

**PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT  
Enrollment Form**



Please Print All Information

<b>Student Information</b>		School _____	Grade enrolling in _____	For Kindergarten: <input type="checkbox"/> Half Day Program <input type="checkbox"/> Full Day Program
Legal Last Name _____	Gender _____			
Legal First Name _____	Birth Date _____			
Middle Name _____	<i>Please check boxes for both ethnicity and race below.</i>			
Suffix (Jr, III, etc.) _____	Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nickname _____	Race: What is this student's race? Check one or more			
Birth Country (if other than U.S.) _____	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Date Entered U.S. _____	<input type="checkbox"/> Asian	<input type="checkbox"/> White		
First date of attendance in U.S. school _____	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White		
Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Other	Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student's first-learned/home language: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
Primary language spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
<b>If new to Pleasant Valley School District:</b> Please provide previous school information:				
School Name _____	School Phone Number (_____) _____			
School Address _____	City _____	State _____	Zip _____	
<b>For Office Use Only:</b> Start Date _____ Student # _____ Form of Birth Verification _____				

<b>Household Information</b>		<b>Mailing Address</b> <input type="checkbox"/> Same as Household Address
Household Address: Street _____	Apt. # _____	Mailing Address: Street / PO # _____
City _____	State _____	City, State, Zip _____
(_____) _____	Phone Unlisted? Yes ___ No ___	
Home Telephone _____	(If yes is marked, phone will not be listed in PTA student directory)	

**If enrolling students at multiple schools in the PV District, the building secretary will make a copy of this form and return the original to you to take to the next building. Only do the paperwork once!**

<b>If you are enrolling other students this year with Pleasant Valley School District, please fill out their information below: (Ask for an additional sheet if needed.)</b>				
<b>Student Information</b>		School _____	Grade _____	For Kindergarten: <input type="checkbox"/> Half Day Program <input type="checkbox"/> Full Day Program
Legal Last Name _____	Gender _____			
Legal First Name _____	Birth Date _____			
Middle Name _____	<i>Please check boxes for both ethnicity and race below.</i>			
Suffix (Jr, III, etc.) _____	Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nickname _____	Race: What is this student's race? Check one or more			
Birth Country (if other than U.S.) _____	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Date Entered U.S. _____	<input type="checkbox"/> Asian	<input type="checkbox"/> White		
First date of attendance in U.S. school _____	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White		
Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Other	Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student's first-learned/home language: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
Primary language spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
<b>If new to Pleasant Valley School District</b> Please provide previous school information:				
School Name _____	Phone Number (_____) _____			
Address _____	City _____	State _____	Zip _____	
<b>Office Use Only:</b> Start Date _____ Student # _____ Form of Birth Verification _____				
<b>Student Information</b>		School _____	Grade _____	For Kindergarten: <input type="checkbox"/> Half Day Program <input type="checkbox"/> Full Day Program
Legal Last Name _____	Gender _____			
Legal First Name _____	Birth Date _____			
Middle Name _____	<i>Please check boxes for both ethnicity and race below.</i>			
Suffix (Jr, III, etc.) _____	Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nickname _____	Race: What is this student's race? Check one or more			
Birth Country (if other than U.S.) _____	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Date Entered U.S. _____	<input type="checkbox"/> Asian	<input type="checkbox"/> White		
First date of attendance in U.S. school _____	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White		
Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Other	Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student's first-learned/home language: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
Primary language spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
<b>If new to Pleasant Valley School District</b> Please provide previous school information:				
School Name _____	Phone Number (_____) _____			
Address _____	City _____	State _____	Zip _____	
<b>Office Use Only:</b> Start Date _____ Student # _____ Form of Birth Verification _____				

<b>Please complete the section below if you have children younger than 5 years of age.</b>	
<b>Sibling under 5 years of age</b>	<b>Sibling under 5 years of age</b>
Legal Last Name _____	Legal Last Name _____
Legal First Name _____	Legal First Name _____
Middle Name _____	Middle Name _____
Birth Date _____	Birth Date _____
Gender _____	Gender _____

<b>Parent Information</b>	
___ Mother Deceased    ___ Father Deceased	
<b>Female Parent/Guardian</b> who resides with the student at the household address listed on page 1:	<b>Male Parent/Guardian</b> who resides with the student at the household address listed on page 1:
Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship _____ Legal Guardian ? <b>Yes No</b>	Relationship _____ Legal Guardian ? <b>Yes No</b>
Work Place _____	Work Place _____
Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>	Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>
Work Phone (____) _____ Extension _____	Work Phone (____) _____ Extension _____
Cell Phone (____) _____	Cell Phone (____) _____
Other Phone (____) _____	Other Phone (____) _____
E-mail Address _____	E-mail Address _____

**If a parent/guardian does not live with the student or if custody is shared with a separate household, please list their information below:**

<b>Female Parent/Guardian</b>	<b>Male Parent/Guardian</b>
Last Name _____	Last Name _____
First Name _____	First Name _____
Relation _____ Legal Guardian ? <b>Yes No</b>	Relation _____ Legal Guardian ? <b>Yes No</b>
Does student live part-time with this Parent/Guardian? <b>Yes No</b>	Does student live part-time with this Parent/Guardian? <b>Yes No</b>
If yes, please list household address:	If yes, please list household address:
Street _____	Street _____
City _____ St. _____ Zip _____	City _____ St. _____ Zip _____
Send a copy of Conference Report/Report Card ? <b>Yes No</b>	Send a copy of Conference Report/Report Card ? <b>Yes No</b>
If yes, please list mailing address:	If yes, please list mailing address:
<input type="checkbox"/> Same as above household address	<input type="checkbox"/> Same as above household address
Street _____	Street _____
City _____ St. _____ Zip _____	City _____ St. _____ Zip _____
Home Phone (____) _____ Unlisted ? <input type="checkbox"/>	Home Phone (____) _____ Unlisted ? <input type="checkbox"/>
Work Phone (____) _____ Ext. _____	Work Phone (____) _____ Ext. _____
Cell Phone (____) _____	Cell Phone (____) _____
Work Place _____	Work Place _____
Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>	Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>
E-mail Address _____	E-mail Address _____

<b>Emergency Contact Information</b>	
Please use a local contact <b>other than parents</b> . Parents will always be called first in any emergency situation.	
<b>First Preference</b>	<b>Second Preference</b>
Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship _____	Relationship _____
Home Phone (____) _____	Home Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____

<b>Medical Information</b>	Doctor Name _____ Phone # (____) _____
	Dentist Name _____ Phone # (____) _____

<b>Childcare Information</b>	
<b>Before School</b>	<b>After School</b> <input type="checkbox"/> Same as before school information
Contact/Facility Name _____	Contact/Facility Name _____
Phone (____) _____	Phone (____) _____

**Parent/Guardian Approving Enrollment**

Signature \_\_\_\_\_

Date \_\_\_\_\_

As stated in the student handbook, the Pleasant Valley Community School District (PVCSD) can release certain information to the public about individual students. Included are such items as: name, address, telephone number, email address and grade level (for a complete list, please see the student handbook). Consistent with this policy, by completing this registration form, you are agreeing (unless you opt out as described below) that PVCSD may release you and your student's name, address, telephone number, email and grade level to each respective PTA in the PVCSD for the purpose of creating a printed student directory. If you do not want this information included in your school's PTA student directory, you must submit your objection in writing by letter or email to your school's principal by the first day of school.

**\*\*IN AN EMERGENCY IT IS VITAL THAT THIS INFORMATION BE AVAILABLE\*\***

STUDENT \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 PARENT(S) NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 FATHER'S WORKPLACE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 MOTHER'S WORKPLACE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

**\*\*\*IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE NOTIFY\*\*\***

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_ DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

Does your child have: Private Insurance \_\_\_\_\_ Medicaid \_\_\_\_\_ No Insurance \_\_\_\_\_

**Allergies (including medications):**

**Carries Epi-pen**

**Current Health Conditions:**

**Carries Inhaler**

**Please list all MEDICATIONS your child is now taking:**

Name of medication	Dose	Reason	Given at School?	
			Yes	No

**For medications administered at school: I understand that I must provide the medication(s) and dosage information in the original container and that all medication is to be kept in the Health Clinic. (See Student Handbook for clarification of the district policy.)**

**\*\*OVER THE COUNTER MEDICATIONS\*\***

\_\_\_\_\_ I request that the school nurse or a designee give my student over-the-counter-medication(s) during the school day for non-emergency complaints. I understand that the school district is not responsible for any reaction that may occur as a result of my student's taking this over-the-counter medication. The following medication(s) may be given to my student:

Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Midol \_\_\_\_\_ Decongestant \_\_\_\_\_ Benadryl \_\_\_\_\_ Other (specify) \_\_\_\_\_

I do not give permission for my student to be given any over the counter medication(s).

**PLEASE COMPLETE AND SIGN BACK OF CARD**

Side 1 of 2



## HEALTH HISTORY

**Please circle any conditions that apply. Use lines for specific information including onset, severity, and limitations.**

<p style="text-align: center;">Details</p> <p>ADHD/ADD _____</p> <p>Asthma _____ Carries inhaler _____</p> <p>Diabetes _____</p> <p>Digestive Problems _____</p> <p>Headaches _____</p> <p>Migraines (Diagnosed) _____</p> <p>Hearing _____</p>	<p style="text-align: center;">Details</p> <p>Seizures _____</p> <p>Type &amp; meds _____</p> <p>Last seizure _____</p> <p>Visual Problems _____</p> <p style="text-align: center;">Glasses _____ Contacts _____</p> <p>Mental Health _____</p> <p>Behavior Concerns _____</p>
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**Student medical history:** (Past chronic illness, injuries or surgeries, please include dates): \_\_\_\_\_

\*\*\*I hereby authorize the school to administer first aid as needed, to dispense medications as directed and to refer to the above named persons in the event that my child needs emergency care and I cannot be located immediately. I understand that I am responsible for any expenses that may be incurred in referral or treatment. I give my permission to the school to share information relevant to my child's health with appropriate school personnel and AEA staff when needed to meet my child's health and safety needs.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Side 2 of 2

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No

If yes, in which state? \_\_\_\_\_

If no, in what other country? \_\_\_\_\_

2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No

If yes, please provide school name(s), state, and dates attended:

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Is your child's first-learned or home language anything other than English?  Yes  No

**If you responded "Yes" to question number 5 above, please answer the following questions:**

6. What language did your child learn when he/she first began to talk? \_\_\_\_\_

7. What language does your child most frequently speak at home? \_\_\_\_\_

8. What language do you most frequently speak to your child? (Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

9. Please describe the language understood by your child. (Check only one)

A.  Understands only the home language and no English.

B.  Understands mostly the home language and some English.

C.  Understands the home language and English equally.

D.  Understands mostly English and some of the home language.

E.  Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

## Student Race and Ethnicity Reporting

Student Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Person Completing This Form:  Parent/Guardian  Student  Other: \_\_\_\_\_

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity:  Yes  No  
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

### 2. Racial Categories:

- American Indian or Alaska Native  
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian  
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American  
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander  
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White  
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# Are You in The Know?

Your adolescent needs the following when entering 7<sup>th</sup> grade.

## Requirements

Tdap Vaccine (Tetanus, Diphtheria and Pertussis) Children entering 7<sup>th</sup> grade and children born on or after 9/15/2000 are required to have a one-time booster dose of Tdap vaccine.

Why the Tdap requirement?

Pertussis (Whooping Cough) Disease is part of the Tdap Vaccine. Pertussis (whooping cough) is a very contagious disease caused by bacteria. Among vaccine-preventable diseases, pertussis is one of the most commonly occurring ones in the United States.

Pertussis can cause violent and rapid coughing, over and over, until the air is gone from the lungs and you are forced to inhale with a loud "whooping" sound. In infants, the cough can be minimal or not even present. They may instead have life-threatening pauses in breathing (apnea).

Pertussis coughs can last for WEEKS!

## Recommendations:

- 3 Doses of HPV Vaccine
- 1<sup>st</sup> dose of Meningitis Vaccine
- Flu vaccine – yearly
- Dental exam – yearly
- Vision exam – every other year

Human Papillomavirus (HPV) is a virus spread through sexual contact. HPV is so common almost everyone will be infected with the virus at some point in their lives. HPV can be passed even when an infected person has no signs or symptoms.

In most cases, HPV goes away on its own and people infected with the virus never knew they had it. However, when HPV does not go away, it can cause health problems such as genital warts and cancer.

The best way to prevent the most common types of HPV is to receive the 3 dose series of HPV vaccine.

## **HPV VACCINE IS CANCER PREVENTION!**

**For more information on the services provided by the Scott County Health Department, visit us on the web at [www.scottcountyiowa.com/health](http://www.scottcountyiowa.com/health) or find us on Facebook at [www.facebook.com/scottcountyiowa](http://www.facebook.com/scottcountyiowa).**

Scott County Health Department  
600 West 4th Street  
Davenport, IA 52801 563.326.8618



**PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT  
Student Physical Examination Form**

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Birth date</b>	<b>Age</b>	<b>Sex</b>
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\_\_\_\_\_

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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\_\_\_\_\_

<b>Parent/Guardian Name</b>	<b>Telephone</b>	<b>Cell Phone</b>
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**This section to be completed by Physician.**

Height	Weight	BP	Pulse	Hearing	Vision			Optional		Lead Test	Date of last tetanus
					Urinalysis	HCT/HGB	Right	Left	Both		

**Health History**

Diseases/Chronic Illnesses	Allergies	Need Modifications
Asthma	Hay Fever	Medications
Chicken Pox	Insect Stings	Dietary
Heart Disease	Food	Special Equipment
Whooping Cough	Medications	Other
Seizures	Other	
Diabetes		
Hospitalizations:		
Operations/Serious Illnesses:		
Comments:		

**Physical Examination Requirements**

	Normal	Comments		Normal	Comments
Skin			Genito-Urinary		
Ears			Gastrointestinal/Abdomen		
Eyes			Neurological		
Nose/Throat			Musculoskeletal		
Glands (Cerv)			Spinal Exam		
Mouth/Dental			Nutritional		
Cardiovascular			Girls-Menstrual Problems		
Respiratory			Mental Health		
Hernia			General Comments		

***If completing for athletic eligibility, please answer the following:***

1. Is this athlete physically able to participate in Interscholastic Competition ?      Yes       No
2. Are there any restrictions placed on this athlete ? \_\_\_\_\_
3. General Condition:    Excellent       Good       Fair       Below average

\_\_\_\_\_

Signature of Examining Physician

\_\_\_\_\_

Date

Athlete's Name \_\_\_\_\_

Grade \_\_\_\_\_

*This side to be completed by athletic participants only.*

**PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT  
DEPARTMENT OF INTERSCHOLASTIC ATHLETES**

Article VII36.14(1) Physical Examination. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician/surgeon, osteopathic physician/surgeon, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

Father's place of work \_\_\_\_\_

Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Mother's place of work \_\_\_\_\_

Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

**In an emergency when parents cannot be contacted, please notify:**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Hospital \_\_\_\_\_

Phone \_\_\_\_\_

**Please check the appropriate sports:**

- Football       Volleyball       Cross Country       Golf       Swimming       Basketball
- Wrestling       Track       Tennis       Soccer       Baseball       Softball       Cheerleading

**Parents: Please complete this health history for your son/daughter**

*Has this student had any. . .*

	YES	NO
1. Chronic or recurrent illness or injury ?	_____	_____
2. Head or neck injuries ?	_____	_____
3. Had any illness lasting more than 1 week ?	_____	_____
4. Been under a doctor's care in the last month ?	_____	_____
5. Had any chronic health problems ?	_____	_____
6. Racing or skipping heart beats ?	_____	_____
7. Chest pain with exercise ?	_____	_____
8. Frequent headaches, convulsions, dizziness, fainting ?	_____	_____
9. Dental braces, bridges, plates ?	_____	_____
10. Does the athlete wear glasses or contacts ?	_____	_____
11. Is the athlete on medication at this time ?	_____	_____

*Please explain any YES answers here:* \_\_\_\_\_

-The School District does not purchase an insurance policy for athletes. School time insurance is offered at a nominal fee and covers all sports except football and wrestling. Football players and wrestlers may also purchase a policy for football and for wrestling at their own additional expense.

-It is agreed that the cost of any and all treatment for injuries sustained by my son/daughter shall be the responsibility of the parents/guardians and that all such costs will be paid for by the parents/guardians, thus releasing the school from all financial obligations.

-I give permission for the Team Physician/Athletic Trainer to give treatments to my son/daughter at any athletic event, and for my son/daughter to participate in athletics.

-I am aware that participating in athletics may involve risks of injury, and that participation may result in catastrophic injury or death.

-I recognize the importance of my son/daughter following coaches' instructions regarding playing techniques, training and other team rules and agree that my son/daughter should obey such instructions.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Athlete's Signature \_\_\_\_\_

Date \_\_\_\_\_



# HEADS UP: Concussion in High School Sports

**The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:**

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
  - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
  - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

## What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
  - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
  - b. Seek medical attention right away.
2. Teach your child that it’s not smart to play with a concussion.
3. Tell all of your child’s coaches and the student’s school nurse about ANY concussion.

## What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

## STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

**IT’S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.**

## Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## PARENTS:

### How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

## Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Student’s Signature

Date

Student’s Printed Name

Parent’s/Guardian’s Signature

Date

Student’s School



**Pleasant Valley  
Community  
School District**

### TRANSFER OF STUDENT RECORDS

Please return a copy of this form with the information requested. Pleasant Valley encourages sending requested documents electronically to: foleyjanice@pleasval.k12.ia.us.

To:  
School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_

The following student(s) have enrolled in Pleasant Valley Junior High School:

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please forward the following information:

Registrar contact's email address: \_\_\_\_\_

1. Cumulative records (grades, test scores, attendance records, discipline records)
2. Complete transcript of courses, grades, and credits earned through the current grade.
3. Grades at the time of withdrawal
4. Copy of student's current schedule
5. Health and immunization records
6. If applicable, forward all Special Education records, current IEP, social worker report, and psychological report.

**Please send records to:**

Pleasant Valley Junior High School  
3501 Wisconsin St  
LeClaire, IA 52753  
Phone: (563) 332-0200  
Fax: (563) 332-0205

To electronically send files, please email:  
folevjanice@pleasval.k12.ia.us

**Office Use Only:**

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

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

# Fee Billing Statement

16-17 Pleasant Valley Junior High  
3501 Wisconsin St, LeClaire, IA 52753  
Phone: (563)332-0200 Fax: (563)332-0205

School Fees are prorated based on date of entry.

Student Name \_\_\_\_\_

<u>Fee (Type)</u>	<u>Due Date</u>	<u>Fee Amount</u>	<u>Balance Due</u>
*School Fees 16/17 (School Fees)	08/23/2016	\$75.00	\$75.00

**Total Balance Due for Fees: \$75.00**

### Optional Items:

Please circle any of the additional items your student is interested in.

Activity Card (Allows entry into high school home sports and fine arts events) \$40.00

Yearbook (for 16-17 school year) \$24.00

PTA Memberships (\$6 per membership) \$6.00 x \_\_\_\_ members = \$ \_\_\_\_

Member Name(s) \_\_\_\_\_

**Total Enclosed \$ \_\_\_\_\_**

(Add "Total Balance Due" from above plus selected optional items)

Payment may be made via cash, check, or credit card. **Checks should be made payable to Pleasant Valley Community School District.** Credit cards are accepted online; please visit [www.pleasval.org](http://www.pleasval.org) for more information about online payments.

*Office Use Only:*

Date Paid: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cash      Check #: \_\_\_\_\_

Dear Parents/Guardians,

If your child has outstanding fees for the current school year, a separate list of those fees is enclosed. Applications for Free and Reduced meals for the 2016-2017 school year will be sent to all parents in August. If you will be submitting a Free and Reduced Meals application, you may delay payment of the school fees until you are notified of the status of your request.

If you have any questions, please contact the Pleasant Valley Junior High School Office at 332-0200.

**BUS TRANSPORTATION FORM  
2016-2017 SCHOOL YEAR  
PLEASANT VALLEY JUNIOR HIGH SCHOOL**

**MUST COMPLETE & RETURN THIS FORM  
EVEN IF STUDENT(S) WILL NOT RIDE THE BUS. THE FORM IS  
NEEDED FOR SCHOOL RECORDS.**

Due to the number of students choosing not to ride the school bus to and from school, it is important for us to know of your son's/daughter's intention for this service. If your intention for this service should change during the school year, please contact Durham Bus Service at (563) 332-4949, allowing a minimum one-week notice.

Please complete the following for **ALL JUNIOR HIGH STUDENTS** at your residence, making sure to check the statement indicating your bus transportation intent for each student.

**Please supply your son/daughter STUDENT ID #, if known, in the space provided below, otherwise, please leave the space blank.**

**1. Student Name** (print) \_\_\_\_\_ **Student Number** \_\_\_\_\_ **Grade** (16/17 School Yr) \_\_\_\_\_  
(if known)

\_\_\_\_\_ will NOT ride the bus during the 2016-2017 school year.  
\_\_\_\_\_ will ride the bus during the 2016-2017 school year.

**2. Student Name** (print) \_\_\_\_\_ **Student Number** \_\_\_\_\_ **Grade** (16/17 School Yr) \_\_\_\_\_  
(if known)

\_\_\_\_\_ will NOT ride the bus during the 2016-2017 school year.  
\_\_\_\_\_ will ride the bus during the 2016-2017 school year.

**3. Student Name** (print) \_\_\_\_\_ **Student Number** \_\_\_\_\_ **Grade** (16/17 School Yr) \_\_\_\_\_  
(if known)

\_\_\_\_\_ will NOT ride the bus during the 2016-2017 school year.  
\_\_\_\_\_ will ride the bus during the 2016-2017 school year.

**PHYSICAL HOME ADDRESS**

**House Number** \_\_\_\_\_

**Street Name (print)** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City (print)** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

If your physical address should change during the school year, please contact the Junior High office at (563) 332-0200.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Dear Parent:

In an effort to provide communication to our parents and students, we are pleased to offer several electronic sources of information:

**SCHOOLMESSENGER** School and district communication of a non-confidential nature is sent via email. Emergency notices will also be sent via text message and phone. Information that you provide on your student's enrollment form will be used to automatically subscribe you to the phone and email services. You will have the opportunity to opt-in to the text-messaging service at the start of the school year. Instructions on changing your contact settings for district communications will be sent at the start of the school year. To assure that your email provider will not block email communications, please add this email address to your safe senders list: [enews@pleasval.k12.ia.us](mailto:enews@pleasval.k12.ia.us).

Pleasant Valley will not give email lists to anyone outside of the district. If you do not have access to email, information is available in the school office.

**PARENT/STUDENT PORTAL** The Parent/Student Portal from Infinite Campus (our Student Information System) allows students in grades 7-12 and parents of K-12 students to view:

- Student lunch account balances (updated daily at 5:00 p.m.)
- A weekly calendar of school events which includes PTA events and activities
- Weather-related, emergency school closings and other district notices
- Student schedules (with day pattern for elementary student art, music, physical education and science classes) with an email link to contact teachers
- Student attendance records
- Fee statements for the current school year
- Report Cards
- For students in grades 7-12 and their parents: detailed information about grades and assignments

**Instructions for activating your Parent Portal account will be sent prior to the start of the school year.**

**STAFF EMAIL** From the district webpage, [www.pleasval.org](http://www.pleasval.org), click on "Staff Directory" in the upper right to access staff email addresses.

While we encourage you to use email for communicating with us, there are still instances where best practice will be for you to use the telephone. We have included some guidelines for your convenience.

***Use normal phoning procedures in the following circumstances:***

- Reporting absences (please do not email the teacher to report your student's absence)
- The need to pick-up a student at a time other than dismissal
- When a student should not go home as regularly established
- Requesting that homework be sent home that particular day
- An item that would require you to talk to a staff member that day

***Please consider using e-mail for the following:***

- Checking on student progress
- Requests for the teacher to call other than that particular day
- Correspondence that would not need a reply that given day
- Correspondence that is not of a highly confidential nature
- Arranging a classroom visitation

Sincerely,

James R. Spelhaug, Ph.D.  
Superintendent  
[spelhaugjim@pleasval.k12.ia.us](mailto:spelhaugjim@pleasval.k12.ia.us)

Ladonna Czachowski  
Technology Facilitator  
[czachowskil@pleasval.k12.ia.us](mailto:czachowskil@pleasval.k12.ia.us)

# Pleasant Valley Community Schools 2016-2017 Calendar



<p><b><u>Elementary PV Meet and Greet</u></b> <b>August 18</b> 5:00-5:25 pm - New Kindergarten Parents and New Families to the School Welcome</p> <p>5:30-6:15 pm - Meet &amp; Greet Teachers in all K-6 Classrooms</p> <p>6:15-6:30 pm – Office Open and Able to Collect Fees and Outstanding Registration Forms</p>	<p><b><u>Junior High Registration Day</u></b> <b>August 17– 9:00 am to 6:00 pm</b></p> <p><b><u>Junior High Open for Students</u></b> August 18 – 8:00 am to 7:00 pm August 19 – 8:00 am to 3:00 pm August 22 – 8:00 am to 3:00 pm</p>	<p><b><u>High School Registration</u></b> August 12 – 10:00 am to 4:00 pm Seniors A-L August 15 – 10:00 am to 4:00 pm Seniors M-Z</p> <p><b><u>High School Fall Sports Kickoff Dinner</u></b> August 18 – 5:30 pm to 6:50 pm</p> <p><b><u>High School Open for Students</u></b> August 18 – 6:00 pm to 7:00 pm</p> <p><b><u>High School Open House – All Grades</u></b> August 18 – 7:00 pm</p>
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**August 23, 2016 – K-12 First Day of School**

May 28, 2017 – HS Graduation

**May 30, 2017 – K-12 Last Day of School**

K-6 Dismiss @ 11:30 am

JH Dismiss @ 2:25 pm

HS Dismiss @ 3:30 pm

**K-12 No School:**

September 5, 2016 – Labor Day

October 21, 2016 – Professional-Development

November 24-25, 2016 – Thanksgiving Break

December 23, 2016 - January 2, 2017 – Winter Break

January 16, 2017 – Professional-Development

February 17, 2017 – Professional-Development

February 20, 2017 – President’s Day

March 13-17, 2017 – Spring Break

April 14, 2017 – No School

May 29, 2017 – Memorial Day

**K-12 Early Outs for Professional Development:**

Dates:

August 31, 2016  
September 14, 2016  
October 5, 2016  
November 2, 2016  
November 23, 2016  
December 7, 2016  
February 1, 2017  
March 1, 2017  
April 5, 2017  
May 3, 2017

Times:

HS Dismiss @ 12:30 pm  
JH Dismiss @ 1:00 pm  
Elem Dismiss @ 1:30 pm