

Welcome to Valley View Elementary

Student's Name: _____

Phone #: _____

Grade: _____ DOB: _____

In order to register your child, we request that you complete the attached forms and supply the following information:

BRING THE FOLLOWING:

_____ **BIRTH CERTIFICATE**

_____ **PROOF OF RESIDENCY** (This may include utility bill, tax receipt, driver's license, lease agreement, escrow papers etc.)

_____ **PARENT / GUARDIAN I.D.** (This may include a valid driver's license or passport.)

_____ **DOCUMENTATION OF SPECIAL EDUCATION SERVICES** (if applicable)

_____ **IMMUNIZATION RECORD**

_____ **EXPULSION FORM** (If applicable)

_____ **COURT DOCUMENTS** (If applicable)

COMPLETE THE FOLLOWING FORMS:

_____ **REGISTRATION / EMERGENCY FORM** (Complete both sides of the form and sign it. Provide At least 2 local emergency contacts and phone numbers.

_____ **AUTHORIZATION TO REQUEST CUMULATIVE RECORDS**

_____ **HEALTH HISTORY and K / 1ST GRADE PHYSICAL EXAM FORM**

_____ **HOME LANGUAGE SURVEY**

_____ **LIBRARY CONTRACT**

_____ **MCKINNEY-VENTO ASSISTANCE ACT PARENT QUESTIONNAIRE**

_____ **STUDENT USE OF TECHNOLOGY**

_____ **ANTI-BULLYING CONTRACT** (If applicable)

_____ **MEAL APPLICATION** (If applicable)

Thank you