

Pleasant Valley Student Registration Form:

Student Information

First Name:	Middle Name:	Last Name:
Mailing Address:		
Grade Level:	Previous School Name:	

Birth Date:	Gender:
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

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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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
