Delaware Valley School District

Student Registration Requirements

To register a student in the Delaware Valley School District, please make sure that you must have:

☐ Proof of Age – the following items can be used to establish a child's age: **original** birth certificate from the state with raised seal, a valid passport **and a certified birth certificate from the county of birth with raised seal.** Hospital record of birth is not acceptable.

☐ An immunization record for the student.

☐ Proof of residency within the service boundary of the Delaware Valley School District is required. Acceptable documentation includes:
* a property deed or tax bill from home owners,
* a rental agreement from renters.

☐ Utility Bill matching the address and name of natural parent or guardian.

☐ Proof of the parent/guardian identity. This must be a photo ID of the parent(s) or guardian(s) (for example: Pennsylvania driver's license) indicating the address corresponding to the address on the proof of residency.

- The name, mailing address, phone number and fax number of the previous school.
- Any information regarding special services provided by the previous school (Ie: IEP, Chapter 15, etc)
- Any court documents or formal agreements explaining custody arrangements. Guardianship paperwork is required if you are not the natural parent of the student
- **High School students must supply their transcripts from the last school of attendance prior to visiting the guidance office.**

DISTRICT POLICY:

Kindergarten Age Requirement: A student must be five (5) years old on or before September 1st of the current school year to attend Kindergarten.

Grade 1 Age Requirement: A student must be six (6) years old on or before September 1st of the current school year to attend First

Registration Hours: During the school year -- each school day: 9:00AM to 1:00PM.
Bring the information and documents listed above to the Office of Support Services located at the entrance to the Delaware Valley Middle School cafeteria. This entrance is off the Middle School parking area of the campus on Routes 6 & 209 approximately 4 miles north of the Borough of Milford, Pennsylvania.

- In the event of incomplete forms or missing documents, all materials will be returned until all the required elements are complete.

If you have any questions or need further information, contact the Office of Support Services at 570-296-1889.

Revised 10.3.22

STUDENT REGISTRATION

School _____ ID# _____

Student Name (Last) _____ (First) _____ (Middle) _____

Date of Birth_____ Place of Birth_____ Gender ____ Grade____

Ethnic Origins (circle all that apply): White Black Hispanic Asian
Pacific Islander American Indian/Alaskan Native

Home Phone _____ E-Mail Address _____

Physical Address _____ Mailing Address _____

_____ _____
(City, State, ZIP) (City, State, ZIP)

Doctor's Name_____ Dr Phone #_____

Has the student been enrolled in DVSD before? Yes _____ No _____

If yes, what school? _____ Year(s) _____ Grade(s) _____

Primary Parent/Guardian

Name (Last) _____ (First) _____ Relationship to Child _____

Employer _____ Work Phone _____

Home Phone_____ Cell Phone_____

Signature_____

Name (Last) _____ First _____ Relationship to Child _____

Employer _____ Work phone _____

Home Phone_____ Cell Phone_____

FOR OFFICE USE ONLY

- ❑ Birth Certificate
- ❑ Immunizations
- ❑ Proof of Residency
- ❑ Proof of Identity
- ❑ Guardianship Papers

Special Ed: Y_____N_____
Enrollment Code_____
Enrollment Date _____

Transportation_____

Delaware Valley School District

252 Route 6 & 209, Milford, PA 18337
Phone: 570-296-1883 Fax: 570-296-1818

Student Name: _____

1. Name and mailing address of previous school:

_____

_____

Phone number: _____ FAX number: _____

2. Is there any information you feel we should know about the student?

_____

3. Was the student receiving any special services at the previous school? If yes, please list below.

_____

4. Explain any special custody arrangements: _____

_____

Second Parent Mailing
Name: _____ Relationship to Child _____

Address: _____

Home Phone: _____ Cell Phone: _____

5. Are there any court documents restricting access to the child? Copies of court documents prohibiting access must be provided. _____ Yes _____ No

Delaware Valley School District
236 Route 6 & 209
Milford, PA 18337
570/296-1800 Fax: 570/296-3172

☐ **Delaware Valley Elementary School**
500 Avenue S
Matamoras, PA 18336
570/296-1820 Fax: 570/491-5561

☐ **Dingman-Delaware Elementary School**
1355 Route 739
Dingmans Ferry, PA 18328
570/296-3120 Fax: 570/296-3171

☐ **Dingman-Delaware Primary School**
1375 Route 739
Dingmans Ferry, PA 18328
570/296-3130 Fax: 570/296-3173

☐ **Shohola Elementary School**
940 Twin Lakes Road
Shohola, PA 18458
570/296-3600 Fax: 570/296-3161

☐ **Delaware Valley Middle School**
258 Route 6 & 209
Milford, PA 18337
570/296-1830 Fax: 570/296-3162

☐ **Dingman-Delaware Middle School**
1365 Route 739
Dingmans Ferry, PA 18328
570/296-3140 Fax: 570/296-3170

☐ **Delaware Valley High School 9/10**
256 Route 6 & 209
Milford, PA 18337
570/409-2009 Fax: 570/409-2002

☐ **Delaware Valley High School 11/12**
252 Route 6 & 209
Milford, PA 18337
570/296-1850 Fax: 570/296-3164

Date: _____

_____ _____
Name of Student Student's Date of Birth

Prior School Information: School: _____

Address: _____

Phone: _____ Fax: _____

REQUEST FOR HEALTH AND SCHOOL RECORDS

I hereby certify that the above-named pupil enrolled in the Delaware Valley School District in grade _____ on _____.
(Date)

Please forward the following information to the appropriate school:

- ❑ Health and Dental Records
- ❑ Personal Health History
- ❑ All Papers and Evaluations Relevant to Special Education
  That may include: - Psychological and Educational
  - Speech and Language *(if applicable)*
  - Occupational Therapy *(if applicable)*
- ❑ Current Report Card of Withdrawal Grades
- ❑ Other Available School Records

_____ _____
Parent's Signature Registrar

Please forward this form to the appropriate office if records are kept in another location. Thank you.

DELAWARE VALLEY SCHOOL DISTRICT

PRIVATE PHYSICIAN'S REPORT OF

PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

Name of School _____ Grade_____ Homeroom_____

Name of Child _____ Date of Birth_____ Sex: M F

PLEASE ATTACH CURRENT IMMUNIZATION RECORD FROM DOCTOR OR CLINIC

Medical History (if yes, explain)

Allergies ---------- Y N _____ Hypertension----------Y N _____

Asthma---------- Y N _____ Neuromuscular Disorder --------Y N _____

Cardiac---------- Y N _____ Orthopedic Condition---------- Y N _____

Drug/Alcohol Dependency---- Y N _____ Respiratory Illness----------Y N_____

Diabetes----------Y N _____ Seizure Disorder---------- Y N_____

Gastrointestinal Disorder-------Y N _____ Skin Disorder----------Y N_____

Hearing Disorder----------Y N _____ Vision Disorder----------Y N_____

Other (specify) ----------Y N _____

Please list any special medical problems or medications the student takes.

_____

PHYSICAL EXAM

Height_____ Weight_____ BMI_____ Pulse_____ Blood Pressure_____

System	Normal	Abnormal	Deferred	Comment/Screening Result
Hair/Scalp				
Skin				
Eyes & Vision Screening				OD OS REFER
Ears & Hearing Screening				PASS FAIL REFER
Nose & Throat				
Teeth & Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular/Extremities				
Spine/Scoliosis				
Psycho-Social Screening				WNL REFER: Y N

Is the child under treatment ? _____Yes _____No

Does the child have any restrictions on play or physical education activities? _____Yes _____No

Date of Exam_____

Signature of Examiner_____ Phone_____

PRINT name_____

DELAWARE VALLEY SCHOOL DISTRICT

MILFORD, PENNSYLVANIA 18337

HEALTH REGISTRATION FORM

Date of Entry_____ Teacher_____

Grade_____ School_____

Dear Parent:

When your child enters school, we establish a cumulative record file on him/her to enable us to have a greater understanding of your child's needs. All information, of course, will be kept strictly confidential, so please answer every question. Birth Certificate and Immunization Record must be presented at registration.

PLEASE PRINT NEATLY. Thank you for your cooperation

Has your child ever attended school in the DVSD?_____

If yes, what grade_____

Pupil's Name_____ **Mailing Address**_____

No. Street

Home Telephone No._____ _____

Town State Zip Code

Birthdate_____ Birthplace_____ Community or Road_____

Last School Attended: _____ City or Town: _____ Grade: _____

	Father or Male Guardian	Mother or Female Guardian Name
Name		
Relation to child		
Education		
Occupation		
Business Tel.		

Child lives with: Both Parents_____ Father_____ Mother_____ Other Person_____(name & relationship to student)

Language spoken in home_____

OTHER CHILDREN IN FAMILY

Name	Birthdate	Grade and School	Name	Birthdate	Grade and School

If parent is not available in Emergency, call:

1. _____

2. _____

Physician to be called in emergency: _____

Name **Address** **Phone No.**

DISEASES & HEALTH HISTORY

	Year or Age		Year or Age		Year or Age
Chicken Pox		**Pneumonia**		**Enuresis (bedwetting)**	
German Measles		**Menstrual**		**Epilepsy (Seizures)**	
Measles		**Rheumatic Fever**		**Heart Disease**	
Mumps		**Scarlet Fever**		**Tuberculosis**	
Whooping Cough		**Mononucleosis**		**Contact with TB**	

Check if child has a history of the following and describe:

Asthma or Bronchitis:_____

Allergies: Foods, Drugs, Hay Fever, Grasses, Animals – **PLEASE BE SPECIFIC:**_____

Ear Aches or Ear Infections_____ Frequent Colds and Sore Throats_____

Any Hospitalization, stitches or fractures?_____

Family History of Color Blindness:_____ In yes, whom?_____

Is your child at present under medical treatment? Yes_____ No_____ If yes, why?_____

It is advised that every child wearing eyeglasses should receive periodic eye examinations. The school would appreciate a report of exam and name of examiner together with his/her recommendations for the school.

Delaware Valley School District
Milford, PA 18337
School Physical Examination - Parent Notification and Permission

Student Name _____ Grade _____

Dear Parent/Guardian:

The Pennsylvania Public School Code 1420e requires all children to have a medical examination upon original entry into school (K-1), in the sixth grade and the tenth grade.

Any child of school age may furnish the local school officials with a medical report of examination made at his/her own expense by his/her primary care provider. Examinations shall be made and the report shall be furnished prior to the date fixed for the regularly scheduled (school) examination. Any physical within one year prior to a student's entry into the grade where an exam is required is acceptable.

Delaware Valley School District requires that a completed private examination report be submitted by October 1 of the current school year or 30 days after enrolling your child in the district. Parents are urged to have these examinations done by their family primary care providers because these individuals have a better knowledge of your child's health and can assist you in obtaining necessary treatments. The form to be completed for a private exam is enclosed and must be sent to your child's school nurse upon completion. Students required to have physical exams for camp, summer employment, working papers, driver's tests, etc., may have these reports completed at that time. Also, sports physicals done during the school year will fulfill this requirement.

Please complete the following request indicating your choice and return signed and dated to the school nurse by September 15 of the current school year.

____ We wish to have the physical exam administered at school and understand I will be notified of the time and date. (Guidelines for School Physical Examinations are enclosed).
___ I wish to be present during the physical examination at school and understand I will be notified of the time and date.
___ I do not wish to be present during the physical examination at school.
____ We wish to have the physical exam administered by our family doctor. A completed physical form will be sent to school by October 1 of the current school year.

Doctor_____ Date Scheduled_____

Failure to return a completed "Private Physicians Report of Physical Examination" to the school nurse by October 1 of the current school year may result in a physical examination scheduled and performed by the school physician, pursuant to the Pennsylvania School Code.

Students who fail to complete and/or submit acceptable evidence of required medical examinations within the appropriate time period will not be admitted to school the following school year unless or until acceptable proof of compliance is received. (Note: School physicians are scheduled according to the availability of school physicians.)

Please note any special conditions you wish to call to the attention of the examining physician.

Parent/Guardian Signature_____ Date

Sincerely,

School Nurse

Delaware Valley School District

Dear Parent:

School health law requires all children who are in **grade K, three and seven** to have a complete dental examination. When the required examination is completed by your family dentist, please have them complete the form below and return it to the school nurse's office.

If you are on an every six month schedule, please mail this form to your dentist and request that it be completed for the last dental visit. **Any exam done within one year of August of this year is acceptable. Any students who are not examined privately will be examined by the school dentist. Students who fail to complete and/or submit acceptable evidence of the mandated dental examination within the appropriate time period will not be admitted to school the following school year unless or until acceptable proof of compliance is received.**

We appreciate your cooperation in this program.

Thank you,

Family Dentist Report

Student name_____ Date_____

School_____ Grade_____

1. This student last visited my office on _____

2. All necessary corrections were made at that time. Yes_____ No_____

3. If the above answer is no, please indicate the dental correction needed:
   _____primary teeth _____permanent teeth _____fillings
   _____extractions _____gross malocclusion
   _____prosthetic replacement for lost or missing teeth
   _____other_____

   This child is currently under my supervision for the above condition. Y N

4. This child receives topical fluoride applications under my supervision.
   _____yearly _____every 6 months _____never

_____ _____

Dentist Signature Date

_____

Dentist Address

Expulsion or Suspension Statement

Student's Name _____ Date of Birth _____ Grade ____

Parent/Guardian's Name _____ Telephone # ( ) _____

Home Address: _____

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or presently 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 was _____ was not _____ previously 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.

School Name _____

Address _____

Date(s) of suspension or expulsion _____

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

_____
Signature of Parent or Guardian

_____
Date

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

pennsylvania
DEPARTMENT OF EDUCATION

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 last name: _____

Child's Date of Birth: _____

Current grade: _____ School of Enrollment: _____

Questions for Parents/Guardians: Please answer all three questions.

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 Name: _____ Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____

Interpreter Provided ☐ No ☐ Yes

The school district has the responsibility under the federal law to serve students who are limited English proficient and need English Language Development (ELD) services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Learners (ELs). As part of the responsibility to identify ELs, the school district 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 in the future.

For Office Use Only:

Date Received: ___/___/___
ELD Staff Member: _____

Revised 2025

DELAWARE VALLEY SCHOOL DISTRICT

PUBLICITY RELEASE FORM

Student Name: _____

School and Grade: _____

Birth Date: _____ Telephone Number: _____

I give my permission to use my son's/daughter's name and picture for **ALL** the media categories listed below:

District Website
District Social Media
District Brochures
District Publications/Yearbooks
District Scoreboards
Student of the Month/Student Awards
Newspaper Publications
Newsletters
Radio/TV

YES_____ **NO**_____

Non-return of this form indicates approval to use your student's name and picture.

It is the district's practice to involve students in positive activities that promote individual self-esteem and cooperation among our students.

Questions or concerns may be directed to: _____
Administrator

_____
Telephone Number

Signature _____ Date _____
Parent/Guardian

Please print _____
Parent/Guardian Name

No. 815-AR-1

DELAWARE VALLEY SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

REVISED: 8/6/2013

Acceptable Use of the Communications and Information Systems

USER AGREEMENT ACKNOWLEDGMENT AND CONSENT FORM

Students

I have received, read, and understand the Acceptable Use of Communications and Information Systems Policy # 815 and will comply with them. My parent(s)/guardian(s) have also reviewed it with me. In addition, I have been given the opportunity to obtain information from the School District and my parent(s)/guardian(s) about anything I do not understand. If I have further questions, I will ask my building principal and my parents. Additionally, I understand that if I violate the Policy, other School District policies, regulations, rules, or procedures, I am subject to the School District's discipline, and could be subject to ISP and website rules, and local, state and federal rules and procedures.

Name of Student _____

Signature of Student _____

Date of Signature _____

Parent(s)/Guardian(s)

As the parent/guardian of a student of the School District, I have received, read, and understand the Acceptable Use of the Communications and Information System Policy # 815. In addition, I reviewed the Policy with my child and answered questions he or she asked. If either my child or I have further questions I will ask the building principal. I agree to have my child comply with the requirements of this Policy, other School District policies, regulations, rules, and procedures. Additionally, I understand that if he or she violates the Policy, other School District policies, regulations, rules, or procedures he or she is subject to the School District's discipline, ISP and website rules, as well as local state and federal laws and procedures.

Name of Parent _____

Signature of Parent _____

Date of Signature _____

DELAWARE VALLEY SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

ADOPTED: AUGUST, 2025

USER AGREEMENT
ACKNOWLEDGMENT AND CONSENT FORM
PRIVACY AND SECURITY OF STUDENT ELECTRONIC AND DIGITAL INFORMATION

Parent(s)/Guardian(s)

As the parent/guardian of a student of the School District, I have received, read, and understand the Privacy and Security of Student Electronic and Digital Information Policy # 820. In addition, I provide consent as required per FTC COPPA regulations for third parties. I have reviewed the School District provided list of third-party applications and websites. If I have further questions I will ask the building principal.

Name of Student _____

Name of Parent _____

Signature of Parent _____

Date of Signature _____