

WELCOME

to

Chartiers Valley School District



CHARTIERS VALLEY SCHOOL DISTRICT
2030 Swallow Hill Road, Pittsburgh, PA 15220
412-429-2211

REGISTRATION CHECKLIST

The following completed documents are requested at the time of registration:

1. ___ Proof of Child's Age (Original birth certificate or certified duplicate issued from the Commonwealth of Pennsylvania, or other acceptable proof as determined by the school district.)
2. ___ Three Proofs of Residency (acceptable proofs include: current lease, mortgage, deed, tax bill and a current utility bill or other acceptable proof as determined by the district)
3. ___ Immunization Records (*please note as of 1/1/2018 the ACHD requires proof of **blood lead level testing for all Kindergarten students.**)
4. ___ Student Registration Form [#CVSD-SRF]
5. ___ Confidential Health History [#CVSD-HLTH]
6. ___ School Health Screening Program [#CVSD-SCRN]
7. ___ Home Language Survey [#CVSD-LANG]
8. ___ Request for Records (**Grades 1-12 only**) [#CVSD-RR]
9. ___ McKinney Vento Eligibility [#CVSD-MV]
10. ___ Military Family Form [#CVSD-MIL]
11. ___ Internet, E-mail, and Network usage agreement [#CVSD-INT]
12. ___ Statement for Parents (**N/A for Kindergarten Registration**) [#CVSD-SFP] – **Form must be notarized**
13. ___ Athletic Interest Form (**Grades 7-12 Only**) [#CVSD-ATH]

Additional forms, not required for enrollment of all students, are available on the district website. These forms include but are not limited to: Athletic Eligibility Form (grades 7-12), Physical form (grades KG/6/11), Dental Form (grades KG/3/7).

PLEASE NOTE:

You are required to provide proof of residency for any child/children newly registering even if you have another child already attending Chartiers Valley School District.

Kindergarten / First Grade Registration:

A child is eligible for admission to kindergarten if she/he is not less than five (5) years and no months on or before September 1st. A child is eligible for admission to first grade if she/he is at least six (6) years and no months on or before September 1st.

Physical Examination and Dental Examination forms need to be completed and returned by August 1st. If your child's appointment is after this date, you must notify the nurse at your child's school. It is preferred that you submit all required medical information at time of registration.

(Continued on next page)

The District shall not enroll a student until the parent/guardian has supplied proof of the student's age, residence, immunizations, and completed the statement for parents as required by law and regulations. A school district must normally enroll a child the next business day, but no later than five business days after application. The guidance department from your child's school will contact you with a start date - please send your child on the date specified.

When a student and his/her parent/legal guardian move in with a family in an existing home owned by the resident, the **owner** must then submit **three proofs of residency** as listed in #3. In addition, the **parent/legal guardian** must provide **three proofs of acceptable address documentation**.

Acceptable address documentation includes current automobile registration, check stubs from wages, bank statement, utility bills or other acceptable proof as determined by the school district.

When a student and his/her parent/legal guardian move in with a family in an existing rented home/apartment, the following must occur:

- The **primary resident** must provide **three proofs of residency** as listed in #2. In addition, the district requests that one of the three proofs must be a current lease with all occupants in the residence listed. The lease must be dated no more than **30** days prior to registration and signed by the property owner. It is also acceptable to obtain a letter from the property manager/landlord on their letterhead stating THE LEASE HOLDER AND ALL OCCUPANTS OF THE RESIDENCE. This letter must be signed & dated no more than **30** days prior to registration.
- The **parent/legal guardian** must also provide **three proofs of acceptable address documentation**. Acceptable address documentation includes current automobile registration, check stubs from wages, bank statement, utility bills or other acceptable proof as determined by the school district.

*For a *Multiple Occupancy* [#CVSD-OCC] enrollment, please review and sign:

I am aware the Chartiers Valley School District may investigate and verify residency, dependency and the authenticity of the information given, and I acknowledge that Chartiers Valley will contact me periodically to provide verification:

Parent/Legal Guardian, if applicable

Date

Resident

Date

Please note:

Periodic verification will be made to determine that the child is living in the resident's home on a full-time basis. The Chartiers Valley School District reserves the right to re-verify the Multiple Occupancy status of a student at any time. The accuracy of the information will be investigated and, if found incorrect, the parent(s)/legal guardian(s) **and** the Chartiers Valley School District resident may be liable for tuition and fines.

If you are in the process of purchasing a home, you must provide a signed sales agreement with the settlement date that is within 60 days of registration. Within **10** days after the settlement date, you will be required to submit three current proofs of residency. As noted above, acceptable proofs include: mortgage, deed, tax bill and a current utility bill or other acceptable proof as determined by the district.

CHARTIERS VALLEY SCHOOL DISTRICT

STUDENT REGISTRATION FORM

CVSD-SRF

Student Entering Grade:	CVSD ID# (Office Use Only):	SY:
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Student's First Name Middle Name

Student Legal Last Name

Street Address City Zip

_____/_____/_____
Birth Date (MM/DD/Year) Birth Country Birth City/State Gender: M F X

If not born in Pennsylvania, on what date did the child enter PA? ____/____/_____
 If not born in the USA, on what date did the child enter the USA? ____/____/_____
 If not born in the USA, on what date did the child first enroll US Schools (K-12)? ____/____/_____
 What is the primary language the child uses at home? _____

Please select the student's ethnic/racial category(ies). Check all that apply.
 Hispanic American Indian Asian Black Native Hawaiian White
Information collected regarding racial/ethnic background is part of the No Child Left Behind Act of 2002.

Parent(s)/Guardian(s) - residing with student

The Chartiers Valley School District uses an automated alert calling system to provide parents and students with up-to-date breaking news on school closings, delays, and other important district information. The phone numbers and email addresses provided below will be the number and email contacted.

Parent/Guardian 1 – First Name	Gender	Relationship to Student	Household Phone Number
Parent/Guardian 1 – Last Name	Cell Phone Number	Work Phone Number	
Parent/Guardian 1 – Email Address (Used for many district communications)			

Parent/Guardian 2 – First Name	Gender	Relationship to Student	Household Phone Number
Parent/Guardian 2 – Last Name	Cell Phone Number	Work Phone Number	
Parent/Guardian 2 – Email Address (Used for many district communications)			

Other Children in Family – living at the same address (attach additional sheet if necessary)

Full Name	Gender	Date of Birth	Grade	School

CHARTIERS VALLEY SCHOOL DISTRICT CONFIDENTIAL HEALTH HISTORY

Name _____ Birth Date ____/____/____ Grade _____

Prior School attended: _____

Does your child have any of the following conditions? (Check all that apply and please explain below)

- Allergies:
- Environmental _____
 - Food _____
 - Insect Bites _____
 - Medications _____
 - Skin Conditions _____
- Severe Allergy: _____ Anaphylactic Shock: _____
- Emergency Meds needed* Yes _____ No _____ Name of Medications _____
- *For any severe allergy, a FAAP (Food and Anaphylaxis Allergy Action Plan) must be completed (form on website)
- Asthma: Emergency Meds _____
- Birth/Prenatal (Note any abnormal condition) _____
- Heart: Congenital Defect Murmur Rheumatic Fever Any restrictions? _____
- Seizures Type: _____ Date of last seizure _____ Medication _____
- ADD/ADHD
- Anxiety
- Arthritis
- Behavior/ Emotional: Explain _____
- Blood Disorder
- Broken Bones
- Chicken Pox; Date of illness: _____
- Diabetes: Date of diagnosis: _____ Medications: _____
- Fainting
- Gastrointestinal: _____ Bowel Control: _____
- Head Injury/Concussion: _____
- Hearing: _____
- Mobility
- Operations: _____
- Speech
- Tuberculosis
- Urinary Tract: Incontinence Infections Bedwetting
- Vision

Has your child ever been tested at: (Check all that apply**) _____

- Children's Hospital Laughlin Child Center
- D.T. Watson DART (with or without an IEP)
- Western Psychiatric Hospital Other: _____

**If so, please provide the district with copies of the evaluation so we may best serve your child

Please list any medications, additional medical care, special needs or other information about your child that you feel is important:

Parent/Guardian Signature _____ Date _____

CHARTIERS VALLEY SCHOOL DISTRICT SCHOOL HEALTH SCREENING PROGRAM

It is the policy of the Chartiers Valley School District to comply fully with all state-mandated health screening as well as medical and dental examinations required for school-aged children. These health screenings are described below, and are performed throughout the school year.

- Each child will receive vision testing, assessing near and distant vision, each school year. Color perception, depth perception and convex lens testing are assessed at specific grade levels.
- Each child in kindergarten, first, second, third, seventh and eleventh grade will receive a hearing test.
- Each child will be weighed and measured annually. BMI (body mass index) will be calculated each year and reported to parents.
- Scoliosis screening for sixth and seventh graders, as required by the Department of Health, will be done.

The School Health Act of Pennsylvania also requires that:

- Each child have a physical examination upon initial entrance to kindergarten or first grade, sixth and eleventh.
- Each child have a dental examination in kindergarten, third grade and seventh grade.
- Children transferred from other school systems, regardless of grade, have a dental and physical examination report on file.

These examinations should be done by your family physician/dentist. If private care is not possible, physical and dental examinations may be done at school.

If your child needs a physical or dental examination to be completed at school, the parent will be notified in advance. Children whose dental or physical examinations are not completed and returned by **December 1**, will be scheduled for the examination at school. **Sports physicals will not be completed by the school doctor.**

I understand that my child, _____, will be given the full services as indicated above. I understand I will be notified of any matter(s) needing attention.

Parent /Guardian Signature

Date

This health screening form will be valid throughout the student's enrollment in the Chartiers Valley School District.

CHARTIERS 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.

School District: Chartiers Valley School District **Date:** _____

Name of Child: _____ **Grade:** _____

Address: _____

School: _____

1. What is the student's primary 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. Please place a check by the number of years the student has been enrolled in US schools:

Less than 1 year (0-11 months)

1 to 2 years (12-23 months)

2 to 3 years (24-35 months)

More than 3 years (36+ months)

5. I (parent/guardian) prefer to receive communications home from the district in the following language: _____

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

Parent/Guardian signature: _____

*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.

CHARTIERS VALLEY SCHOOL DISTRICT
AUTHORIZATION FOR RELEASE OF SCHOOL/CONFIDENTIAL RECORDS

The below named student has enrolled in our school and the following records must be obtained.
 Please fax/mail the information on the student listed below at your earliest convenience.

Name of Student: _____

Grade: _____ Date of Birth: ____ / ____ / _____

Parent/Guardian: _____

Date of Request: ____ / ____ / _____ Date of Enrollment: ____ / ____ / _____

(To Be Checked by School Officials/please release all applicable records below)

- Transcripts
- Grades to Date for Current School Year for Every Quarter
- Grades to Date at Time of Withdrawal
- Standardized, Achievement, Aptitude Test Scores
- College and Career Readiness Portfolio (Send evidence of completion)
- Student Discipline Record
- Student Attendance
- Health and Medical Data
- Special Education Information (forms: Permission to Evaluate, ER, Invitation, IEP, NOREP), if applicable
- Section 504 Information, Language Assessment Scales Scores (LAS)
- Other Available Information

Request Sent to: _____
 (School Last Attended)

 (Street)

 (City, State & Zip Code)

 (Phone)

 (Fax)

Signature: _____ **Date:** _____

****According to the final Regulations Family Educational Rights and Privacy Act (Buckley Amendment), dated June 17, 1978, it is no longer necessary to obtain written consent to release records between schools.**

Please Send records (email preferred) to: kmannering@cvsd.net Fax: (412) 429-2286

Mailing address:
 Registration – Attention Mrs. Mannering
 Chartiers Valley School District
 2030 Swallow Hill Road.
 Pittsburgh, PA 15220

CHARTIERS VALLEY SCHOOL DISTRICT MCKINNEY VENTO ELIGIBILITY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11431 et seq.
The answers to this residency information help determine the services the student may be eligible to receive.
(Check all that apply)

The student lives with:

- Parent(s)/Legal guardian(s)
- An adult who is not the parent/legal guardian
- No adult; student is an unaccompanied youth

SECTION A	SECTION B
<ul style="list-style-type: none"> <input type="checkbox"/> In a shelter/group home <input type="checkbox"/> Doubled up with relatives or friends due to loss of housing or economic hardship <input type="checkbox"/> Living in a motel, car, campsite, or similar setting <input type="checkbox"/> Youth living with friends or family members (other than parent/guardian) <input type="checkbox"/> Substandard housing <input type="checkbox"/> Other residence which is not fixed, adequate or regular (please list below): <p><i>If you checked anything in Section A, complete the form below.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Choices in Section A do not apply <p><i>If you checked the box in this section, you do not need to complete the remainder of this form. Please turn the form in to school personnel now.</i></p>

*** Free/Reduced lunch application is available via the district website*

Complete this section, only if you checked anything in Section A.

Please Print: _____

Name of Student: _____

Birth Date: ____/____/____ Age: _____ Grade in School: _____
Month Day Year

School Most Recently Attended: _____

Name of Parent(s)/Legal Guardian: _____

Temporary/Current Address: _____

City: _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

CVSD Enrolling School: _____ School Administrator's Signature: _____

**CHARTIERS VALLEY SCHOOL DISTRICT
MILITARY FAMILY FORM**

Dear Parent/Guardian,

The Every Student Succeeds Act (ESSA) includes a requirement that districts identify any military-connected children enrolled in our schools.

Military-connected children are defined as those with a parent or guardian who is a member of the Armed Forces on active duty; Army, Navy, Air Force, Marine Corp, or Coast Guard including full-time National Guard or Reserve Duty.

Please complete this form to indicate whether or not the student's parent/guardian is an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp, or Coast Guard including full-time National Guard or Reserve Duty.)

Yes, my child has a parent/guardian on active full-time duty.

Name of parent/guardian on active duty: _____
Parent is deployed? Yes No

No, my child does not have a parent/guardian on active full-time duty.

Student Name: _____

Parent/Guardian Name/Signature _____

CHARTIERS VALLEY SCHOOL DISTRICT INTERNET, E-MAIL, AND NETWORK ACCESS AGREEMENT

I have read, understand, accept, and will abide by the Chartiers Valley School District's ("district's") Acceptable Use of Internet Access, E-mail and Network Resources Policy ("policy"). I further understand that any violation of this policy is unethical and may constitute a criminal offense. I understand that use of the Internet and access to e-mail is a privilege and not a right. I agree that I have no expectation of privacy and no right to privacy when I use the district's computers; I acknowledge that all aspects of my use of the district's computers is subject to monitoring and review without cause and without notice; and I consent to the monitoring and review of all aspects of my use of the district's computers. I understand that any violation or inappropriate conduct may result in termination of my access privileges, other disciplinary action and/or legal action.

I understand that the district makes no assurances of any kind, whether express or implied, regarding any Internet or e-mail services. I further understand that the use of any information obtained via the Internet and/or e-mail is at my own risk; that the district specifically disclaims responsibility for the accuracy or quality of such information; and that the district is not, and will not be, responsible for any damage or loss which I suffer.

Student Name (Please Print)

Student Signature *

Date

**For age appropriate students, parent signature can be used in lieu of student signature.*

PARENTS/GUARDIANS AGREEMENT

Due to the nature of the Internet and e-mail, it is neither practical nor possible for the district to ensure compliance at all times with the district's policy. Accordingly, parents/guardians must recognize that each student will be required to make independent decisions and use good judgment in his/her use of the Internet and e-mail. Therefore, parents/guardians must participate in the decision whether to allow their child access to the Internet and e-mail and must communicate their own expectations to their child regarding appropriate use of the Internet and e-mail.

As the parent/guardian of _____, I acknowledge that I received and understand the district's policy and the district's Internet, E-mail and Network Access Agreement being signed by my child.

I understand that Internet and e-mail access is designed for educational and instructional purposes and that the district will discourage access to inappropriate and objectionable materials and communications. However, I recognize it is impossible for the district to prevent access to all inappropriate and objectionable material, and I will not hold the district responsible for materials acquired or contacts made through the Internet or e-mail. I understand that a variety of inappropriate and objectionable materials are available through the Internet and e-mail and that it may be possible for my child to access these materials if she/he chooses to behave irresponsibly. I also understand that it is possible for undesirable or ill-intended individuals to communicate with my child over the Internet and e-mail; that there is no practical means for the district to prevent this from happening; and that my child must take responsibility to avoid such communications if they are initiated. While I authorize the district to monitor and review all communications to or from my child on the Internet and e-mail, I recognize that it is not possible for the district to monitor and review all such communications. I have determined that the benefits of my child having access to the Internet and e-mail outweigh potential risks. I understand that any conduct by my child that is in conflict with these responsibilities is inappropriate, and that such behavior may result in the termination of access, disciplinary action and/or legal action.

I have reviewed these responsibilities with my child, and I hereby grant permission to the district to provide my child with Internet and e-mail access. I agree to compensate the district for any expenses or costs as a result of my child's violation of the policy or its administrative procedures; and I further agree that I will not hold the district responsible for any matter arising by reason of or relating to: (1.) my child's violation of the district's policy or (2.) any materials acquired by my child, or contacts made by or to my child, through the Internet or e-mail.

Name (Please Print)

Signature

Date



Chartiers Valley Athletics

Zack Hayward
Athletic Director
zhayward@cvsd.net

Heather Chickis
Athletic Secretary
hchickis@cvsd.net

Anyone entering the Chartiers Valley School District who desires to participate in Interscholastic Athletics should complete the information below. Based on the information provided, there may or may not be a need to meet with the family to discuss the final eligibility status. Families will be contacted only if necessary.

For information about our sport offerings and physical information, please visit our website at: www.cvsd.net or call 412-429-2244.

Student Name: _____ **Entering Grade:** _____

Date of Birth: ____/____/____ **Current Age:** ____ **Date of Enrollment at CVSD:** ____/____/____

Head of Household Name: _____ **Relationship:** _____

Address: _____

Contact Number: _____

Contact Email Address: _____

School which you are transferring from: _____

Have you ever repeated a grade: _____ **If yes, what grade and year:** _____

Previous Athletic Participation History for school teams:

7th Grade: _____

8th Grade: _____

9th Grade: _____

10th Grade: _____

11th Grade: _____

12th Grade: _____

Participation Interest at Chartiers Valley: _____

Reason for your transfer (check which applies):

_____ Physically moved in to the district with one or both natural parents

_____ Natural break in school (7th or 9th grader coming from private/parochial/other school)

_____ Legally appointed by court order and/or Administrative appointment

_____ Previous school district closed

_____ OTHER (please explain): _____