



## **Student Information**

Student's Full Name (First, Middle, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City/State \_\_\_\_\_

Current Grade \_\_\_\_\_ Has the student ever repeated a grade?  Yes  No

If yes, grade repeated: \_\_\_\_\_

Does the student currently have an IEP?  Yes  No

If yes, what services is your student currently receiving:

- |  |  |
|--|--|
| <input type="checkbox"/> Speech/Language Support | <input type="checkbox"/> Multiple Disabilities Support |
| <input type="checkbox"/> Learning Support        | <input type="checkbox"/> Occupational Therapy          |
| <input type="checkbox"/> Emotional Support       | <input type="checkbox"/> Physical Therapy              |
| <input type="checkbox"/> Autistic Support        | <input type="checkbox"/> Vision Support Services       |
| <input type="checkbox"/> Life Skills Support     | <input type="checkbox"/> Hearing Support Services      |

Does your child currently have a 504 Plan?  Yes  No

### **The following information is required by the Pennsylvania Information Management System:**

Please select one race/ethnicity that best describes your student:

- |   |  |
|---|--|
| <input type="checkbox"/> White/Caucasian                | <input type="checkbox"/> Black/African American                    |
| <input type="checkbox"/> Hispanic                       | <input type="checkbox"/> Multi-Racial                              |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                          |  |

Is the student Hispanic, Latino or of Spanish origin?

- Yes  No

Is either parent active duty in the Armed Forces?

- Yes  No



Student Name \_\_\_\_\_

Does the student live with both parents?  Yes  No

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Should mother receive mailings from the School District?

Yes  No

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Should father receive mailings from the School District?

Yes  No

Which parent should be contacted first? \_\_\_\_\_

**Additional emergency contacts other than natural parents:**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Which emergency contact should be contacted first? \_\_\_\_\_

If any contact information changes during the school year, please contact the school as soon as possible. **It is important to us to be able to reach someone in case of emergency.**

I understand that all changes to my information must be provided to the school.

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

Date \_\_\_\_\_



## Enrollment Questionnaire

1. Are you the natural parent of this student? Yes No
2. Are you the guardian of this student? Yes No
3. Are you the court-appointed legal guardian? Yes No
4. Are you the foster parent of this student? Yes No

The following information is required in order to enroll the student in school:

1. \*Proof of the child's age
2. Immunizations required by law
3. \*\*Proof of residency
4. Parent registration statement
5. Home Language Survey

\*Any one of the following constitutes acceptable documentation: birth certificate; notarized copy of birth certificate; baptismal certificate; copy of the record of baptism – notarized or duly certified and showing the date of birth; notarized statement from the parents or another relative indicating the date of birth; a valid passport; a prior school record indicating the date of birth

\*\*Any one of the following constitutes acceptable documentation: a deed, a lease, current utility bill, current credit card bill, property tax bill, vehicle registration, driver's license, DOT identification card.

# Valley Grove School District

## Student Residency Questionnaire

The McKinney-Vento Act, as amended by the Every Student Succeeds Act of 2015 (ESSA), defines the rights of students who live in housing situations that are not fixed, regular or adequate. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren) or yourself if you are an unaccompanied youth who does not live with a parent or legal guardian appointed through the court system. Thank you for your cooperation.

1. Student name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. In what type of setting is the student living now? Check one box below:

<b>SECTION A</b>	<b>SECTION B</b>
<input type="checkbox"/> In an emergency or transitional shelter, including hotels used as shelter  <input type="checkbox"/> Sharing the housing of other persons due to loss of housing, financial hardship, safety issues, or similar reason (sometimes called “doubled up” or “couch surfing”)  <input type="checkbox"/> In a motel, hotel, campsites, a place with no heat or water due to a lack of alternative adequate accommodations  <input type="checkbox"/> In a car, park, public spaces, abandoned building, storage unit, garage, bus or train stations or similar settings  <input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings  <input type="checkbox"/> You are a student separated from your parent or legal guardian due to conflict, domestic violence, safety reasons, abandonment, incarceration of parent, poverty or runaway  CONTINUE to Question 3 if you checked any box in Section A	<input type="checkbox"/> None of the choices in Section A apply.  <i>If you checked this section, you <b>do not</b> need to complete the remainder of this form. Submit the form to school personnel now.</i>  <div style="text-align: center;"> </div>

3. Contact number for person completing the form: \_\_\_\_\_

Alternate contact information: \_\_\_\_\_

Address where student is now living: \_\_\_\_\_

4. The student lives with (check all that apply):

- Parent(s) or court appointed legal guardian       Relative, friend(s) or other adult(s)  
 Alone       Other: \_\_\_\_\_

5. School student attended last: \_\_\_\_\_  
Address of school: \_\_\_\_\_  
Telephone number of school: \_\_\_\_\_  
Contact person at school (if known): \_\_\_\_\_

6. Does the student have an IEP, GIEP or a Chapter 15/504 agreement?  
 NO  
 YES - please explain: \_\_\_\_\_

The staff person who is helping you register will contact the McKinney-Vento Liaison to review the information provided. If your eligibility is verified, no additional information will be needed to complete enrollment. The McKinney-Vento Liaison will contact you by the end of the next school day (or sooner) to share the determination regarding status, to gather additional information and to discuss the plans for placement and transportation (if needed).

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature if Unaccompanied Youth (14 years of age or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of "hosting" person if Unaccompanied Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District McKinney-Vento Liaison

\_\_\_\_\_  
Date

**NOTE TO STAFF:** All forms with a checked box in Section A are to be share immediately with the McKinney-Vento Liaison to eliminate any delay.

Valley Grove School District  
**PROOF OF RESIDENCY**

I/We attest that all information provided here is correct and current. **I/We understand that if residency should change for any reason, it is the responsibility of the resident to notify the school district** and amend the residency information.

I/We, \_\_\_\_\_, currently reside at  
(Resident's Name)

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Move In Date \_\_\_\_\_

I am the homeowner at the above address     I am currently renting the home at the above address  
Landlord's Name (for verification purposes) \_\_\_\_\_  
Landlord's Phone# \_\_\_\_\_

**ADULTS RESIDING IN THE HOUSEHOLD:**

Name	Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**CHILDREN RESIDING IN THE HOUSEHOLD**

Name	Date of Birth	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We grant the school district permission to investigate the above information that I/We have provided for confirmation of residency.

Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_



### Parental Registration Statement

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, 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  **was**  **was not** previously suspended or expelled, or  **is**  **is not** presently suspended or expelled 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.

<p>If this student has been or is presently suspended or expelled from another school, please complete:</p> <p>Name of the school from which student was suspended or expelled: _____</p> <p>Dates of suspension or expulsion: _____</p> <p>(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)</p> <p>Reason for suspension/expulsion (optional) _____</p>
---

\_\_\_\_\_  
(Signature of Parent or Guardian)

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

*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.*



# 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: \_\_\_\_\_  
(Month/Day/Year)

**Questions for Parents or Guardians**

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Provided  No  Yes





# Valley Grove School District

429 Wiley Avenue Franklin, PA 16323-2834  
814-432-4919 Fax 814-437-1243 www.vgsd.org

## AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
(Student's Name) (Date of Birth)

To the Student Records Administrator: The above named student is enrolling as a student in the Valley Grove School District. Please send all records and information available on the student, including:

- Educational Records (including report cards and current grades)
- Attendance Records
- Cumulative Record Data
- Standardized Testing Results
- PA Secure ID Number
- Psychological/Special and Gifted Education Documentation
- Discipline Records
- Immunization, Health and Dental Records

Please forward this information to:

Rocky Grove Junior-Senior High School (Grades 7-12)  
403 Rocky Grove Avenue  
Franklin, PA 16323  
Phone: 814-437-3759  
Email: registration@vgsd.org  
Fax: 814-437-1062

Valley Grove Elementary School (Grades PK-6)  
389 Sugarcreek Drive  
Franklin, PA 16323  
Phone: 814-432-3861  
Email: registration@vgsd.org  
Fax: 814-432-5223

I hereby authorize the release of all grades, test scores, health records, psychological reports and all other school records.

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student

\_\_\_\_\_  
Date

### Mission Statement

*The mission of the Valley Grove School District in partnership with the community is to provide the opportunity for each student to obtain a comprehensive and quality education.*