



## NEW STUDENT REGISTRATION

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 questions 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 16<sup>th</sup>.

### What To Bring When you Register Your Child:

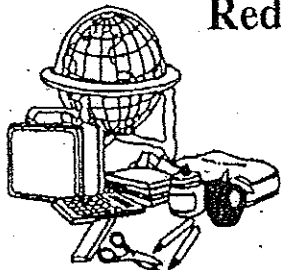
In addition to the completed registration enrollment packet, you will need to have the following at your appointment in order to register your child.

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: Acceptable documentation would be a property tax receipt, utility bill, lease agreement, insurance card, mortgage statement, or bank statement.

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



# 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                | _____ Special Education Records             |
| _____ Standardized Test         | _____ Attendance Records                    |
| _____ Current Year Report Card  | _____ Health Records / Immunization Records |
| _____ Withdrawal Grades to Date | _____ Disciplinary Records                  |
| _____ Psychological Reports     | _____ PA Secure ID#                         |
| _____ Current IEP               | _____ 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"



# 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	

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 sting 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 \_\_\_\_\_ Rolaids \_\_\_\_\_ 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  
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  
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

## Student Residency Questionnaire


The McKinney-Vento, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren). Thank you for your cooperation.

1. Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. Person Completing Form: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

3. In what type of setting is the student living now? Please check one box below:

Section A	Section B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsite, or car due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> Other places not designated for, or ordinarily used as, regular sleeping accommodations for human beings</p> <p><b>CONTINUE TO QUESTION 4 IF YOU CHECKED ANY BOX IN SECTION A</b></p>	<p><input type="checkbox"/> None of the choices in Section A apply to my family.</p> <div data-bbox="1029 1125 1252 1297" style="text-align: center;"></div> <p><b>IF YOU CHECKED THIS SECTION, YOU DO NOT NEED TO COMPLETE THE REMAINDER OF THIS FORM. SUBMIT THIS FORM TO SCHOOL PERSONNEL. THANK YOU</b></p>

4. Contact number for person completing this form: \_\_\_\_\_

5. Address where the student is now living: \_\_\_\_\_

6. The student lives with: (Check all that apply)

Parent(s) or Legal Guardian

Relative, Friend(s), or other adult(s)

Alone

Other: \_\_\_\_\_

7. School that student last attended: \_\_\_\_\_  
Address of School: \_\_\_\_\_

Telephone Number of School: \_\_\_\_\_

Contact Person at School (if known): \_\_\_\_\_

8. Does the student have an IEP or a Chapter 15/504 agreement?  
 NO  
 YES, Please explain: \_\_\_\_\_

The staff person who is helping you register will contact the Homeless Liaison/Homeless Coordinator to review the information provided. If homelessness is verified, additional information will follow to assist your child(ren). You will be contacted by the Homeless Liaison or Homeless Coordinator for additional information.

Signature of Parent/Legal Guardian:  
\_\_\_\_\_

Date: \_\_\_\_\_

**NOTE TO STAFF:** All forms with a checked box in SECTION A are to be faxed or given *immediately* to the Homeless Liaison to eliminate any delay.

**Redbank Valley District Liaison:**

Lyndsay Blystone

Redbank Valley High School

814-275-2421



**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](http://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.