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2018-2019

Student Name _____

I verify that I am a resident in the Quaker Valley School District, and that all of the information I have provided is accurate.

Parent/Guardian Signature _____ Date ____/____/____

For official use only:

School: _____

Grade: _____

Enrollment Date: _____

Student Number: _____

Student Information

Full Name of Student

_____ (Last Name)

_____ (First Name)

_____ (Middle Name)

Student's Address: _____

If you (or your child) have lived at this address for less than one year, please list previous address:

Main Phone _____ - _____ - _____

Date of Birth: _____ / _____ / _____
(month) (day) (year)

Grade (2018-19): _____

Birthplace _____ (City, State)

Ethnicity/Race:

Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
 Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

What is this student's race?

- (Choose only one) American Indian/Alaskan Native
 Black or African American
 Hispanic
 White/Caucasian
 Multi-racial (2 or more races)
 Asian
 Native Hawaiian or Other Pacific Islander

Gender: Male Female

Student Resides with: (Check only one) Father and Mother
 Father
 Mother
 Father and Stepmother
 Mother and Stepfather
 Other: _____

Municipality: Aleppo Township
 Bell Acres Borough
 Edgeworth Borough
 Glen Osborne Borough
 Glenfield Borough
 Haysville Borough
 Leet Township
 Leetsdale Borough
 Sewickley Borough
 Sewickley Heights
 Sewickley Hills

If parents live apart, do you share custody?

Yes No

If shared custody, should school information be mailed to both parents? Yes No

Last School/Preschool Attended: _____

Address (street/city/state/zip): _____

Phone/Fax: _____

Does this child have a current IEP for special education? Yes No



QUAKER VALLEY SCHOOL DISTRICT

HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS 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 method for the identification.

Student's Name: _____ Date: _____

1. *What is/was the student's first language? _____
2. *Does the student speak a language(s) other than English? Yes No
(Do not include languages learned in school.)

*If yes, specify the language(s): _____
3. *What language(s) is/are spoken in your home? _____
4. *What is the primary language used for communication in your home? _____
5. Country of Birth _____
6. Has the student attended any United States school in any 3 years during his/her lifetime?

Yes No

If yes, complete the following:

<i>Name of School</i>	<i>State</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian signature: _____

***Please note:** If a language other than English is identified on any of the questions on this survey, you must complete the QVSD English as a Second Language Student Background Questionnaire (www.qvsd.org >District > Registration) and submit it with this form to Quaker Valley District Office.

The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS 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/charter school/full day AVTS in the future.

Parent/Guardian/Sibling Information

Student Name: _____

Father's Name: _____ Deceased Divorced Remarried

Address (if different from student): _____

Home Phone: ____ - ____ - ____ **Cell Phone:** ____ - ____ - ____ **Work Phone:** ____ - ____ - ____

Email Address: _____

Employer's Name: _____ **Occupation:** _____

Work Address: _____

If remarried please give stepmother's name: _____

Mother's Name: _____ Deceased Divorced Remarried

Address (if different from student): _____

Home Phone: ____ - ____ - ____ **Cell Phone:** ____ - ____ - ____ **Work Phone:** ____ - ____ - ____

Email Address: _____

Employer's Name: _____ **Occupation:** _____

Work Address: _____

If remarried please give stepfather's name: _____

Siblings:

Sibling's Name	Sibling's Date of Birth	If school age, Sibling's School	If school age, Sibling's Grade

*Complete the Guardian section ONLY if the student is living with a guardian and not their parent(s).
OPTIONAL: You may use this space to provide stepparent (or other adult in the household) information.*

Guardian's Name: _____

Relationship to student: _____

Home Phone: ____ - ____ - ____ **Cell Phone:** ____ - ____ - ____ **Work Phone:** ____ - ____ - ____

Email Address: _____

Employer's Name: _____ **Occupation** _____

Work Address: _____

If applicable:

Second Guardian's Name: _____

Relationship to student: _____

Main Phone: ____ - ____ - ____ **Cell Phone:** ____ - ____ - ____ **Work Phone:** ____ - ____ - ____

Email Address: _____

Employer's Name: _____ **Occupation** _____

Work Address: _____

Emergency Contact Information

Student Name: _____

Weather Related Notification: Parents are notified of weather related delays and school closings via Quaker Valley's automated communication system. **Alerts for weather related issues are sent to one telephone number ONLY.** The phone number used is typically the student's main phone number. If you wish to use phone number in lieu of the student's main phone number, please enter it below:

PRIMARY/WEATHER PHONE (if other than student's main phone): _____

Emergency Notification: In the event of an emergency or a situation when students are already in school and are being dismissed early, we will contact a maximum of five phone numbers, three email addresses, and two text messages. **Check all that apply – Please make sure that all checked boxes have the parent's corresponding information completed on the previous page of this registration form.** If applicable, enter alternate email, cell phone and text message information in the spaces provided below.

Choose up to 5 telephone phone contacts:

- Student's Main Phone
- Mother's Cell Phone
- Mother's Work Phone
- Father's Cell Phone
- Father's Work Phone
- Alternate Phone (please specify): _____

Choose up to 3 email contacts:

- Mother's Email
- Father's Email
- Alternate Email (please specify) _____

Choose up to 2 text message contacts:

- *Text Message: Mother's Cell _____
- *Text Message: Father's Cell _____
- *Alternate Text (please specify) _____

**By electing to receive text messages sent on behalf of Quaker Valley School District, you agree to abide by the terms and conditions of your cellular service provider. You further acknowledge that you are 100% responsible for any charges incurred by you from your cellular provider for receiving any text messages sent by QVSD.*

Absence/Tardy Notification: In the event your child's school uses the automated communication system to notify parents of an absence or tardy, the student's main phone number is used. If you would like to be contacted using an alternate phone number, please indicate it here. We will contact you regarding absences/tardies using one phone number ONLY:

Student Illness Notification: *In the event of a student's illness or other student emergency, school personnel will contact parents first.* In the event parents cannot be reached, please provide information for up to three contacts.

Contact #1 Name _____

Home Phone	Work Phone	Cell Phone

Relationship: Aunt Grandfather Friend Sister Uncle Care Giver
 Brother Grandmother Neighbor Stepparent Other: _____

Contact #2 Name _____

Home Phone	Work Phone	Cell Phone

Relationship: Aunt Grandfather Friend Sister Uncle Care Giver
 Brother Grandmother Neighbor Stepparent Other: _____

Contact #3 Name _____

Home Phone	Work Phone	Cell Phone

Relationship: Aunt Grandfather Friend Sister Uncle Care Giver
 Brother Grandmother Neighbor Stepparent Other: _____



QUAKER VALLEY SCHOOL DISTRICT REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ 2018-2019 Grade _____

Parent/Guardian Name _____ Telephone Number _____

Address: _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously 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 _____
(student's name)

was OR was not previously SUSPENDED. (check the box that applies)

was OR was not previously EXPELLED. (check the box that applies)

was OR was not currently SUSPENDED. (check the box that applies)

was OR was not currently EXPELLED. (check the box that applies)

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.

I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §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.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was SUSPENDED or EXPELLED (check the box that applies) : _____

Dates of suspension or expulsion (check the box that applies): _____
Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension or expulsion (check the box that applies)

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

Health Information

For Official Use Only: School: _____ 2018-2019 Grade: _____
 Enrollment Date: _____ Student Number: _____

Student Name _____ **Date of Birth:** ____/____/____
(month)/(day)/(year)

Name of Child's Physician: _____ **Phone:** _____

Name of Child's Dentist: _____ **Phone:** _____

Check if your child has any of the following health problems, and please note treatment given:

- | | |
|--|---|
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Heart Murmur _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Rheumatic Fever _____ |
| <input type="checkbox"/> Pneumonia _____ | <input type="checkbox"/> Diabetes _____ |
| <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Seizures _____ |
| <input type="checkbox"/> Glasses _____ | <input type="checkbox"/> Emotional Problems _____ |
| <input type="checkbox"/> Hearing Aid _____ | <input type="checkbox"/> Recurring Illness _____ |

Other _____
 If your child is receiving special medical treatment, please send us a report from your doctor stating what treatment is being given to your child. Please include how the school can best assist in the treatment.

Please attach an immunization document from your child's physician or previous school.

Please note: Students cannot attend school unless required immunizations are current OR a medical or religious exemption is provided.

The Minimum Required Doses for the School Immunization Law are Starred						
VACCINE	DOSES					
	Enter Month, Day and Year each immunization was given.					
Tetanus, Diphtheria, and Acellular Pertussis <small>(Tdap, Adacel, Boostrix)</small>	1**					
Tetanus and Diphtheria <small>(Td, DT, DTP, Dtap)</small>	1*	2*	3*	4*	5	6
Polio <small>(OPV or IPV)</small>	1*	2*	3*	4	5	6
Hepatitis A	1	2				
Hepatitis B	1*	2*	3*	4		
Measles, Mumps, Rubella <small>(MMR, Proquad)</small>	1*	2*	Or Measles serology Date _____ Titer _____ Rubella serology Date _____ Titer _____ Mumps disease diagnosed by physician - Date _____			
Varicella Vaccine <small>(Varivax, Proquad) or Disease</small>	1*	2*	<i>If student has had Chicken Pox, enter the month/year of the disease.</i>			
*Meningococcal <small>(MCV, Menactra)</small>	1**	2				
Other _____	1	2	3	4	5	6

*All Grades (K-12), **Grades 7-12

Health Information (continued)

Student Name _____

Please use the following space to indicate any additional information you feel the nurse needs to know such as any medication your child takes on a daily basis.

If your child is exempt for medical or religious reasons, please check the appropriate box and provide the required documentation.

Religious Exemption – Parents may refuse immunization on the basis of a strong moral or ethical conviction. A signed letter by the parent is required.

Medical Exemption – If your child’s physician has determined that your child should not receive immunizations due a medical condition, you must provide a **yearly** written statement from the physician.

To Parents/Guardians:

The Pennsylvania School Code requires students to have physical exams. The Quaker Valley School District, as approved by the state, has designated K, 6th and 11th grades as physical exam years. Physical exams are also required on all students entering from out of state, regardless of grade level, if a physical is not documented on the health record.

Qualified school personnel will provide the following annual services:

- Each student will have a visual screening test in grades K-8th and 10th.
- Each student will be weighed and measured.
- Each student in K, 1st, 2nd, 3rd and 7th grades will have a hearing screening.
- Each student in 6th and 7th grades will be screened for scoliosis.

You will be notified if there are any findings by the school health department that require further examination.

TO WHOM IT MAY CONCERN: If neither parent/guardian can be contacted in the case of serious illness or injury, I hereby authorize representatives of the Quaker Valley School District to act as my agent to secure emergency medical treatment for _____, a minor child for whom I am responsible when in the opinion of the school representatives such emergency medical treatment is deemed appropriate during the time when my child is attending school, going to and from school or attending a school sponsored function on or off school property. I hereby agree to hold the Quaker Valley School District and its representatives harmless for exercising its judgment in authorizing such emergency medical treatment, and said representatives are specifically authorized to sign any required emergency hospital treatment forms on my behalf. I also agree to assume responsibility for any charges incurred as a result of such treatment.

Parent Signature _____ Date ____ / ____ / ____



**QUAKER VALLEY SCHOOL DISTRICT
AUTHORIZATION FOR RELEASE OF INFORMATION
FOR SCHOOL RECORDS**

Directions for Parent/Guardian: Complete the student's name and date of birth, previous school name, address and phone numbers, sign and date this form. Return to Quaker Valley School District for processing.

Name of Student		Student's Date of Birth
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STUDENT INFORMATION RELEASE

Source of Records/Previous School:

Name of School _____

Address _____

City, State, Zip _____

Telephone/Fax _____ / _____

For official use only: To be completed by Quaker Valley School District (if applicable).
If checked below, please send the following documents (immunization, birth certificate, and/or transcript) to Diane Hess (email: hessd@qvsd.org or fax: 412.749.3601) as soon as possible so that the student's registration is complete at Quaker Valley School District. If no boxes are checked, mail the file at your earliest convenience (see address below).

Immunization Records, Birth Certificate/Proof of Age, Transcript/Report Card

You are hereby authorized to release from your school records the following data concerning the student named above and to forward it to the Quaker Valley School District.

The following items should be forwarded.

Grades Report Card	Psychological Evaluation
Standardized Test Results	Psychiatric Evaluation
Health/Immunization Records	Special Education Data (ER, IEP)
Attendance Records	Gifted Education Data (if separate from Spec Ed)
Transcripts/Credit Data	Other:
Discipline Records (include suspension information)	

Send Records to:
 Quaker Valley School District
 School: _____
 Attention: _____
 Address: _____
 City, State, Zip: _____
 School Phone/ Fax: _____

If you have questions, contact Diane Hess, Student Info Specialist: Phone:412.749.5095 • Fax: 412.749.3601 Email: hessd@qvsd.org

(Signature of parent)		(Date)
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