restrictions on play or physical education activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Exam \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

Phone \_\_\_\_\_

PRINT name \_\_\_\_\_

Delaware Valley School District  
Milford, PA 18337  
School Physical Examination - Parent Notification and Permission

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

Dear Parent/Guardian:

The Pennsylvania Public School Code 1420e requires all children to have a medical examination upon original entry into school (K-1), in the sixth grade and the tenth grade.

Any child of school age may furnish the local school officials with a medical report of examination made at his/her own expense by his/her primary care provider. Examinations shall be made and the report shall be furnished prior to the date fixed for the regularly scheduled (school) examination. Any physical within one year prior to a student's entry into the grade where an exam is required is acceptable.

Delaware Valley School District requires that a completed private examination report be submitted by October 1 of the current school year or 30 days after enrolling your child in the district. Parents are urged to have these examinations done by their family primary care providers because these individuals have a better knowledge of your child's health and can assist you in obtaining necessary treatments. The form to be completed for a private exam is enclosed and must be sent to your child's school nurse upon completion. Students required to have physical exams for camp, summer employment, working papers, driver's tests, etc., may have these reports completed at that time. Also, sports physicals done during the school year will fulfill this requirement.

Please complete the following request indicating your choice and return signed and dated to the school nurse by September 15 of the current school year.

\_\_\_\_\_ We wish to have the physical exam administered at school and understand I will be notified of the time and date. (Guidelines for School Physical Examinations are enclosed).

\_\_\_\_\_ I wish to be present during the physical examination at school and understand I will be notified of the time and date.

\_\_\_\_\_ I do not wish to be present during the physical examination at school.

\_\_\_\_\_ We wish to have the physical exam administered by our family doctor. A completed physical form will be sent to school by October 1 of the current school year.

Doctor \_\_\_\_\_ Date Scheduled \_\_\_\_\_

**Failure to return a completed "Private Physicians Report of Physical Examination" to the school nurse by October 1 of the current school year may result in a physical examination scheduled and performed by the school physician, pursuant to the Pennsylvania School Code.**

**Students who fail to complete and/or submit acceptable evidence of required medical examinations within the appropriate time period will not be admitted to school the following school year unless or until acceptable proof of compliance is received. (Note: School physicians are scheduled according to the availability of school physicians.)**

Please note any special conditions you wish to call to the attention of the examining physician.

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

Sincerely,

School Nurse

## Delaware Valley School District

Dear Parent:

School health law requires all children who are in **grade K, three and seven** to have a complete dental examination. When the required examination is completed by your family dentist, please have them complete the form below and return it to the school nurse's office.

If you are on an every six month schedule, please mail this form to your dentist and request that it be completed for the last dental visit. **Any exam done within one year of August of this year is acceptable. Any students who are not examined privately will be examined by the school dentist. Students who fail to complete and/or submit acceptable evidence of the mandated dental examination within the appropriate time period will not be admitted to school the following school year unless or until acceptable proof of compliance is received.**

We appreciate your cooperation in this program.

Thank you,

### Family Dentist Report

Student name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

1. This student last visited my office on \_\_\_\_\_
2. All necessary corrections were made at that time. Yes \_\_\_\_\_ No \_\_\_\_\_
3. If the above answer is no, please indicate the dental correction needed:  
\_\_\_\_\_ primary teeth \_\_\_\_\_ permanent teeth \_\_\_\_\_ fillings  
\_\_\_\_\_ extractions \_\_\_\_\_ gross malocclusion  
\_\_\_\_\_ prosthetic replacement for lost or missing teeth  
\_\_\_\_\_ other \_\_\_\_\_

This child is currently under my supervision for the above condition. Y N

4. This child receives topical fluoride applications under my supervision.  
\_\_\_\_\_ yearly \_\_\_\_\_ every 6 months \_\_\_\_\_ never

\_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist Address



# *Delaware Valley School District*

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## Expulsion or Suspension Statement

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

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

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was \_\_\_\_\_ was not \_\_\_\_\_ previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

School Name \_\_\_\_\_

Address \_\_\_\_\_

Date(s) of suspension or expulsion \_\_\_\_\_

I make this statement subject to the penalties of 24 P.S. Section 13-1304-A (b) and 18 PA C.S.A. Section 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Any willful false statement made above shall be a misdemeanor of the third degree. This shall be maintained as part of the student's disciplinary record.



# HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

**Student Information: Parents/Guardians should complete this section.**

Child's first name: \_\_\_\_\_

Child's last name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Current grade: \_\_\_\_\_ School of Enrollment: \_\_\_\_\_

**Questions for Parents/Guardians: Please answer all three questions.**

1. Is a language other than English spoken in the child's home?  No  Yes (language) \_\_\_\_\_

2. Does your child communicate in a language other than English?  No  Yes (language) \_\_\_\_\_

3. What is the language that your child first learned to speak? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Interpreter Provided  No  Yes

**The school district has the responsibility under the federal law to serve students who are limited English proficient and need English Language Development (ELD) services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Learners (ELs). As part of the responsibility to identify ELs, the school district may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district in the future.**

**For Office Use Only:**

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

ELD Staff Member: \_\_\_\_\_

\_\_\_\_\_

# DELAWARE VALLEY SCHOOL DISTRICT

## PUBLICITY RELEASE FORM

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

School and Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

It is the practice of the district to involve students in activities that are positive and that promote individual self-esteem and cooperation among our students.

I do not give my permission to use my student's name and picture for:

Check for each non-approval:

- District Website
- District Brochures
- District Publications/Yearbooks
- Student of the Month/Student Awards
- Newspaper Publications
- Newsletters
- Radio/TV
- Social Media

Non-return of this form indicates approval to use your students name and picture.

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

Parent/Guardian Name  
(Please print) \_\_\_\_\_

School year: 2023-2024

# DELAWARE VALLEY SCHOOL DISTRICT

## ADMINISTRATIVE REGULATION

REVISED: 8/6/2013

### Acceptable Use of the Communications and Information Systems

#### USER AGREEMENT ACKNOWLEDGMENT AND CONSENT FORM

##### Students

I have received, read, and understand the Acceptable Use of Communications and Information Systems Policy # 815 and will comply with them. My parent(s)/guardian(s) have also reviewed it with me. In addition, I have been given the opportunity to obtain information from the School District and my parent(s)/guardian(s) about anything I do not understand. If I have further questions, I will ask my building principal and my parents. Additionally, I understand that if I violate the Policy, other School District policies, regulations, rules, or procedures, I am subject to the School District's discipline, and could be subject to ISP and website rules, and local, state and federal rules and procedures.

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

Signature of Student \_\_\_\_\_

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

##### Parent(s)/Guardian(s)

As the parent/guardian of a student of the School District, I have received, read, and understand the Acceptable Use of the Communications and Information System Policy # 815. In addition, I reviewed the Policy with my child and answered questions he or she asked. If either my child or I have further questions I will ask the building principal. I agree to have my child comply with the requirements of this Policy, other School District policies, regulations, rules, and procedures. Additionally, I understand that if he or she violates the Policy, other School District policies, regulations, rules, or procedures he or she is subject to the School District's discipline, ISP and website rules, as well as local state and federal laws and procedures.

Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_

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