



Schuylkill Valley School District

929 Lakeshore Drive
Leesport, PA 19533-8631



Phone: 610-916-5646
Fax: 610-926-3960

www.schuylkillvalley.org

REGISTRATION PACKET SCHOOL YEAR 2024-2025

Dear Parent/Guardian:

Included in this registration package are the documents you will need to complete to register your child in Schuylkill Valley School District.

As you read through the documents, you will see the following items are required to enroll your child:

- 1) Two proofs of residency in the Schuylkill Valley School District (see list). **The proofs must include a physical address, not just a Post Office Box**
- 2) Child's birth certificate (or appropriate form of birth date – see list)
- 3) Immunization record for child
- 4) Parent identification
- 5) Child's most recent report card
- 6) If child has an IEP, please bring a copy.
- 7) Custody Papers (if applicable)

When you have completed all forms in the registration packet, please call me at **610-916-5646** to set up an appointment to finish the registration process.

You will need to bring with you the documents listed in the above paragraph. Your child cannot be registered for school until I have received all the required paperwork.

If you have any questions, please contact me at 610-916-5646.

Thank you.

Ms. Jennifer Disla
Pupil Services Secretary



Schuylkill Valley School District

www.schuylkillvalley.org

New Student Registration

_____ Student Name	_____ DOB	_____ Grade	_____ S.V. Elementary School
			_____ S.V. Middle School
			_____ S.V. High School
			_____ S.V. Cyber School

PROOF OF AGE

Acceptable documentation includes:

- _____ Original or Bureau of Vital Records-certified copy of Birth Certificate
- _____ Baptismal certificate or 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
- _____ Valid passport
- _____ Prior school record indicating the date of birth
- _____ Adoption decree, certificate of birth abroad, court order or similar document specifying student's name, sex, date of birth, and parents' names.

PROOF OF IMMUNIZATIONS

Acceptable documentation includes:

- _____ Child's immunization record
- _____ Written statement from the former school district or from a medical office that the required immunizations have been administered, or that a required series is in progress
- _____ Verbal assurances from the former school district or a medical office that the required immunizations have been completed, with records to follow
- _____ Other: _____

PROOF OF RESIDENCY

Under the authority of Sections 1301 and 1302 of the Pennsylvania School Code, you are requested to submit **two (2)** or more of the following. These documents will be used to verify the residency of a regular resident, multiple occupancy resident, and custodial resident. This proof of residency must be submitted **before the enrollment of a student can occur.**

- | | |
|---|---|
| _____ Agreement of sale or lease | _____ Driver's license |
| _____ Property deed | _____ D.O.T. identification card |
| _____ Voter registration card | _____ Auto insurance card |
| _____ Statement of home owner's insurance | _____ Vehicle registration card |
| _____ Letter from employer (if not self-employed) | _____ Current bill or receipts showing physical address |
| _____ IRS forms or statements | _____ Utility service "turn on" statement |
| _____ Property tax bill or receipt | _____ Notarized district resident statement |
| _____ Bank statement | _____ ACP (Address Confidentiality Program) |
| _____ Court Order | |
| _____ USPS change address form | |



Schuylkill Valley School District

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The above checked items have been presented to me as acceptable proof of residence.

Signature of Student Registrar

Date

I, the undersigned, the parent/guardian enrolling the above-referenced child, have presented the documents as indicated by the above-checked items in fulfillment of my obligations to enroll the said child for free school privileges and attest that each is a true and correct document. I recognize the following pursuant to laws regarding unsworn statements:

The documentation presented for the purposes of enrollment for free school privileges is subject to investigation and verification, and should it be determined that the above is not a true representation of fact, either now or in the future, I shall then be liable to reimburse the school district at the then current annual tuition rate for improper attendance of each ineligible child in the Schuylkill Valley School District.

Signature of Parent/Guardian

Date

SL:smd

Revised: ajk 4/10/14

SCHUYLKILL VALLEY SCHOOL DISTRICT
929 LAKESHORE DRIVE
LEESPORT, PA 19533

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.

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

Name of school from which student was suspended or expelled:

Date of suspension or expulsion: _____
(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional): _____

Signature of Parent or Guardian

Date

SL:smd
6/15/09

**SCHUYLKILL VALLEY SCHOOL DISTRICT
Leesport, PA 19533**

Release of Information

Date: _____

Student Name: _____

Date of Birth: _____

Grade: _____

Prior School Name: _____

School Address: _____

I give permission for the following information to be released to Schuylkill Valley School District:

- * educational records
- * medical records
- * special education records (Comprehensive Evaluation Report, Individual Education Program, Notice of Recommended Assignment, Invitation to IEP meeting, Notice and Intent to Re-evaluate or Permission to Evaluate, psychological records)
- * student discipline records

I understand the information will be treated in a confidential and professional manner.

Please send the records to:

☐ **Schuylkill Valley Elementary School**

62 Ashley Way

Leesport, PA 19533-0915

(610) 926-4165 / (610) 916-5048 FAX

☐ **Schuylkill Valley Middle School**

114 Ontelaunee Drive

Leesport, PA 19533-8630

(610) 926-7111/ (610) 926-3321 FAX

☐ **Schuylkill Valley High School**

Guidance Office

929 Lakeshore Drive

Leesport, PA 19533-8631

(610) 916-5477/ (610) 916-2893 FAX

Thank you.

Parent/Guardian signature

Date

Address

Records received on: _____

SCHUYLKILL VALLEY SCHOOL DISTRICT
Leesport, PA 19533

Release of Information

Date: _____

Student Name: _____

Date of Birth: _____

Grade: _____

Prior School Name: _____

School Address: _____

I give permission for the following information to be released to Schuylkill Valley School District:

- * special education records (Comprehensive Evaluation Report, Individual Education Program, Notice of Recommended Assignment, Invitation to IEP meeting, Notice and Intent to Re-evaluate or Permission to Evaluate, psychological records)

I understand the information will be treated in a confidential and professional manner.

Please send the records to: Schuylkill Valley School District
Attention: Special Education Office
929 Lakeshore Drive
Leesport, PA 19533
Telephone # - (610) 916-5744
Email-aheinz@schuylkillvalley.org

Thank you.

Parent/Guardian signature

Date

Address

Records received on: _____

SCHUYLKILL VALLEY SCHOOL DISTRICT EMERGENCY INFORMATION

Please complete ONE (1) FORM for ALL children in the family/household

Student's Name _____ Grade _____ Birthdate _____ Male ___ Female ___

Student's Name _____ Grade _____ Birthdate _____ Male ___ Female ___

Student's Name _____ Grade _____ Birthdate _____ Male ___ Female ___

Student's Name _____ Grade _____ Birthdate _____ Male ___ Female ___

Address _____ City _____ Zip _____

Home phone _____

For emergency purposes, please indicate, by numbering the parenthesis, up to 5 emergency contact numbers.

Example: Home phone: 000-000-0000 (1), Cell: 000-000-0000 (2), etc.

Mother/Guardian _____ Lives with student: Yes ___ No ___

Home phone _____ () Cell _____ () E-mail _____

Mother/Guardian employer _____ Work phone _____ ()

Father/Guardian _____ Lives with student: Yes ___ No ___

Home phone _____ () Cell _____ () E-mail _____

Father /Guardian employer _____ Work phone _____ ()

Significant other _____ Lives with student: Yes ___ No ___

Home phone _____ () Cell _____ () E-mail _____

Employer _____ Work phone _____ ()

Student lives with _____ Custody: Mother Father N/A

Alternate contact during daytime hours if parent/guardian cannot be reached: (grandparent(s), friend, neighbor, etc.)

Name _____ Relationship to child _____

Phone _____ () Cell _____ ()

Name _____ Relationship to child _____

Phone _____ () Cell _____ ()

Signature: _____ **Date:** _____

Student Name: _____ Grade: _____ Teacher: _____
Date of Birth _____ Parent/Guardian _____
Parent/Guardian Phone # _____

SVSD STUDENT HEALTH INFORMATION-CONFIDENTIAL- 2024-2025

Student's Physician:	Phone:
Student's Dentist:	Phone:
Is the student under the care of a Specialist? Yes ____ No ____ Name:	Phone:

Does your child have any medical diagnosis or physical limitations of which the School Nurse needs to be aware? Yes ____ No ____ Please explain: _____

Please list any known allergies (food, bee sting, latex, other) for your child: _____

Does your child need an Epi-Pen at school? **Yes ____ No ____

Does your child have Asthma? **Yes ____ No ____

Does your child need an inhaler at school? **Yes ____ No ____

- ☐ ****If yes to any of the above questions**, please contact the School Nurse.
- ☐ ALL medications taken during the school day MUST have a Medication Order Form on file in the nurse's office. Please contact the School Nurse.

Permission for Standing Order Medications (PLEASE CHECK YES OR NO)

I give permission for my child to be assessed and medications administered by school nursing personnel:

Acetaminophen (Tylenol)	____ Yes ____ No	Ibuprofen (Advil, Motrin)	____ Yes ____ No
Antacid tablet (TUMS)	____ Yes ____ No	Benadryl (for acute reactions only)	____ Yes ____ No

The following list of first aid supplies are used as needed: anti-itch products (Caladryl, Hydrocortisone cream, Calamine lotion), Benadryl gel, antibiotic ointment, Orajel, Vaseline, throat spray, aloe vera, cough drops, sting kill swabs, allergy eye drops, sterile eye wash solution, contact solution. Please list any of first aid supplies you **DO NOT** want used with your child: _____

Please list ALL daily medications your child takes at home: _____

I have read all the information and I have answered all questions to the best of my ability. I hereby authorize the Schuylkill Valley School District to administer first aid to my child according to the Physician's Standing Orders and to secure emergency treatment for my child for any medical situation that may arise at a time when I cannot be immediately contacted.

Parent/guardian Signature: _____ Date: _____

SCHUYLKILL VALLEY SCHOOL DISTRICT INFORMATION FORM

929 Lakeshore Drive Leesport, Pennsylvania 19533

Student ID # _____ Starting Date _____ Grade _____

STUDENT _____
LAST FIRST MIDDLE

STUDENT'S BIRTHDATE _____ SEX _____ PLACE OF BIRTH: _____
(City, State & Country)

STREET ADDRESS _____
STREET CITY STATE, ZIP

MAILING ADDRESS _____
(IF DIFFERENT FROM STREET ADDRESS) STREET CITY STATE, ZIP

BORO/TOWNSHIP: ☐ Bern ☐ Centre ☐ Centerport Boro ☐ Leesport Boro ☐ Ontelaunee

HOME PHONE _____

E-MAIL ADDRESS: (Father) _____ (Mother) _____

STUDENT RESIDES WITH WHOM: (check all that apply) ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother
☐ Legal Guardian ☐ Grandfather ☐ Grandmother ☐ Aunt ☐ Uncle ☐ Guardian (Affidavit Needed)

RACE: Please check the racial or ethnic identity of your child.

☐ White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic
☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native

RESIDENCY: (please check one) ☐ **RESIDENT STUDENT** (Student living in the district)
☐ **NON-RESIDENT STUDENT** – Date moving into the district _____
Superintendent approval needed. Transportation will be provided as of the actual move-in date.
☐ **MIGRANT** ☐ **FOSTER CHILD**

TRANSFERRING FROM: Please list school name, address and phone number. If your child is enrolling at the Kindergarten level, please list any pre-school attended.

Please include date the student first entered the USA if applicable: _____

EDUCATIONAL DATA: Please check if your child has/is receiving any of these special services:
(You are not required by law to provide this information)

☐ Special Education (IEP on file) ☐ Gifted/Enrichment ☐ Title I (Reading) ☐ 504 Plan
☐ Counseling Services ☐ Head Start Program / Intervention

OVER

FAMILY DATA

Yes__ No__ IS THE PARENT OR GUARDIAN AN ACTIVE DUTY MEMBER OF A BRANCH OF THE ARMED FORCES (ARMY, NAVY, AIRFORCE, MARINE CORP., COAST GUARD, OR FULL TIME NATIONAL GUARD)?

FATHER _____ PLACE OF BIRTH _____
Last First

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

MOTHER _____ PLACE OF BIRTH _____
Last First

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

GUARDIAN OR
STEP - PARENT _____ PLACE OF BIRTH _____
Last First

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

FAMILY STATUS

Please check the family status of parent/guardian completing this form

MARRIED ____ SINGLE ____ SEPARATED ____ DIVORCED ____

If applicable, are CUSTODY PAPERS on file? YES ____ NO ____

Signature of Parent / Guardian

Date

Revised 10/10/2017

It is the policy of the Schuylkill Valley School District not to discriminate in its educational programs, activities or employment practices based on race, sex, color, disability, age, religion, or national origin. Announcement of this practice is in accordance with title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Inquiries regarding compliance with these Acts may be directed to the office of the Superintendent, Title IX, and ADA Coordinator, Schuylkill Valley School District, 929 Lakeshore Drive, Leesport, PA 19533. Telephone 610-916-0957.

SCHUYLKILL VALLEY SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Student's Name: _____ Male: _____ Female: _____

Date of Birth: _____ Student's Country of Birth: _____ Grade: _____

Parent/Guardian Name(s): _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

District transferring from: _____ School: _____

School Address: _____

All new enrollments must complete the following:

1. Is a language other than English used in the home? _____ Yes _____ No

2. Does the student have a "first" language other than English? _____ Yes _____ No

If yes, specify language: _____

3. Does the student most frequently speak a language other than English? _____ Yes _____ No

4. Has the student attended any school(s) in the United States? _____ Yes _____ No

If yes, complete the following:

Name of School

State

Dates Attended

Signature of Parent / Guardian

Date

NOTE: If you answered YES to question 2 (two) or 3 (three) above, please complete the following:

Student's native language: _____ Parent/Guardian native language: _____

How many years did your child attend school in your native country? _____

Last grade level completed? _____

How many years has the student lived in the U.S.? _____ Date of enrollment in a U.S. school: _____

Was the student enrolled in an English Language Learner program at their previous school?

_____ Yes _____ No

What language does your child most frequently speak at home? _____

What language do you use most frequently to speak to your child? _____

Can your child read in your native language? _____ Yes _____ No Fluently? _____ Yes _____ No

Can your child write in your native language? _____ Yes _____ No Fluently? _____ Yes _____ No

EL DISTRITO ESCOLAR DE SCHUYLKILL VALLEY

ENCUESTA DE LENGUAJE EN CASA

Nombre del estudiante: _____ Masculino _____ Femenino _____

Fecha de nacimiento: _____ País de nacimiento: _____ Grado: _____

Nombre(s) del padre/tutor legal: _____

Dirección: _____

Número de teléfono de casa: _____ de celular: _____ del trabajo: _____

Distrito escolar anterior: _____ escuela anterior: _____

Dirección de la escuela anterior: _____

Todos los estudiantes deben completar las siguientes preguntas:

1. ¿Se habla(n) más que inglés en casa? _____ Sí _____ No

2. ¿Tiene el estudiante un idioma natal que no es inglés? _____ Sí _____ No

Si la respuesta es "sí", indique el idioma: _____

3. ¿Habla el estudiante un idioma aparte de inglés con frecuencia? _____ Sí _____ No

4. ¿Ha asistido el estudiante a una escuela en los Estados Unidos? _____ Sí _____ No

Si la respuesta es "sí", complete lo siguiente:

Nombre de Escuela	Estado	Fechas Atendidas
_____	_____	_____
_____	_____	_____
_____	_____	_____

Firma del padre / tutor legal

Fecha

Si la respuesta es "sí" a pregunta(s) 2 (dos) o 3 (tres), complete lo siguiente:

Idioma natal del estudiante: _____ Idioma natal del padre/tutor legal: _____

¿Por cuántos años asistió el estudiante a una escuela en su país natal? _____

Nivel completado: _____

¿Por cuántos años ha vivido el estudiante en los EEUU? _____ Fecha de matrícula: _____

¿Participó el estudiante en un programa de inglés como lenguaje secundario? _____ Sí _____ No

¿Qué idioma habla el estudiante más en casa? _____

¿Qué idioma habla Ud. más con el estudiante? _____

¿Puede leer el estudiante en su idioma natal? _____ Sí _____ No ¿Con fluidez? _____ Sí _____ No

¿Puede escribir el estudiante en su idioma natal? _____ Sí _____ No ¿Con fluidez? _____ Sí _____ No

2024-2025
TRANSPORTATION OFFICE INFORMATION

ALL STUDENTS MUST RETURN THIS COMPLETED FORM

All students will automatically be assigned to their home bus stop only. However, as per the Schuylkill Valley School District Bus Policy, students in kindergarten through grade 8 may be provided a bus stop for a childcare provider located within the school district. All students may have only one permanent stop for AM & only one permanent stop for PM. In helping to assign your child to the appropriate bus stop, please complete this form and return to school. Any questions or concerns, please call the transportation office (610-916-5447).

STUDENT'S NAME _____ GRADE _____
(LAST NAME) (FIRST NAME) (M I)

ADDRESS _____
(STREET ADDRESS)

(CITY) (ZIP CODE) (MUNICIPALITY)

PARENT/GUARDIAN INFORMATION WHO CHILD RESIDES WITH

FATHER _____
(LAST NAME) (FIRST NAME) (M I)

MOTHER _____
(LAST NAME) (FIRST NAME) (M I)

(HOME TELEPHONE #) (FATHER CELL #) (FATHER WORK #)

(MOTHER CELL #) (MOTHER WORK #)

CHILDCARE PROVIDER INFORMATION (IF APPLICABLE)

PROVIDER'S CARE - - - (CIRCLE ONE) AM PM BOTH

NAME _____
(LAST NAME) (FIRST NAME) (TELEPHONE #)

ADDRESS _____
(HOUSE OR LOCATION ADDRESS)

Please list any medical condition which could become "life threatening" such as: Asthma, Seizure Disorders, Diabetes, etc.

This information will be held with strict confidentiality and is intended only for use in the event of a medical emergency.

