



Redbank Valley Junior-Senior High School

810 Broad Street, New Bethlehem, PA 16242

Telephone: 814-275-2424 • Fax: 814-275-2420



"Home of the Bulldogs"

NEW STUDENT REGISTRATIONS

New residents of the Redbank Valley School District wishing to enroll their children in grades 7-12 may begin the registration process by clicking on "Parent Resources". A drop down menu will appear showing "Forms" as the next link for you to click. The left side of the next page will list several different types of forms. Click on "New Student Registration". After completing each of the registration forms, please print and mail them to:

Redbank Valley Jr. Sr. High School
Attn: New Student Registration
910 Broad Street
New Bethlehem, PA 16242

Proof of residency and copies of the child's birth certificate and current immunization record are also required to complete the registration process. Upon receipt of the necessary documentation, parents will be contacted to address any question and/or to schedule an appointment. Once we have processed your pre-registration, you will be contacted by phone to come in to the school during the week of August 16th.

What To Bring When You Register Your Child:

In addition to the completed registration enrollment packet, you will need to have the following at your appointment in order to register your child

Proof of child's age: Birth Certificate

Immunizations required by law: Immunization record, or a written statement from the former school district or from a medical office that the required immunizations have been administered.

Proof of Residency: (2 required) Acceptable documentation is a current Pennsylvania State issued driver's license or a Pennsylvania State ID card issued by PennDOT with your current address AND a copy of the deed, lease, settlement agreement or property tax bill. A military housing letter is also acceptable for those on active duty with the armed forces.

IEP/Special Education documentation: If your child has an IEP or any special education requirements, please bring that documentation with you.

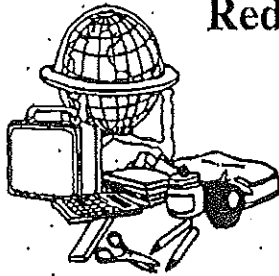


Redbank Valley Jr./Sr. High School New Student Registration Form

DATE _____

PERSONAL INFORMATION

FIRST NAME	
MIDDLE NAME	
LAST NAME	
GENDER	
BIRTHDATE	
GRADE	
YEAR OF GRADUATION	
RACE	
BIRTH CITY	
BIRTH STATE	
BIRTH COUNTRY	
PARENT/ GUARDIAN	
ADDRESS	
CITY, STATE, ZIP	
HOME EMAIL ADDRESS	
EMERGENCY PHONE (FOR SCHOOL CLOSINGS, DISMISSALS)	
RVSD ENTRY DATE	
FIRST ENTERED KINDERGARTEN	
FIRST ENTERED SCHOOL IN PA	
FIRST ENTERED SCHOOL IN US	
GRADE 9 ENTRY DATE	
SPECIAL EDUCATION	
LAST SCHOOL ATTENDED	



Redbank Valley Junior-Senior High School Guidance Department

910 Broad Street
New Bethlehem, PA 16242
Telephone 814-275-2421
Fax 814-275-2428

REQUEST FOR STUDENT RECORDS

Date: _____ Student has _____ has not _____ enrolled

TO: _____ PHONE: _____

_____ FAX: _____

Please forward records for: _____

Student

DOB

Grade

Please include the following items:

_____ Transcript

_____ Standardized Test

_____ Current Year Report Card

_____ Withdrawal Grades to Date

_____ Psychological Reports

_____ Current IEP

_____ Special Education Records

_____ Attendance Records

_____ Health Records /Immunization Records

_____ Disciplinary Records

_____ PA Secure ID#

_____ Grade 9 Entry Date (If applicable)

Parent/Guardian Signature: _____

Please send or fax records to:

Guidance Department

Redbank Valley High School

910 Broad St.

New Bethlehem, PA 16242

FAX: 814-275-2428

Phone: 814-275-2421

DISCLOSURE OF PUPIL'S RECORDS

FEDERAL LAW 99.34: "NO PARENT SIGNATURE REQUIRED FOR EDUCATION RECORDS SENT TO ANOTHER EDUCATION AGENCY"

EMERGENCY INFORMATION

Date _____

PARENTS/GUARDIANS

Please complete all the information requested below. This information is needed in order to update files and respond to emergency situations while your child is in school. Please remember to notify us of any changes in this information.

Student Name _____ Grade _____ Date of Birth _____

Student Address (include city and zip code) _____ Home Phone _____ Bus Number _____

Cell phone numbers: Mother's _____ Father's _____

Emergency Contact Name & Phone Numbers: _____

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Other _____

Parent's e-mail addresses _____

Father's Name _____ Father's Home # _____ Father's Employer _____ Father's Work # _____

Mother's Name _____ Mother's Home # _____ Mother's Employer _____ Mother's Work # _____

NAME OF LOCAL PERSON TO CONTACT IF PARENTS ARE NOT AVAILABLE (MUST BE COMPLETED):

Name _____ Address _____ Phone Number _____
BROTHERS AND SISTERS IN SCHOOL

Name _____ Building _____ Grade _____ Name _____ Building _____ Grade _____

Is there anyone with whom you do not permit your child to leave the building? EXPLAIN:

HEALTH DATA

Medical conditions the school nurse should be aware of: _____

Asthma? Yes ___ No ___ Requires asthma medication _____ Severe bee stinging reaction? Yes ___ No ___

Other allergies? _____ Requires an Epi-pen? Yes ___ No ___ Requires Benadryl? Yes ___ No ___

Other medical conditions? _____

Medication student is taking? _____

Communicable diseases currently, or in the past year? _____

The school nurse has my permission to administer the following to my child: (Please mark with an X if you give permission. No mark will mean that no permission is given.)

_____ Ibuprofen _____ Tylenol _____ Aleve _____ Tums _____ Roloids _____ Benadryl _____ First Aid

I HEREBY RELEASE THE SCHOOL DISTRICT, THE SCHOOL NURSE, OR OTHER EMPLOYEES OF THE DISTRICT FROM ANY LIABILITY AS A RESULT OF THIS TREATMENT. MEDICAL INFORMATION WILL BE SHARED WITH SCHOOL STAFF AS NEEDED TO BETTER CARE FOR YOUR CHILD.

Signature of parent/guardian _____ Date _____

Child's Doctor _____ Phone Number _____ Child's Dentist _____ Phone Number _____

EMERGENCY RELEASE

IF EMERGENCY TREATMENT IS REQUIRED AND PARENTS CANNOT BE CONTACTED IMMEDIATELY, YOUR SIGNATURE IN THE SPACE PROVIDED EMPOWERS THE SCHOOL AUTHORITIES TO EXERCISE THEIR OWN JUDGMENT IN CALLING THE PHYSICIAN INDICATED ABOVE, OR IF NOT AVAILABLE, TO TRANSPORT THE CHILD TO THE HOSPITAL EMERGENCY ROOM OF YOUR PREFERENCE.

Hospital Preference _____ Parent/Guardian Signature _____ Date _____

EMERGENCY DISMISSAL PROCEDURES

In case of an emergency early dismissal your child should know what to do. Please write instructions in the event that we dismiss early. Teachers will keep this on file and use as a reminder. These procedures should, if at all possible, avoid the use of the school phone.

_____ Child should go home as usual. _____ Child should follow procedures listed on bottom/back of sheet.

**Redbank Valley School District
Transportation Department
Bussing Request**

Please complete all the information that applies and return as soon as possible for approval to:

Redbank Valley School District, Superintendent's Office
920 Broad Street, New Bethlehem, PA 16242
Attention: Mrs. Sherri McGinnis, Transportation Director
Phone 814-275-2426 Fax 814-275-2428

Full Name of Child **School** **Grade**

Parent/Guardian Name: **Date of Request:**
Address:
City: **State:** **Zip:**
Home Phone: **Cell Phone:**
Current Bus Number/Location (AM)
Current Bus Number/Location (PM)
Please check one:
New Student *School Bus Change* *Bus Stop Change* *Delete Student*
Give specific information/reason for request:

Requested Bus Number/Location (AM)
Requested Bus Number/Location (PM)
Requested Start Date:
If bus stop is at a babysitter or daycare, please give the following information:
Name of babysitter/daycare:
Address:
City: **State:** **Zip:**
Phone:

Office of Transportation use ONLY

Approved: **Signature/Date** **Bus Number:** **Time:**
Location (AM): **Bus Number:** **Time:**
Location (PM):
Start Date:
Disapproved: **Reason:**

Original: Transportation Department **Copy to:** Parent, School, Bus Contractor(s)
Approved changes will not take place until all parties have been notified.

REDBANK VALLEY SCHOOL DISTRICT
920 Broad Street
New Bethlehem, Pennsylvania 16242
Telephone: 814-275-2426

TO THE PHYSICIAN:

School policy permits school employees in Redbank Valley School District to administer prescribed medication provided in pharmaceutical acceptable container, to pupils during school hours with written instructions from the personal physician.

Name of Child _____ Age _____

Diagnosis _____

Medication/Dosage/Time _____

Expiration Date _____

Side Effects/Adverse Reactions _____

Emergency response _____

If using an inhaler, can student carry and self-administer? Yes No

Physician's Signature _____ Date _____

I, the parent/guardian, request and authorize school personnel to administer the above medication as prescribed. I hereby release the Redbank Valley School District and all its employees from any and all liability for damages my child may suffer as a result of taking or not taking this medication. I give permission for the school nurse to communicate with my child's physician regarding this medication.

School child attends: _____

Signature _____ Date _____

Home Telephone _____ Business Phone _____

This request will remain in effect for the present school year or until the medication is changed or discontinued by the physician.

Redbank Valley School District
Acceptable Use of Internet and Technology, Internet Web Site
Content, and News Media Relations
User Policy Consent Form

Student's Name _____ Grade _____ Homeroom _____

This form will remain on file for the remainder of the school year. Consent form signatures will be required annually. The written policy is included in student handbooks, and is available through the school office or on the district's Website at www.redbankvalley.net. Parents or guardians may elect to change the status of this consent form at their discretion by notifying the school office.

I understand the above terms and conditions for acceptable use of the Internet and technology (policy #815) and Internet web site content (policy #816). I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or appropriate legal action may be taken.

Student's Signature: _____ Date: _____

PARENT or GUARDIAN

As the parent or guardian of this student, I have read the Redbank Valley School District Acceptable Use of Internet and Technology Policy (#815) and Internet Web Site Content Policy (#816). I understand that this access is designed for educational purposes and Redbank Valley School District has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Redbank Valley School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I hereby give permission to issue access for my child and certify that the information contained on this form is correct.

Parent or Guardian's signature: _____ Date: _____

I give my permission for images and pictures of my child to be published on the district website or through media releases (see policy #911).

Parent or Guardian's signature: _____ Date: _____

Parent or Guardian's name (please print): _____

Consequences for Inappropriate Use

Vandalism will result in cancellation of access privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet or other networks, or any of the agencies that are connected to the Internet backbone. This includes, but is not limited to, the uploading or creation of computer viruses. The user shall be responsible for damages to the equipment, system, and software resulting from deliberate or willful acts. Illegal use of the network; intentional deletion or damage to files of data belonging to others; copyright violations; and theft of services will be reported to the appropriate legal authorities for possible prosecution.

District Web Site Use

Privacy

1. First initial/last name and image may appear on a web site with parent permission.
2. Student work may be posted on the Website with identification of the student's grade level, first initial/last name and/or image.

Students may design web pages as a classroom or graduation project. No student pages will be posted until they are approved by the Webmaster Liaison who has the posting password. The pages will not be accessible to the outside world unless they follow procedures and meet the standards set by this and other school policies. The following are guidelines to follow for students who create web pages for the district web site.

Guidelines

1. Copyrights must be respected.
2. All text should be carefully proofread for spelling and grammar.
3. Links and content should be up-to-date. If using time-specific material, school pages must be updated on a regular basis.
4. Web pages must reflect and promote the image of the district and its policies/goals, and provide educational value.
5. The district reserves the right to remove and/or not to post any content from the server(s) that it deems to be legally, morally, or ethically inappropriate, or any page that is not in the best interest of the district.
6. No passwords for posting will be given to students.
7. No pages will be posted to the district web site unless they follow all district guidelines.
8. Identified breaches of this policy will be corrected or pulled as soon as possible.
9. All pages are subject to periodic review.

Redbank Valley School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. Redbank Valley will not be responsible for any damages students suffer as a result of inappropriate usage. This includes the loss of data resulting from delays, nondeliveries, misdeliveries, or service interruptions caused by its own negligence or user errors or omissions. Use of any information obtained via Redbank Valley is at the user's own risk. Redbank Valley specifically denies any responsibility for the accuracy or quality of information obtained through this service.