



# Pleasant View School

## REGISTRATION FORM

### Section I: **Student Information**

Enrollment Date: \_\_\_\_\_ Grade Enrolled: Pre-Kindergarten School Year: 2010-2011

Student's Legal Name: **Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M / F Place of Birth: \_\_\_\_\_  
month day year

Address: \_\_\_\_\_  
Number street apt. # city state zip code

Has the student been enrolled in **PVS Child Care Center?** \_\_\_\_\_ Year: \_\_\_\_\_  
Yes/No

Parent / Legal Guardian's / Custodian's Name: \_\_\_\_\_ **Social Sec #:** \_\_\_\_\_

Announcements, lesson plans, updates, etc. will be communicated to parents via e-mails, thus a valid e-mail address must be provided

**Parent / Legal Guardian's Email Address:** \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from student's) Number street apt. # city state zip code

Student living with (*Please check one*) Natural Parent(s): \_\_\_\_ Foster Parent(s): \_\_\_\_ Relative (*specify*): \_\_\_\_  
 Step-parent with custody: \_\_\_\_ Court appointed custodian: \_\_\_\_ Other: \_\_\_\_  
(specify)

### Section II: **Family Information**

Father's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work/Bus. Phone # ( ) \_\_\_\_\_  
or Name of Business

Work Address: \_\_\_\_\_  
street city state zip

Mother's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work/Bus. Phone # ( ) \_\_\_\_\_  
or Name of Business

Work Address: \_\_\_\_\_  
street city state zip

Section III: **Health Information**

Does the student have any serious health concerns of which we should be aware? Yes \_\_\_ No \_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Please indicate any known allergies your child has or special medications he/she may need? \_\_\_\_\_  
\_\_\_\_\_

Are there any health considerations that would prohibit the student from participating fully in school activities including physical education classes or sports activities? Are there any special accommodations required due to physical disabilities?  
\_\_\_\_\_  
\_\_\_\_\_

**Has your child ever been tested for:**

- Speech and/or hearing therapy
- Psychological / Educational Assessment
- Neurological evaluations
- Visual examinations
- Learning difference
- Gifted programs
- Special Education

Name of doctor or professional with whom the student is presently working: \_\_\_\_\_

What learning or physical disability has been diagnosed by this professional? \_\_\_\_\_

**You must include copies of these testing results prior to your child being considered for placement.**

**Photo Release Form:**

**Pleasant View School** is including photos and videos of students, teachers, and school activities on its website, yearbook, brochures and flyers. Though the names of students, faculty, staff, and administration will regularly be used, it is our policy that no addresses, and/or telephone numbers will ever be used.

\_\_\_\_\_ I hereby give permission to PVS to use my child's photos and videos on school's website and other electronic and print forms of communication and publication.

\_\_\_\_\_ I hereby *do not* give permission to PVS to use my child's photos and videos on school's website and other electronic and print forms of communication and publication.

**I understand that my child's photos and name will be used in the yearbook unless I request otherwise.**

I, the undersigned do hereby acknowledge that I will abide by the rules and regulations of Pleasant View School as stated in the *Parent-Student Handbook*. A copy of this handbook is available online at [www.pleasantviewschool.com](http://www.pleasantviewschool.com)

*I hereby declare that all information provided above is true and accurate.*

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Any application with no parent's signature will not be processed and will result in addition delay.*

**TO BE CHECKED AND INITIALED BY SCHOOL PERSONNEL ONLY**

BIRTH CERTIFICATE	Presented/On-file	YES	NO	Date Requested	_____	Date Received	_____
SOCIAL SECURITY CARD	Presented/On-file	YES	NO	Date Requested	_____	Date Received	_____
IMMUNIZATION RECORD	Presented/On-file	YES	NO	Date Requested	_____	Date Received	_____
TRANSCRIPTS	Presented/On-file (transfers)	YES	NO	Date Requested	_____	Date Received	_____

VERIFIED BY \_\_\_\_\_

DATE \_\_\_\_\_