

PASSAIC VALLEY REGIONAL HIGH SCHOOL

100 EAST MAIN STREET, LITTLE FALLS, NEW JERSEY 07424

Dr. Bracken Healy
Superintendent



Mrs. Tara Torres
Director of School Counseling

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 or emailing solea@pvrhs.org. 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.

Please also provide the following:

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

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 or emailing at solea@pvrhs.org.

Sincerely,

Tara Torres, M.Ed
Director of School Counseling



Passaic Valley Regional High School District #1
Registration Form

** (For office use only)
*Please print legibly
Registration Date: _____, 20____
STUDENT NO: _____ SID NO. _____

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

Home Address: _____

Main Contact Number: _____ Gender: ___Male ___Female ___Non-Binary/Undesignated

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

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

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

1st Date Entered in the US School System _____ Grade When entered in the US School System _____

Current Grade in School: _____

Last School Attended: _____ Public _____ Private _____

Address: _____
Street City State and/or Country

Did you participate in athletics? Yes ___ No ___ If yes, what level? Varsity ___ JV ___ Freshman ___

What Sports did you participate in? _____

PARENT/GUARDIAN please check one:
___ My son/daughter is receiving special services. I hereby authorize the release of CST/IEP records to PVHS.
___ My son/daughter does not receive special services.

DATE: _____
(SIGNATURE OF PERSON REGISTERING STUDENT)

- ATTENDANCE
DISCIPLINE
BUSINESS OFFICE/TRANSPORTATION
HEALTH OFFICE
STUDENT ACTIVITIES
CST/GUIDANCE
PRINCIPAL
NJ SMART

PARENT/GUARDIAN INFORMATION:

Father's Full Name: _____ Email Address: _____

Custodial Parent: Yes No (In cases of Divorce or Legal Separation, a copy of Legal papers are mandatory)

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

Telephone Number: _____ Cell: _____ or Home: _____

Military: No Active Duty National Guard/Reserves Unknown

Occupation: _____ Employer: _____

Address: _____ Telephone: _____

Mother's Full Name: _____ Email Address: _____

Custodial Parent: Yes No (In cases of Divorce or Legal Separation, a copy of Legal papers are mandatory)

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

Telephone Number: _____ Cell: _____ or Home: _____

Military: No Active Duty National Guard/Reserves Unknown

Occupation: _____ Employer: _____

Address: _____ Telephone: _____

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: _____

Name: _____ Grade: _____ School: _____

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_____ has enrolled in our school district. Please forward student's 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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100 EAST MAIN STREET, LITTLE FALLS, NEW JERSEY 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



Passaic Valley Regional High School District #1
East Main Street
Little Falls, NJ 07424

**Residency Affidavit
Non-Rent Paying by Parent/Guardian**

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

1. I am the parent/guardian of a child/children by the name(s) of _____
_____ (hereinafter referred to as "my child").
2. I temporarily/permanently (cross out the term that does not apply) reside at
_____ in the community of _____ Woodland Park, _____ Totowa, _____
Little Falls, County of Passaic, State of New Jersey. This has been
my place of residence since _____
If my residence in the premises is temporary, I plan to reside here until _____.
3. I do not pay rent or own the home for the premises in which I reside. I have attached the appropriate proofs of my
residence (i.e. utility/phone bill, bank statement, homeowner's/renter's insurance, driver's license). If such proof is not
available, please explain the reason why:

4. I am enrolling my child in the following high school: _____
5. I am aware that I have the obligation to immediately notify the Passaic Valley High School District in the event I cease
to be a resident at the address above.
6. I hereby assume joint and several liabilities to any tuition assessed if my child is determined not to live within the
Passaic Valley Regional High School District.
7. I state that the information contained in this Affidavit is true and accurate and acknowledge that the Passaic Valley
Regional High School Board of Education will rely upon the truthfulness and accuracy of this information. If any of the
statements contained in this Affidavit are willfully false, I am aware that I am subject to the criminal penalties provided
by law for perjury and/or false swearing and will remain subject to all other obligations and/or liabilities which I have
assumed elsewhere in this Affidavit and are imposed by applicable law.

Signature of Homeowner

Signature of Parent/Guardian

Sworn and subscribed to before me this _____ Day of _____, 20_____

Notary Public

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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? If answer is English- Skip Question 8 and proceed to Question 9.

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

Question 9. Home Language Survey is complete. Student is not an English* Language Learner (ELL).



**BOARD OF EDUCATION
PASSAIC VALLEY REGIONAL HIGH SCHOOL DISTRICT #1
PASSAIC VALLEY HIGH SCHOOL
EAST MAIN STREET, LITTLE FALLS, NEW JERSEY 07424**

APPLICATION FOR TRANSPORTATION

Applications must be returned to the Board Secretary/School Business Administrator in the enclosed self-addressed envelope as soon as possible. Registration is permanent.

A new application must be filed each year.

PLEASE CHECK THE APPROPRIATE SCHOOL YOUR CHILD IS CONSIDERING ATTENDING:

_____ **Passaic Valley Regional High School**

_____ **Passaic County Technical Institute**

_____ **Private School-Name of School:** _____

Address of Private School: _____
Number & Street City Zip Code

PLEASE PRINT CLEARLY

Name of Student: _____ Male _____ Female _____
First Name Last Name

Student's Date of Birth: Month: _____ Date: _____ Year: _____

Grade Level of Student for Coming School Year: _____

Name of Parent/Guardian: _____

Street Address: _____
Street Town Zip Code

Mailing Address: _____

Telephone Numbers: Home: _____ Cell: _____

Email Address: _____

Nearest intersecting road to student residence: _____

Distance from home to school _____ (measured via shortest public roadway or
Miles Tenths walkway **ONE WAY – NOT ROUND TRIP**)

Date school opens: _____ Date school closes: _____

Daily hours of school: _____ A.M. _____ P.M.

DATE: _____ SIGNATURE OF PARENT/GUARDIAN: _____

In order to budget properly for transportation for the school year 2021-2022 and to verify the number of ninth graders residing in the Boroughs of Totowa and Woodland Park and the Township of Little Falls who will be attending Passaic Valley High School, the parent/guardian of the student must fill in the above information. *ALTHOUGH STUDENTS LIVING IN MOST AREAS OF GREAT NOTCH OR THE LITTLE FALLS TOWNSHIP ARE NOT ELIGIBLE FOR TRANSPORTATION TO PASSAIC VALLEY HIGH SCHOOL, THIS FORM MUST BE COMPLETED BY ALL STUDENTS RESIDING IN THESE SECTIONS.*



PASSAIC VALLEY HS ATHLETICS



**ARE YOU A TRANSFER STUDENT?
ARE YOU A STUDENT-ATHLETE?**

YOU MUST FILL OUT THIS PAGE & THE NEXT PAGE IN ORDER TO PARTICIPATE IN SPORTS AT PASSAIC VALLEY HS. THIS FORM IS REQUIRED IF YOU PLAYED SPORTS AT ANY LEVEL AT YOUR PREVIOUS SCHOOL.

STUDENT'S NAME: _____

D.O.B. _____

STUDENT'S GRADE: 9 10 11 12

PREVIOUS SCHOOL: _____

DATE OF WITHDRAWAL: _____ DATE ENTERING PASSAIC VALLEY: _____

LIST ALL THE SPORTS YOU PARTICIPATED IN AT YOUR PREVIOUS HIGH SCHOOL:

_____	_____
_____	_____
_____	_____
_____	_____

BE SURE TO FILL OUT THE NEXT PAGE

