

Kindergarten Registration Requirements

As stated in the Delaware Valley School Policy, your child(ren) must be five (5) years old on or before September 1 to attend Kindergarten in that school year.

Kindergarten Registration and screening is by appointment at your child's school in the Spring. Registration appointments will be made after your paperwork is turned in.

YOUR CHILD WILL NOT BE PUT ON OUR KINDERGARTEN REGISTRATION LIST UNTIL THE FOLLOWING PAPERS ARE TURNED IN.

REQUIRED REGISTRATION DOCUMENTS:

1. **ORIGINAL BIRTH CERTIFICATE**
The official state seal must be affixed to the birth certificate.
(Your original will be copied and returned to you.)
2. **CURRENT DOCTOR'S RECORD OF CHILDHOOD IMMUNIZATIONS**
If incomplete, updates can be turned in over the summer but the current record needs to be turned in now. The following **compulsory** immunizations must be completed for your child to start school:
 - **At least 4 doses of Diphtheria, Tetanus, Pertussis (Dtap), with the 4th dose on or after the 4th birthday**
 - **4 doses of Polio with the 4th dose on or after 4th birthday AND at least 6 months after previous dose**
 - **2 doses of Measles, Mumps & Rubella**
 - **3 doses of Hepatitis B (spaced according to PA DOH guidelines)**
 - **2 doses of varicella immunization or verification of chicken pox disease**
3. **TWO FORMS OF PROOF OF RESIDENCY**
Two forms are required. Homeowners must provide current Real Estate or School Tax Form, Renters must provide either a Lease or the landlord's current Real Estate or School Tax Form accompanied with the enclosed, signed, Landlord Affidavit. The second proof should be a utility bill with matching legal parent/guardian name and address.
4. **PROOF OF PARENT/GUARDIAN IDENTITY**
This must be a photo ID of the legal parent/guardian(s) (for example a Pennsylvania Driver's license) indicating the address corresponding with the address on the proof of residency.
5. **CUSTODY & GUARDIANSHIP PAPERS**
Any court documents or formal agreements explaining custody arrangements should be turned in for us to make a copy. If the child resides with a grandparent or relative, Guardianship papers are required. Prospective guardian(s) must attend a mandatory meeting with the Building Principal and complete guardianship papers. (Any court documents or formal agreements explaining this custody arrangement.)
6. **COMPLETED REGISTRATION PACKET**
Student Registration Form, Health Registration Form, Nurse's Developmental History, Teacher's Registration Form, Acceptable Use User's Agreement, Publicity Release Form, Home Language Survey, and Bussing Form, are to be completed, signed by parent where requested and turned in to your child's school before Spring Registration, or turned in to Support Services during summer registration.
(The Doctor signed physical and dental forms can be turned in now or over the summer if needed.)

PLEASE Contact your child's school directly to find out when and how they would like you to turn in your Registration packet and documents.

Delaware Valley Elementary School office: Susan Rustin at 570-296-1823, email: SRustin@DVSD.org

Dingman Delaware Primary School office: Donna Frable at 570-296-3132, email: DFrable@DVSD.org

Shohola Elementary School office: Laura Lamberton 570-296-3603, email: LLamberton@DVSD.org

Support Services, Summer enrollment office: Carol Ann Dardia (570) 296-1889, email: CDardia@DVSD.org

KINDERGARTEN STUDENT REGISTRATION

School ID#: _____

Today's Date: _____ Student Birth Date: _____ Gender: _____

Student Name: (Last) _____ (First) _____ (Middle) _____

Previous school grade (circle one): Pre-K K None School Phone number: _____

Previous school Name: _____

Ethnic Origins (circle one): White Black Hispanic Asian Pacific Islander
(If multi-racial circle two) American Indian/Alaskan Native

Home Phone: _____

Student lives with: _____

Physical Address: _____ Mailing Address: _____

(City, State, ZIP)

(City, State, ZIP)

Primary Parent/ Legal Guardian 1st contact:

Name: (Last) _____ (First) _____ Relationship to Child: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Signature: _____

Secondary Parent/Legal Guardian 2nd contact:

Name: (Last) _____ (First) _____ Relationship to Child: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Lives with Child: ___ Yes, ___ No, ___ Partially

Doctor Name and Phone Number: _____

Non-Custodial Parent Name, Address, & Phone Number: _____

Guardian/Custody Alert (Please bring legal documentation to Registration): _____

FOR OFFICE USE ONLY

- ___ Birth Certificate
- ___ Immunizations
- ___ Proof of Residency
- ___ Proof of Identity
- ___ Guardianship Papers
- ___ Home Language Survey

Previous PA School ID #: _____

Special Ed: Y _____ N _____ Trans. _____

Photo/Video: Y _____ N _____

Internet Usage: Y _____ N _____

Enrollment Code: _____ Enrollment Date: _____

DELAWARE VALLEY SCHOOL DISTRICT
MILFORD, PENNSYLVANIA 18337
HEALTH REGISTRATION FORM

Date of Entry _____
Grade _____

Teacher _____
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 DVSD? _____
If yes, what grade? _____

Pupil's Name _____

Mailing Address _____
No. _____ Street _____

Home Telephone No. _____

Town _____ State _____ Zip Code _____

Birthdate _____ Birthplace _____

Community or Road _____

Last School Attended: _____ City or Town: _____ Grade: _____

Father or Male Guardian

Mother or Female Guardian Name

Name	
Relation to Child	
Occupation	
Cell Phone	
Work Phone	
Email	

Child lives with: Both Parents _____ Father _____ Other person _____ (name & relationship to student)
Language spoken in home _____

OTHER CHILDREN IN FAMILY

Name	Birthdate	School	Name	Birthdate	School

If parent is not available in Emergency, call:

- _____
- _____

Physician to be called in Emergency: _____
Name _____ Address _____ Phone No. _____

DISEASE & HEALTH HISTORY

Asthma or Bronchitis: _____
Foods, Drugs, Hay Fever, Grasses, Animals – PLEASE BE SPECIFIC: _____
Any Hospitalization, stitches or fractures? _____

Family History of Color Blindness: _____ If yes, whom? _____
Eye Glasses Yes _____ No _____ Contacts Yes _____ No _____
It is advised that every child wearing eye glasses should receive periodic eye examinations. The school would appreciate a report of exam and name of examiner together with any recommendations for school.

Does your child have any other medical conditions? Yes _____ No _____
List: _____
Does your child take any medication? Yes _____ No _____ If so please list _____
Will your child need to take medication at school? Yes _____ No _____ Please list: _____
Do you have health insurance for your child? Yes _____ No _____

DELAWARE VALLEY SCHOOL DISTRICT
NURSE'S DEVELOPMENTAL HISTORY

Name of Child: _____ Birthdate: _____

A child's development since birth influences his/her total health and growth. Please answer the following questions:

History of Birth:

1. Mother's age at child's birth: _____.
2. Were there any unusual conditions during pregnancy (i.e. bleeding, infection, German Measles, medication, high blood pressure)? _____ Yes _____ No
If yes, which illness and when did illness occur? _____
3. Was the baby premature? _____ at what month was baby delivered? _____
4. What was the baby's weight at time of birth? _____
5. Was delivery normal? _____ Forceps delivery? _____ C-Section? _____
If C-Section, why? _____
6. Were there any conditions or problems in the child after birth (i.e. Jaundice, need for oxygen, birth injuries, or birth defect?) _____ Comment _____
7. Was the labor difficult? _____ How long was labor? _____
8. RH factor or any other blood problem? _____
9. Apgar at 1 minute _____ at 5 minutes _____

History of Infancy and Childbirth:

Has your child shown any of the following? (Answer Yes or No)

- | | | |
|--|-------|----------------|
| 1. Extreme Activity | _____ | Comment: _____ |
| 2. Extremely Tired/Sleepy | _____ | Comment: _____ |
| 3. Frequent Headaches | _____ | Comment: _____ |
| 4. Temper Tantrums | _____ | Comment: _____ |
| 5. High Fevers | _____ | Comment: _____ |
| 6. Fainting | _____ | Comment: _____ |
| 7. Convulsions/Seizures | _____ | Comment: _____ |
| 8. Feeding Problems | _____ | Comment: _____ |
| 9. Bowel/Bladder Problems | _____ | Comment: _____ |
| 10. Allergies | _____ | Comment: _____ |
| 11. Frequent Stumbling/Falling | _____ | Comment: _____ |
| 12. Poor Coordination | _____ | Comment: _____ |
| 13. Nail Biting | _____ | Comment: _____ |
| 14. Eye Blinking | _____ | Comment: _____ |
| 15. Stuttering | _____ | Comment: _____ |
| 16. Bed Wetting | _____ | Comment: _____ |
| 17. Thumb Sucking | _____ | Comment: _____ |
| 18. Other Habits/Problems | _____ | Comment: _____ |
| 19. Any Injury to Eyes/Head/Neck | _____ | Comment: _____ |
| 20. Any Hospitalizations | _____ | Comment: _____ |
| 21. Any family history of birth defects | _____ | Comment: _____ |
| Disorders, heart disease, diabetes, TB? | _____ | Comment: _____ |
| 22. Has your child been to any clinic or other agencies? | _____ | Comment: _____ |
| 23. At what age did your child first sit alone _____, walk along _____, crawl _____, said single words _____, talking _____, sentences _____, first tooth _____, bowel trained _____, bladder trained _____. | | |
| 24. Is there any other pertinent health information we should be advised of? | _____ | |

Delaware Valley School District

Teacher's Kindergarten Registration Information

Pupil's Name: _____ Sex: _____ Birthdate: _____

General Information

1. Does your child have the opportunity to play with children his/her own age? (please circle) Yes / No
2. Is your child able to dress himself/herself? (Tie shoes, zipper, buttons, etc.)

Comment: _____

3. Which hand is used for (please circle):

Eating: Left / Right

Writing: Left/ Right

Playing: left/ Right

4. Does your child use (please circle):
Crayons: Yes/ No Scissors: Yes/ No Glue: Yes/ No
Clay: Yes/ No Blocks: Yes/ No

5. What time does your child go to bed at night: _____ To Sleep: _____

6. Does your child still take naps (please circle): Yes/ No

7. Are there any home/neighborhood problems/situations which may affect your child at school? Yes/ No

If yes please comment: _____

8. Do you read to your child? Yes/ No Comment: _____

9. Does your child listen to and carry out directions? Yes/ No

10. Does your child have any strong fears (thunder, dark places, etc.)?

Comment: _____

11. Is there a computer/iPad in the home: Yes/ No Does your child use the computer/iPad: Yes/ No

12. Is there additional information you can give about your child which could help us make his/her first year at school pleasant and successful? (Please use other side to comment if needed.)

Previous Schooling

13. Did your child attend preschool? Yes/ No Where? _____

14. Did your child have early intervention through CDD (Center for Developmental Disabilities)? Yes/ No

Has your child/family had a BSC (Behavior Specialist) or TSS (Therapeutic Support Staff) during

15. preschool? Yes/ No

Any information you can provide to better assist your child in the school learning environment is greatly appreciated. We want a smooth transition and the best opportunity for your child.

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 _____

ADMINISTRATIVE REGULATION

DELAWARE VALLEY SCHOOL DISTRICT

REVISED: 8/6/2013

911-AR-1. PUBLICITY RELEASE FORM

Student Name: _____

School and Grade: _____

Birth Date: _____ Telephone Number: _____

I give my permission to use my son's/daughter's name and picture for:

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

YES _____ NO _____

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.

Questions or concerns may be directed to: _____

Administrator

Telephone Number

Parent/Guardian

Signature _____ Date _____

Parent/Guardian Name

(Please print) _____



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 family 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

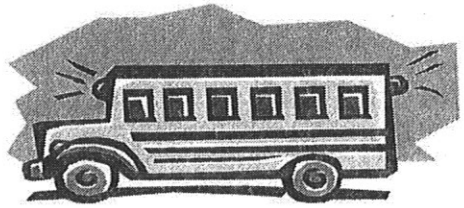
The school district has the responsibility under the federal law to serve students who are limited English proficient and need English Language Development (ELD) services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Learners (ELs). 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 Elementary School
Kindergarten Registration School Bus Information



PLEASE BRING THIS FORM TO KINDERGARTEN REGISTRATION

Complete all information and PRINT CLEARLY

Student Name: _____
Last First Middle

Street (911) Address: _____
Street Town Zip

Mailing Address (if different): _____
Town Zip

Home Phone: _____ Date of birth: _____ Male ___ Female ___

1st Emergency Contact: _____ School Time Phone: _____
check one Mother Father Guardian

2nd Emergency Contact: _____ School Time Phone: _____
(Local contact who can assume responsibility for the student) Relationship to student _____

If you live in a development or private community, list the name: _____

Which community entrance is closest to your home: _____

List the first and last names of your other children who attend school with this kindergarten student so that they can be assigned to the same bus: _____

What bus do the other children ride now? Bus #: _____ Bus stop: _____

If your kindergarten student will be going to a babysitter or day care center, you must complete either a *Request for Bus Service to a Licensed Child Care Facility* or a *Request for Bus Service to Private Child Care*. These forms will be available at kindergarten registration. Bus changes for childcare are permanent changes.

+++++
For Office Use Only:

Bus #: _____ Bus Stop: _____

DELAWARE VALLEY SCHOOL DISTRICT

REQUEST FOR BUS SERVICE TO A LICENSED CHILD CARE FACILITY

The Delaware Valley School District will consider requests for change of bus assignments to a private child care provider under the following conditions as set forth in Delaware Valley School District Board Policy 810: Pupil Bus Transportation (Section 2 B 6) :

- The request is submitted and signed by the child(ren)'s parent/guardian.
- There is space and continues to be space on the bus.
- The stop is at a Board approved licensed child care facility.
- The stop is used both to and from school.
- The stop is used on all school days including delayed openings and early dismissals.
- The licensed child care facility is listed on the child(ren)'s emergency cards.
- An additional emergency contact is listed for the child(ren).
- The change will require three (3) days to implement.

I authorize the Delaware Valley School District to transport my child(ren) to the licensed child care provider indicated below. I understand that this is a permanent change for everyday, both to and from school. I understand this is the only change from the stop of my residence that will be permitted this year. I will not request any other change for any reason. Also, I understand that overcrowding on the bus to which my child(ren) is/are assigned may cause the Delaware Valley School District to revoke permission for this change.

Signature of Parent/Guardian _____ Date: _____

Student Name:	Home Address:
School Attending:	Grade:
Home Telephone:	Parent Work Telephone:
Bus Stop Location Nearest Home:	

REQUESTED TRANSPORTATION ARRANGEMENTS

Licensed Child Care Facility:	Date of Change:
Address of Child Care Facility	Child Care Facility Telephone:
Additional Emergency Contact Name:	Additional Emergency Contact Telephone:
Other Information:	

Return this form to: Delaware Valley Transportation Office FAX: 570-296-1818
 258 Routes 6 & 209
 Milford, PA 18337

FOR OFFICE USE ONLY

Date School Notified:	
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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

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.

If you are on an every six month schedule, please mail this form to your dentist and request it be completed for the last dental visit. **Any exam done within one year of August of this year is acceptable.**

The students who are not examined by your own dentist will be examined by school dentist.

We appreciate your cooperation in this program.

School Nurses
Delaware Valley School District

FAMILY DENTIST REPORT

Child's name _____ Teacher's Name _____

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. Yes _____ No _____

4. This child receives topical fluoride applications under my supervision.

_____ Yearly _____ Every 6 months _____ Never

Dentist Signature

Date

Dentist Address

Delaware Valley School District

Office of Support Services -- 258 Route 6 & 209, Milford, Pennsylvania 18337
570-296-1883 FAX: 570-296-1818

**Affidavit of OWNER/LANDLORD in support
of Tenant(s) Proof of Residency**

As the OWNER/LANDLORD of the premises described below, I provide this verification in satisfaction of the Proof of Residency requirement for all students enrolling in the Delaware Valley School District. The following persons reside permanently at the address indicated below.

NOTE: No student will be enrolled in any Delaware Valley School until proper Proof of Residency is accepted.

Proof of residency type: _____

Tenants: Mr./Mrs./Ms. _____

School Age Children: _____

Tenant's Mailing Address: _____

Township of Residence (Attach copy of Current Tax Statement):

Exact location of Residence: _____

I certify that the information provided in this Affidavit is true and accurate.

Signature of Owner/Landlord

Date

Name of Owner/Landlord (Print)

Daytime Telephone Number

NOTICE: Individuals signing this form are hereby certifying that the above information is true and correct. False statements contained herein are subject to criminal prosecution under 18 P.C.S.A. Section 4904 related to unsworn falsification to authorities. Penalties for unsworn falsification to authorities include imprisonment for up to one year and fines up to \$2,500.00.