

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 1:00 PM.

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.

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 & Address: _____

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/Guardian(s) 1st contact:

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

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Signature: _____

Primary Parent/Guardian(s) 2nd contact:

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

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

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 _____

Photo/Video: Y _____ N _____

Internet Usage: Y _____ N _____

Enrollment Code: _____ Enrollment Date: _____

Survey of Your Child's Preschool Experience

*Please complete this brief survey about your child's experiences before entering Kindergarten
. All responses will be kept confidential.*

Student First Name: _____ Student LastName: _____

PASecureID: _____

School: _____ Teacher: _____

1) Did your child attend preschool?

NO YES

How many **years** of preschool did he/she attend? 1 2 3 4 5

How many **days** of preschool did he/she attend in the most recent year? 1 2 3 4 5

Did he/she attend half-day or full-day preschool most recently? Half Full

2) Did your child receive speech services before Kindergarten?

NO YES

Was the therapy public, private, or both? Public Private Both Public and Private

3) Did your child receive other special education services before Kindergarten?

No Yes

Was your child in the Birth - 3 year old program? NO YES

Was your child in the 3-5 year old program? NO YES

What was your child's primary disability?

Intellectual Disability	Hearing Impairment Including Deafness	Speech or Language impairment
Autism	Visual Impairment Including Blindness	Emotional Disturbance
Deaf-Blindness	Orthopedic Impairment	Specific Learning Disabilities
Multiple Disabilities	Traumatic Brain Injury	Other Health Impairment
Developmental Delay		

4) Did anyone in your family have difficulty in learning to read? NO YES

Delaware Valley School District

*Dingman-Delaware Primary School
1375 Route 739
Dingmans Ferry PA 18328*

*Kimberly Butaitis
Principal*

*Telephone (570) 296-3130
Fax Number (570) 296-3173*

To: _____
School/Doctor

Mailing Address

Mailing Address

Phone Number

Regarding: _____
Child's Name

Birthdate

I allow the release of information on my child to/from:

Dingman Delaware Primary School
1375 Route 739
Dingmans Ferry, PA 18328
(570) 296-3130
(570) 296-3173

_____ Academics
_____ Behavior
_____ Medical
_____ Other:

All information is for professional use only and is considered confidential.

Parent/Guardian Signature

Delaware Valley School District – Educating for Life's Journey



Equal Opportunity Employer

Delaware Valley School District

Teacher's Kindergarten Registration Information

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

Address: _____

Home Telephone No.: _____

Father's Name: _____ Cell Phone No.: _____

Mother's Name: _____ Cell Phone No.: _____

Guardian's Name: _____

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

Is there additional information you can give about your child which could help us make his/her first year at

12. school pleasant and successful? (Please use other side to comment.)

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

Dear Parent:

PA School Health Law requires all children in **grades K, three and seven** (also Pre K Counts Program) 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 your child's current school nurse to be placed in his/her health file.

If you are on an every six month schedule, please mail this form to your dentist and request that it is 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,
DVSD Nurses

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

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
Hair/Scalp				
Skin				
Eyes/Vision				
Ears/Hearing				
Nose & Throat				
Teeth & Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular/Extremities				
Spine/Scoliosis				

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, 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. _____

Birthdate _____ Birthplace _____ Town _____ State _____ Zip Code _____
Community or Road _____

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

Father or Male Guardian

Mother or Female Guardian Name

Name	
Relation to Child	
Occupation	
Work Phone	

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:

1. _____
2. _____

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
Millford, Pennsylvania

HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEA'S) identify Limited English Proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the initial step in the identification process.

School District: _____ Date: _____

School: _____

Student's Name: _____ Grade: _____

1. What is/was the student's first language: _____
(Do not include languages learned in school.)

2. Does the student speak a language(s) other than English? Yes _____ No _____

If Yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Has the student attended any United States school in any 3 years during his/her lifetime?

Yes _____ No _____ If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form: _____
(If other than parent/guardian)

Parent/Guardian Signature: _____

(If ANY answer on this survey indicates a language other than English, this student MUST be referred to the ESL Teacher)

TO BE FILLED IN BY DISTRICT PERSONEL

VERIFICATION OF STUDENT ESL EVALUATION Date: ____/____/____

ELL and PHLOTE	EXIT MONITOR & PHLOTE	NOT ELL/PHLOTE ONLY	FORMER ELL/PHLOTE ONLY
Test Used _____	Exit Date _____	Determined by:	Monitor Period Completed _____
Date of Testing _____	<input type="checkbox"/> 1 st Monitor Year	<input type="checkbox"/> Review of Records	
Score _____	<input type="checkbox"/> 2 nd Monitor Year	<input type="checkbox"/> Test(Type) _____	
Proficiency Level _____		Score _____	
Test Administrator _____			
Program Placement _____			
ESL Entrance Date _____			
Parent Notified of _____			
Test Results _____			

No. 911-AR-1

ADMINISTRATIVE REGULATION

DELAWARE VALLEY SCHOOL DISTRICT

REVISED: 7/23/2014

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 ALL of the media categories listed below:

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) _____

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)

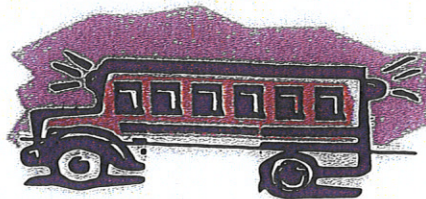
As the parent/guardian of a student of the School District, I have received, read, and understand the Acceptable Use of the Communications and Information System Policy # 815. In addition, I reviewed the Policy with my child and answered questions he or she asked. If either my child or I have further 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 _____

Kindergarten Registration School Bus Information



PLEASE BRING THIS FORM TO KINDERGARTEN REGISTRATION
Complete all information and PRINT CLEARLY

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: _____