



Pleasant View School

REGISTRATION FORM

Section I: **Student Information**

Enrollment Date: _____ Grade Enrolled: _____ **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 **Pleasant View School** before? _____ Year: _____ Grade: _____
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 IV: **Education**

Applicant's present school: _____ Grade: _____ Telephone: _____

Address: _____ FAX: _____

Previous schools attended: 1. _____ Grades: _____ Years: _____
 2. _____ Grades: _____ Years: _____

Has the applicant ever repeated a grade? Yes ___ No ___ if yes, which grade? _____

Has the applicant been dismissed from any school for any reason? Yes ___ No ___ If yes, explain:

Section V: **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.

Section VI: **Financial Aid Information**

Are you applying for Financial Aid? Please circle one. Yes No Unsure

If you circled yes, please visit our website at www.pleasantviewschool.com to obtain a Financial Aid application.

Photo Release Form:

Pleasant View School is including photos 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

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 _____