

# Pleasant Valley Student Registration Form:

## Student Information

First Name:	Middle Name:	Last Name:
Mailing Address:		
Grade Level:	Previous School Name:	
<b>Birth Date:</b>	<b>Gender:</b>	
Ethnicity (Please check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (Please check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

## Parent/Guardian Contact Information:

Name:	Relationship to Student:
Address:	
Phone Number(s):	Email:
Employer:	Work Phone Number:
<input type="checkbox"/> Web/Records Access <input type="checkbox"/> Receives Mail <input type="checkbox"/> Receives Messages from Staff <input type="checkbox"/> Receives Announcements	<input type="checkbox"/> Can Pickup Student <input type="checkbox"/> Lives With <input type="checkbox"/> Disciplinary Contact <input type="checkbox"/> Primary Care Provider

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Name:	Relationship to Student:
Address:	
Phone Number(s):	Email:
Employer:	Work Phone Number:
<input type="checkbox"/> Web/Records Access <input type="checkbox"/> Receives Mail <input type="checkbox"/> Receives Messages from Staff <input type="checkbox"/> Receives Announcements	<input type="checkbox"/> Can Pickup Student <input type="checkbox"/> Lives With <input type="checkbox"/> Disciplinary Contact <input type="checkbox"/> Primary Care Provider

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**Emergency Contact Information (other than Parent or Guardian):**

Name:	Relationship to student:	<input type="checkbox"/> Can Pickup Student
Phone Number:	Address:	

**Emergency Contact Information (other than Parent or Guardian):**

Name:	Relationship to student:	<input type="checkbox"/> Can Pickup Student
Phone Number:	Address:	

**Family Information**

Has your child received special education services previously? Yes \_\_\_ No \_\_\_

Speech Only? Yes \_\_\_ No \_\_\_

Does the parent/guardian serve in the military? Yes \_\_\_ No \_\_\_

On active duty or expect to be deployed? Yes \_\_\_ No \_\_\_

Been deployed in the past 6 months? Yes \_\_\_ No \_\_\_

Is a language other than English spoken in the home? Yes \_\_\_ No \_\_\_

If yes, what language? \_\_\_\_\_

Does the student speak a language other than English? Yes \_\_\_ No \_\_\_

If yes, what language? \_\_\_\_\_

Foster Child? Yes \_\_\_ No \_\_\_

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

Date \_\_\_\_\_

**List siblings or other children living in the same household and their grade levels:**

Name (First and Last)

Grade Level

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## Parent/Guardian Policies Sign Off Form

### Student Handbook

I am aware that Pleasant Valley's Parent and Student handbook is available online. My child and I will review it at home. We will discuss all the parts of the handbook. We will review the intent of the written code of discipline established by the school district. We will cooperate with the school in fulfilling recommendations made, with the understanding that there is a due process procedure.

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

### Promotion/Retention

I will read the policy regarding promotion, retention, and grading found in the student handbook.

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

### Birthday/Treat Policy

I will read and follow the Pleasant Valley Birthday and Holiday Treat Policy found in the student handbook.

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

### Photograph and Video Release

Pleasant Valley School District will be using photographs and videos of our students for a variety of projects and media. We have expanded our form of communication to now include social media networks such as Facebook and Instagram. Below is a release, which allows you to indicate your preferences. Please indicate below whether Pleasant Valley School District has permission to use photographs, images, or video of your child.

I agree that photographs, images and/or videos of my child may be used for the Pleasant Valley School District.

NO, I do not want my child's photograph, image or video used in any way.

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

### Sports and Extracurricular Activities

I have received a copy of the Sports and Extracurricular expectations. I understand that my child must have an 80% or higher a majority of the PBIS periods from the beginning of the year and through the season in order to try out and participate. I also understand that if my child says something mean, inappropriate, disrespectful, or cruel over social media (or any other electronic means) he or she will NOT be allowed to participate in sports or extracurricular activities.

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

### Parent and Staff Communication

I have received a copy of the expectations for parent and staff communications. I agree to communicate respectfully with the staff at Pleasant Valley per the expectations.

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

### Parent/Student Contract for Acceptable Use of Computers

1. I will not allow my child to download unauthorized software or copyrighted materials.
2. I will make sure my child only uses the internet for educational purposes only.
3. I will make sure my child does not use the Internet for any illegal activity.
4. I will make sure my child does not use the Internet for private financial or commercial gain.
5. I will not allow my child to access, submit, post, publish or display any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing or illegal material.

I agree to the stipulations set forth in the above contract.

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

### Field Trips

I hereby give permission for my child to participate in field trips, under the following conditions:

1. My child is to travel under the adult sponsor's direction and authority from the time of departure until the return to school.
2. I will not hold the adult sponsor, administration, school staff, or Board of Trustees liable or responsible for an accident incurred during the field trip.
3. All students are expected to ride to and from the activity on district provided transportation.
4. All students must meet the required guidelines to attend field trips. (Please see list of guidelines found in the handbook)

**Please remember that field trips at Pleasant Valley are a privilege. Failure to consistently follow Pleasant Valleys PBIS and classroom expectations are grounds for your child to lose their field trip privileges.**

I understand and agree to follow the above rules and give permission for my child to participate in school-sponsored field trips during this school year.

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

**PLEASANT VALLEY DISTRICT #62 HEALTH/MEDICAL FORM 2022-2023**

<b>STUDENT'S NAME:</b>		<b>Grade Level for 2022-23 School Year</b> _____	
<b>First:</b>	<b>Middle:</b>	<b>Last:</b>	
<b>MEDICAL CONDITIONS</b>	<b>NO</b>	<b>YES</b>	<b>EXPLAIN:</b>
Asthma (Diagnosed by a Physician)			Inhaled med: <b>YES</b> or <b>NO</b> Oral med: <b>YES</b> or <b>NO</b> <b>Need Asthma Action/care plan from Physician</b>
Diabetes			<b>Arrange a conference with teacher &amp; nurse prior to school</b>
Seizures			<b>Arrange a conference with teacher &amp; nurse prior to school</b>
Heart Problems			
Blood Pressure Problems			
Bone Disorder or Injury			
Blood Disorders			
Skin Problems			
Bowel Problems			<b>Dietary Restrictions? (Need note from Physician)</b>
Urinary Problems			
Frequent Headaches or Migraines			
Eye/Vision Problems			<b>Glasses or Contacts</b>
Ear/Hearing Problems			
Speech Problems			
Emotional/ Behavioral Problems			Explain: (ADHD, ADD, Anxiety)
Allergies (seasonal, insect, food, medicine, nuts)			Explain: <b>Need Food care plan from Physician for Food Allergies</b> <b>EPI PEN: Yes or No</b>
Other Health or Physical Impairments			Explain:
Serious Illness/Injury/Hospitalization			Explain:
Medicine taken at HOME			Name of medicine:
Medicine taken at SCHOOL			Name of medicine: <b>Need signed note from Physician to administer at School</b>
<b>Physician's Name:</b>		<b>Phone:</b>	
<b>Hospital Preference:</b>			
<b>Parent Signature:</b>		<b>Date:</b>	
<p><small>**I give Pleasant Valley School permission to keep this information sheet on file in the medical files. I realize that my child's teachers have access to this information. In the event of an emergency where, in the judgment of school authorities, urgent medical care is indicated and I cannot be reached, I also give permission for my child to be transported by ambulance to a hospital and for a doctor or medical personnel to give emergency treatment.</small></p>			

**Please flip the page for questions on the backside!**

**Pleasant Valley School District #62**  
**Medication Authorization Form (2022-2023)**

**To be completed by the student's parent/guardian:**

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

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

Emergency Phone Numbers \_\_\_\_\_

Allergies \_\_\_\_\_

Doctor \_\_\_\_\_ Office location/phone # \_\_\_\_\_

I hereby confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the Pleasant Valley District 62 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the school district), lawfully prescribed medication in the manner described above. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATIONS TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the school district, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempt at administration of said medication.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)