

STUDENT REGISTRATION FORM

CVSD OFFICE USE ONLY	Enrollment School:	CVSD ID#
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THE INFORMATION BELOW AND ON THE BACK OF THIS FORM IS TO BE PROVIDED BY A PARENT OR GUARDIAN
Please read and complete each section and field carefully.
Providing inaccurate or incomplete information will only delay the registration and enrollment process.

Student Information:

Student Name _____ Birthdate ____/____/____ Age _____
Last First Middle

Gender ___ Male ___ Female Grade Entering _____ Home Language _____

Birth Country _____ Birth City/State _____

Date Entered Country _____ First date in U.S. Schools _____

Date Entered PA Schools _____

Has this child ever been a student in the Chartiers Valley School District? ___ Yes ___ No

What were the last school and district student attended? _____

Student Ethnicity: Please check all that apply:

Is this student: ___ Hispanic / Latino ___ Not Hispanic/Latino

___ AMERICAN INDIAN/ALASKAN NATIVE – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

___ ASIAN – A people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Republic of the Philippines, Thailand, and Vietnam.

___ BLACK or AFRICAN AMERICAN – A person having origins in any of the black racial groups of Africa (except those of Hispanic origin)

___ HISPANIC – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

___ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

___ WHITE (NON-HISPANIC) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East (except those of Hispanic origin)

Student Program Information: Check ALL services that your child is currently receiving:

- Individualized Education Plan (Special Education services)
- Section 504/Chapter 15 Service Agreement (Special accommodations for health/physical needs)
- Preschool Program (where) _____
- ESL (English as a Second Language)
- Gifted Individualized Education Plan (Gifted Education Services)
- Early Intervention Program
- Speech/Language Support (where) _____
- IST (Instructional Support Team)
- Remedial Math (extra help)
- Remedial Reading (extra help)
- Other: _____
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Additional Student Information:

Is there a Court Order Involving this student?

Yes No

If yes, please provide a copy to the school office; otherwise, we are unable to abide by its contents.

Out of District Student Information

(Including tuition, tuition exempt or foster students, Wards of State)

If the student identified above does not reside within Chartiers Valley School District, the following information must be provided:

Tuition Student Foster Child (Complete Foster Parent and Child Form)

Tuition Exempt Student Ward of State Other

Resident School District: _____ Resident School: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Signature

Date

HOUSEHOLD REGISTRATION FORM

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Active Duty Military

Is the student's parent/guardian an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp, and Coast Guard including full-time National Guard? Yes No

Household Information:

Household Name (mail from school should be addressed to)

Household Name: _____

Household Phone Number: _____ Receive District Notifications: Yes No

Street (PO Boxes will not be accepted): _____ Apt. ## ____

City: _____ State: _____ Zip: _____

First Adult Resident with whom student resides:

Last Name: _____ First Name: _____ Gender: M F

Relation to student: _____

Other contact Information:

Cell _____ Text messaging: Yes No Receive District Notifications: Yes No

Personal email address: _____

*** May we send Infinite Campus setup information to this address? Yes No

Employment: _____

Employer: _____ Work telephone number: _____

Second Adult Resident with whom student resides:

Last Name: _____ First Name: _____ Gender: M F

Relation to student: _____

Other contact Information:

Cell _____ Text messaging: Yes No Receive District Notifications: Yes No

Personal Email address: _____

*** May we send Infinite Campus setup information to this address? Yes No

Employment: _____

Employer: _____ Work telephone number: _____

Additional Household Information

Other children living at this address:

- 1.) Full Name _____ Birthdate ___ / ___ / ___ Grade _____ School _____
- 2.) Full Name _____ Birthdate ___ / ___ / ___ Grade _____ School _____
- 3.) Full Name _____ Birthdate ___ / ___ / ___ Grade _____ School _____
- 4.) Full Name _____ Birthdate ___ / ___ / ___ Grade _____ School _____
- 5.) Full Name _____ Birthdate ___ / ___ / ___ Grade _____ School _____
- 6.) Full Name _____ Birthdate ___ / ___ / ___ Grade _____ School _____
- 7.) Full Name _____ Birthdate ___ / ___ / ___ Grade _____ School _____

Does the adult household information pertain to all children? Yes No

The parent with whom the student does not reside: (if appropriate)

Last Name: _____ First Name: _____ Gender: M F

Relationship to Child: _____ Is this parent to receive portal access? Yes No
Is this parent to receive mailings? Yes No

Mailing Address: _____

Primary Phone Numbers:

Home _____ Receive District Notifications: Yes No

Cell _____ Text messages Yes No Receive District Notifications: Yes No

Work _____ Text messages Yes No Receive District Notifications: Yes No

Email address: _____

*** May we send Infinite Campus setup information to this address? Yes No

Emergency Contact Information – Do not include yourself.

Contact 1

Last Name _____ First Name _____ Relation to student _____ Gender _____

Telephone Number _____ Type _____ Alternate Number _____ Type _____

Contact 2

Last Name _____ First Name _____ Relation to student _____ Gender _____

Telephone Number _____ Type _____ Alternate Number _____ Type _____

Signature

Date

