



**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



## 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 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: \_\_\_\_\_

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

**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

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](mailto:torrest@pvhs.k12.nj.us)



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

\_\_\_\_\_ 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

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

### 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)