



Steel Valley School District Student Registration Form

Date of Enrollment: _____

LEGAL NAME OF STUDENT: _____
(Last) (First) (M.I.)

SEX: _____ BIRTHDATE: _____/_____/_____ RACE: _____ PRIMARY CONTACT #: _____

PRIMARY EMAIL ADDRESS: _____

PERMANENT ADDRESS: _____

STUDENT RESIDES WITH (Check all that Apply)

Mother / Stepmother – Legal Name _____

Mother's Employer: _____ Business Phone: _____

Father / Stepfather – Legal Name _____

Father's Employer: _____ Business Phone: _____

Foster Parents – Name(s) _____

Employer: _____ Business Phone: _____

Guardians – Name(s) _____

Employer: _____ Business Phone: _____

Other – Please Specify _____

Employer: _____ Business Phone: _____

ARE THERE ANY COURT DOCUMENTS OR CUSTODY AGREEMENTS IN PLACE? Yes _____ No _____

IF YES, PLEASE ATTACH A COPY TO THIS DOCUMENT.

FORMER SCHOOL OR PRESCHOOL: _____

ADDRESS OF FORMER SCHOOL: _____

STUDENT FAMILY INFORMATION

SIBLINGS: NAME	BIRTHDATE	GRADE/SCHOOL OR OCCUPATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENTS ARE: MARRIED _____ SEPARATED _____ DIVORCED _____

PARENTS ARE DECEASED: Mother _____ Father _____ Both _____

ADDITIONAL INFORMATION

DOES THE STUDENT HAVE A CURRENT IEP AND/OR RECEIVE SPECIAL EDUCATION SERVICES?

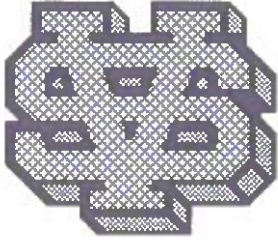
YES _____ NO _____

IF YES, WHICH EXCEPTIONALITY? _____

(Examples: Speech and Language, Specific Learning Disability, Emotional Disturbance, Autistic Support, Gifted, etc.)

SIGNATURE OF AUTHORIZED PERSONNEL _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



"Serving the Educational Needs of Munhall, Homestead and West Homestead"

Steel Valley School District

District Administrative Offices

3113 Main Street
Munhall PA 15120

Phone (412) 464.3600, ext. 1905
Fax (412) 464.3667

Diana L. Borges, M.S. Ed., NCSP
Director of Pupil Personnel and Special Services

HOME LANGUAGE SURVEY

Student Name: _____ School: _____ Date: _____

Date of Birth _____ Age _____ Grade _____

Parent/Guardian Name and Address _____

Telephone _____ Country of Origin _____

Other countries of residence (please list) _____

1. What was the first language your child learned to speak?

2. What language(s) does your child speak most often at home?

3. What language(s) do you use when speaking to your child?

4. What language(s) is spoken most often in your home?

5. Does your child understand, but not speak a language(s) other than English?

6. Do your (parents/guardians) read and/or write English?

Survey completed by: _____



Steel Valley School District CERTIFICATE OF RESIDENCY

Note: This form must be completed for each child entering school

Student's Name: _____

Student's Residence Address*: _____

Student's Phone Number: _____



Please check here if this is a NEW Address.

* "Student's Residence" is defined as the place where the student customarily engages in housekeeping functions such as eating, sleeping, dressing and the like.

- This information shall constitute a confidential record of the Steel Valley School District for its use and that of other government authorities. No information contained on this form will be released to any private party without the consent of the person signing this form or pursuant to a required of law.
- This form must be completed at the time of enrollment into Steel valley School District. This form must be completed yearly and filed with the Building Principal no later than the 10th day after the beginning of school year as part of the Emergency Card Procedure.

CERTIFICATION

I hereby certify, subject to the penalties provided in Section 4904 of the Pennsylvania Crime Codes, which make it a criminal offense to provide false information to the government authorities, that the students residence information is true, correct and accurate, and that I will notify the School Principal, Steel Valley School District, in writing, should there be any changes in this information during the school year.

Signature of Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian Residence Address*: _____

If signed by any person other than the student's parent, please provide explanation:

When it is determined that a student is not eligible for attendance under the residency requirements, the District will charge the parent and/or resident the prevailing tuition from the date of non-residency.

**HEALTH HISTORY FOR NEW ENROLLEES
STEEL VALLEY SCHOOL DISTRICT**

Student's Name: _____ Birthdate: _____

Name of Parent / Guardian _____ Telephone: _____

Name of Student's Physician or other source of medical care and phone number:

School: _____ Grade: _____ Previous School: _____

To Parents or Guardians: The information requested on this form will be of help to the school nurses in determining the health status of your child.

Has your child had any of the following? If yes, please give the date and details.

	Yes	No	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fainting or Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bone Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Serious Accident	<input type="checkbox"/>	<input type="checkbox"/>	_____
Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nosebleeds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Problems / Glasses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	_____

1. Any Chronic or recurrent illness not listed above: _____
2. List any medication that your child is taking everyday: _____
3. List any medication and / or food your child may be allergic to: _____
4. List any health problems or illness you or your child's physician feel should be know to school personnel: _____
5. List any restrictions your child may have: _____

Signature of Parent: _____

Date: _____

STEEL VALLEY SCHOOL DISTRICT
Health Services

Dear Parent or Guardian of _____

The Steel Valley School District is continuing a Dental Examination Program for Grades 1, 3 and 7. Good dental health is of great importance to the welfare of your child. Therefore a program has been developed involving a dental evaluation by a licensed dentist, using a mouth mirror and explorer. In order that your child may participate, please sign the form below and return it to the school as soon as possible.

Thank You,

Steel Valley Health Services

STUDENT: _____

SCHOOL: _____

GRADE: _____ ROOM: _____

_____ I grant permission for my child to participate in the Dental Health Services program throughout his/her school years in the Steel Valley School District.

_____ I will have the above done by my family dentist and forward the information to the school.

Signature of Parent/Guardian _____ Date _____

PLEASE NOTIFY THE SCHOOL IN WRITING IF YOU WISH TO REVOKE THIS PERMISSION



**Steel Valley School District
ACT 26 of 1995
REGISTRATION STATEMENT**

I/We, _____,
the parent(s) (guardian(s)/person(s) in control) of _____,
hereby swear or affirm that our son/daughter _____

_____ HAS NOT been 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 the willful infliction of injury to another person, or for any act of violence committed on school property.

_____ HAS 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 the willful infliction of injury to another person, or for any act of violence committed on school property.

The student was suspended or expelled from the _____
School District. The suspension/expulsion was effective from _____
to _____.

The details of the suspension/expulsion are as follows: _____

I/We understand that this Registration Statement shall be maintained as part of my son's/daughter's disciplinary record.

I/WE UNDERSTAND THAT ANY WILLFUL, FALSE STATEMENT MADE UNDER THIS SECTION SHALL BE A MISDEMEANOR OF THE THIRD DEGREE AND WOULD ALSO CONSTITUTE VIOLATION OF THE PENNSYLVANIA CRIMES CODE, TITLE 18. CONSOLIDATED PENNSYLVANIA STATUTES 1 PA. C.S.A. § § 4903 AND 4904, AS AMENDED, AND COULD SUBJECT ME TO A FINE UP TO \$5,000.00 OR IMPRISONMENT FOR UP TO 2 YEARS OR BOTH.

Name: _____ Address: _____

Sworn to and subscribed before me this _____ day of _____ 20_____

(NOTARY PUBLIC)