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
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

Revised 7/20
Passaic Valley Regional High School District #1
Registration Form

*Please print legibly

Registration Date: __________________, 20_______        Student ID Number: ________________________________
(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     A-American Indian or Alaska Native     O-Other

Last School Attended: ____________________________________________Public______Private______

Address: _______________________________________________________________________________________

PARENT/GUARDIAN INFORMATION:
Father’s Full Name: ___________________________ Email Address: _______________________________________
Address (if different from above): ___________________________________________________________________

Telephone Number: ___________________________        Cell: _____ or Home: ______

Mother’s Full Name: ___________________________ Email Address: _______________________________________
Address (if different from above): ___________________________________________________________________

Telephone Number: ___________________________        Cell: _____ or Home: ______

Legal guardian, if other than parent above: ____________________________________________________________

Address: _______________________________________________________________________________________

Telephone Number: ___________________________        Cell: _____ or Home: ______

Relationship to Student: ___________________________

SIBLING INFORMATION:

Name:_________________________________________ Grade:______ School:______________________________

Name:_________________________________________ Grade:______ School:______________________________

Revised 7/20
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

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
CHECKLIST FOR REGISTRATION OF NEW STUDENT TO PASSAIC VALLEY HIGH SCHOOL

STUDENT NO: ________________________________

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  _____ Native Language spoken at home _______________________

_____ Activity Card  _____ Permanent Record  _____ Bus Card

_____ Specialists folder  _____ Enrollment book

_____ Emergency Health Card  _____ PV calendar  _____ HSPT, HSPA/GEPA to Supervisor

_____ Sent for official Records (date) __________

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. _______________________________

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

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**Question 8.** Proceed to Step 2: Records Review Process.
Home Language Survey is complete

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**Question 9.** Do not proceed to Step 2: Records Review Process.
Home Language Survey is complete. Student is not an English* Language Learner (ELL)