



PASSAIC VALLEY ★
REGIONAL HIGH SCHOOL ★
Serving Little Falls, Totowa, & Woodland Park

NEW STUDENT REGISTRATION

**PLEASE NOTE DUE TO COVID 19 THE FOLLOWING
PROCEDURES ARE IN PLACE FOR HEALTH & SAFETY**

REGISTRATIONS ARE BY APPOINTMENT ONLY

ALL VISITORS MUST COMPLETE THE DAILY SCREENING QUESTIONNAIRE PRIOR TO ENTRANCE INTO THE BUILDING. IF YOU ANSWER **YES** TO ANY OF THE SYMPTOM-RELATED QUESTIONS PLEASE FOLLOW THE GUIDELINES ON THE FORM BEFORE MAKING AN APPOINTMENT. IF YOU ANSWER **YES** TO ANY OF THE CLOSE CONTACT/POTENTIAL EXPOSURE QUESTIONS YOU MUST FOLLOW QUARANTINE GUIDANCE AND WAIT 2 WEEKS BEFORE SCHEDULING AN APPOINTMENT.

[NJDOH DAILY SCREENING QUESTIONNAIRE.PDF](#)

Office of the Director of Student Personnel Services
Passaic Valley Regional High School District #1

Tara Torres, M.Ed
Director of Student Personnel Service
Phone: 973-890-2500
Fax: 973-890-2562
Email: torrest@pvhs.k12.nj.us



Passaic Valley Regional High School
East Main Street
Little Falls, New Jersey 07424

Welcome Letter

Dear Parents/Guardians,

Thank you for your interest in Passaic Valley Regional High School! To register your child, you must schedule an in-person appointment with the Registrar, Mrs. Sole, by calling 973-890-2520. Once registered a counselor will meet with you to welcome you to Passaic Valley and discuss course selections. For security purposes please remember to bring a **driver's license or passport**. Additionally, we have provided a list below of documentation that must be provided at the time of registration. **Current educational documentation (current schedule/grades in progress)**, should also be provided to ensure placement in the appropriate academic courses.

The Board of Education articulates this registration process must be completed as outlined in order to fulfill the educational and financial responsibilities to the students and taxpayers of Passaic Valley Regional High School. Thank you for helping us reach our goal of providing the best education possible for our students.

*All parents/guardians are required to complete the attached registration form.

Primary Proof of Residency

****Choose One****

Homeowner:

- Deed
- Mortgage Statement
- Property Tax Bill

Renter:

- Lease-lease must be non-expired, 1 year or longer, include names of all those residing at the residence, and signed by both the landlord and the tenant.

In the case where the resident does not have a valid lease, please provide the following document, which we have included:

- Affidavit of Residence-signed by landlord and notarized.

Secondary Proofs of Residency

****Choose Two****

Documents must be current, within 30 days.

- Bank Statement
- Cable/Phone Bill
- Pay Stub
- Utility Bill
- Vehicle Registration
- Homeowner's or Renter's Insurance

Please also provide the following:

Proof of Student's Age

****Choose One****

- Birth Certificate
- Passport

Parent/Guardian Identification

****Choose One ****

- Driver's License
- State Issued Photo ID
- Passport

Educational Documentation:

- Copy of Transcript
- Grades in Progress
- Final Report Card

Special Circumstances

Please note in the case in which the student is not residing with their parent please discuss this with Mrs. Sole for further direction on what documentation is required.

We appreciate your cooperation and look forward to working with you in this process. If there are any questions do not hesitate to call 973-890-2520.

Sincerely,

Tara Torres, M.Ed
Director of Student Personnel Services



Passaic Valley Regional High School District #1 Registration Form

*Please print legibly

Registration Date: _____, 20____

STUDENT NO: _____ SID NO. _____
(For office use only)

Student's Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

Main Contact Number: _____

Gender: ___ Male ___ Female

Date of Birth: ____/____/____ Place of Birth: ____/____/____
Month Day Year State or Province Country

Current Grade in School: _____

State Required Ethnic Code: _____ (Insert appropriate letter code)

W-White B-Black A-Asian P-Native Hawaiian or other Pacific Islander H-Hispanic or Latino I-American Indian or Alaska Native O-Other

Last School Attended: _____ Public ___ Private ___

Address: _____
Street City State and/or Country

PARENT/GUARDIAN INFORMATION:

Father's Full Name: _____ Email Address: _____

Address (if different from above): _____
Street City State and/or Country

Telephone Number: _____ Cell: ___ or Home: ___

Mother's Full Name: _____ Email Address: _____

Address (if different from above): _____
Street City State and/or Country

Telephone Number: _____ Cell: ___ or Home: ___

Legal guardian, if other than parent above: _____

Address: _____
Street City State and/or Country

Telephone Number: _____ Cell: ___ or Home: ___

Relationship to Student: _____

SIBLING INFORMATION:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____



CHECKLIST FOR REGISTRATION OF NEW STUDENT TO PASSAIC VALLEY HIGH SCHOOL

STUDENT NO: _____ SID NO. _____
(For office use only)

NAME: _____ CLASS: _____ DOB: _____

ADDRESS: _____ PHONE: _____

PARENTS: _____ DIVORCED OR SEPARATED: ____ YES ____ NO

CUSTODIAL PARENT: _____

DO YOU HAVE CUSTODY? YES _____ NO _____
(In cases of Divorce or Legal Separation, a copy of Legal papers are mandatory)

AFFIDAIT STUDENT _____ (Copy of affidavit to be given to Social Worker)

PARENT/GUARDIAN please check one:

- ____ My son/daughter is receiving special services. I hereby authorize the release of CST records to PVHS.
- ____ My son/daughter does not receive special services.

DATE: _____
(SIGNATURE OF PERSON REGISTERING STUDENT)

- ____ Proof of Residences: Rent Receipt, Lease Tax Receipt
- ____ Registration Card
- ____ Activity Card
- ____ Specialists folder
- ____ Emergency Health Card
- ____ Sent for official Records (date) _____
- ____ Native Language spoken at home _____
- ____ Permanent Record
- ____ Enrollment book
- ____ PV calendar
- ____ Bus Card
- ____ HSPT, HSPA/GEPA to Supervisor

FATHER/GUARDIAN: _____ ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS: _____ TELEPHONE: _____

MOTHER/GUARDIAN: _____ ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS: _____ TELEPHONE: _____

Place of Birth: _____ (Country) _____ (City) _____ (State)

Is the student a US citizen or permanent resident? ____ Yes ____ No _____
(Native Language)

Does the student have a student VISA (F-A)? ____ Yes ____ No Green Card? ____ Yes ____ No



**PASSAIC VALLEY HIGH SCHOOL
REGISTRATION OF STUDENT**

STUDENT NO: _____ SID NO. _____
(For office use only)

NAME: _____ DATE: _____

ADDRESS: _____

GRADE: _____ D.O.B. _____ SEX: M _____ F _____ AGE: _____

TELEPHONE NUMBER: _____ CST YES _____ NO _____

BROTHERS/SISTERS @ PV: _____

FATHER/GUARDIAN: _____

Father:
MILITARY: _____ NO _____ ACTIVE DUTY _____ NATIONAL GUARD/RESERVES _____ UNKNOWN

MOTHER/GUARDIAN: _____

Mother:
MILITARY: _____ NO _____ ACTIVE DUTY _____ NATIONAL GUARD/RESERVES _____ UNKNOWN

LAST SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____

LANGUAGE SPOKEN AT HOME: _____

FATHER'S EMAIL: _____ MOTHER'S EMAIL: _____

DID YOU PARTICIPATE IN ATHLETICS? YES _____ NO _____

IF YES, WHAT LEVEL? VARSITY _____ JV _____ FRESHMAN _____

WHAT SPORTS(s)? _____

- ATTENDANCE/ DEAN OF DISCIPLINE
- BUSINESS OFFICE/TRANSPORTATION
- GUIDANCE COUNSELOR
- HEALTH OFFICE
- STUDENT ACTIVITIES
- STUDENT ASSISTANCE COUNSELOR
- CST
- PRINCIPAL
- NJ SMART

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_____ has enrolled in our school district. Please forward his/her Health Records, a Complete Transcript including Courses, Grades, Credits and Dates of Attendance and any available Standardized Test results as well as Complete Discipline Records. If school is in session, please include Grades in Progress along with the most current Report Card. We appreciate your cooperation and thank you in advance for your immediate attention.

Authorized Signature

Parent/Guardian Signature

Request for Special Services Records

If the student requires special services, the parent/guardian has requested that all special service records be forwarded within 7 days to our Department of Special Services. Please mail to:

Department of Special Services
Passaic Valley High School
East Main Street
Little Falls, NJ 07424

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**Affidavit of Residence
Landlord Affidavit Form**

Any person with the intent to defraud by including any false information or concealing information for the purpose of misleading the Passaic Valley Regional High School district will be committing a fraudulent act and will be subject to penalty which may involve the legal process.

I _____ (name of landlord) agree with the statement above and take full responsibility for any information given.

I hereby certify that the following said family members:

are currently residing at the address stated below:

with a lease expiration date of: _____

I hereby agree to notify the Passaic Valley Regional High School immediately at 973-890-2520, if there is any change in these living arrangements, especially should the above family move from the above dwelling.

Name of Landlord: _____

Landlord's Signature: _____

Sworn to and subscribed before me

this _____ day of _____, 20_____.

Notary Public of the State of New Jersey

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Home Language Survey Form

Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the directions.

Student Information

Student Name: _____ Student date of Birth: _____

Street
Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Survey Questions

Question 1.

What was the first language used by the student?

- A language other than English. Proceed to question 2a.
 English. Proceed to question 2 b.

Question 2a.

At home, does the student hear or use a language other than English more than half of the time?

- Yes. Proceed to question 7.
 No. Proceed to question 4.

Question 2b.

At home, does the student hear or use a language English more than half of the time?

- Yes. Proceed to question 4.
 No. Proceed to question 3.

Question 3.

Does the student understand a language other than English?

- Yes. Proceed to question 4.
 No. Proceed to question 9.

Question 4.

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 5.

Question 5.

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes

No

Question 6.

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

Yes

No

Question 7. What are the home languages spoken? Proceed to 8

Question 8. Proceed to Step 2: Records Review Process.

Home Language Survey is complete

Question 9. Do not proceed to Step 2: Records Review Process.

Home Language Survey is complete. Student is not an English*
Language Learner (ELL)

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
1161 Route 130 North, Robbinsville, NJ 08691-1104

STUDENT-ATHLETE RESIDENCY AFFIDAVIT

Print Student's Full Name

School

Date

I, _____, of full age, being duly sworn to law, upon my oath
depose and say:

1. I am the parent/legal guardian of the above listed student. (circle)
2. I currently reside at: _____
I have resided at the above address since: _____
3. The above-named student moved with me at my new address on: _____
4. Prior to moving to the new residence address listed above, I resided at the following address:

5. Prior to moving to the new address listed in #2 above, the student resided at the following address:

with named parent/legal guardian _____
6. I hereby authorize the New Jersey State Interscholastic Athletic Association ("NJSIAA") to investigate and confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that may be requested by the NJSIAA.
7. I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.
8. This residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

I hereby certify that the forgoing statements are true, and I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Parent/Guardian Signature

Print Parent/Guardian Full Name

STATE OF NEW JERSEY, COUNTY OF _____. The above-named affiant appeared before me, a notary public of the State of New Jersey, on the _____ day of _____, 20_____ and I made known to him/her the contents of the above affidavit which was then sworn and subscribed to by said affiant before me on this date.

Notary Public: _____

Copies of this Affidavit must be sent to the New Jersey State Interscholastic Athletic Association upon request