



"Serving the Educational Needs of Munhall, Homestead and West Homestead"

Steel Valley School District

District Administrative Offices

220 East Oliver Road
Munhall, PA 15120

(412) 464-3600, Ext. 1805
Fax (412) 464-3626

John A. Zenone
Director of Operational Services/
Board Secretary

September 2017

Dear Parent or Guardian:

We require that all students that reside in our District to register with the District. Steel Valley reserves the right to verify that you are residing in a domicile located within the District's boundaries. We are then able to affirm with the charter school that they have billed us correctly or not.

In order to perform this task, we require that you provide two proofs of residency. Various forms of these proofs are:

- Deed of home ownership
- Current residential lease
- Utility bills (electric, water/sewage, gas and television or telephone)
- Copy of driver's license

Please return Registration Form and two of the above documents in the envelope provided. Failure to provide this information within the next two weeks will negate our responsibility to make future payments to the charter school.

Please call Mrs. Dianne Cain if you require assistance or an appointment at 412-464-3600, ext. 2700.

Sincerely,

John A. Zenone
Director of Operational Services/
Board Secretary



Steel Valley School District

Student Registration Form

Date of Enrollment: _____ Student Photo I.D. No. _____

LEGAL NAME OF STUDENT _____
(Last) (First) (M.I.)

SEX: _____ BIRTHDATE ____/____/____ RACE: _____ PERMANENT PHONE (____) _____

PERMANENT ADDRESS _____
(Street)

(City) (State) (Zip)

STUDENT RESIDES WITH (Check all that Apply)

- Mother/Stepmother – Legal Name _____
- Father/Stepfather – Legal Name _____
- Foster Parents –Name(s) _____
- Guardians –Name(s) _____
- Other– Please Specify _____

FORMER SCHOOL OR PRESCHOOL _____

ADDRESS OF FORMER SCHOOL: Street _____

City _____ State _____ Zip Code _____

HAS STUDENT PREVIOUSLY BEEN A STEEL VALLEY STUDENT? Yes ___ No ___ If Yes, What Year _____

STUDENT FAMILY INFORMATION

SIBLINGS: NAME	BIRTHDATE	GRADE/SCHOOL OR OCCUPATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENTS ARE: MARRIED _____ SEPARATED _____ DIVORCED _____

PARENTS ARE DECEASED: Mother _____ Father _____ Both _____

(Continued on Reverse Side - OVER)

PARENTS:	NAME	EMPLOYED BY	BUSINESS PHONE
Mother	_____	_____	_____
Father	_____	_____	_____
Stepmother	_____	_____	_____
Stepfather	_____	_____	_____
Foster Parent	_____	_____	_____
Guardian	_____	_____	_____
Other (Specify)	_____	_____	_____

ADDITIONAL INFORMATION:

IS STUDENT RECEIVING SPECIAL ED SERVICES? Yes _____ No _____

IF YES, WHAT EXCEPTIONALITY? _____ DATE _____

SIGNATURE OF REGISTRAR _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

FOR OFFICE USE ONLY:

SCHOOL OF ENTRY _____	GRADE _____	ENTRY CODE _____
ENTRY DATE _____	HOMEROOM # _____	HOMEROOM TEACHER _____
IMMUNIZATION RECORDS: COMPLETE _____	INCOMPLETE _____	
DATE ACADEMIC RECORDS REQUESTED: _____	ACADEMIC RECORDS RECEIVED _____	
RESIDENT _____	NON-RESIDENT _____	IF NON-RESIDENT: TUITION _____ FOSTER HOME _____
PROOF OF RESIDENCY: 1) _____	2) _____	(Initial) _____
PROOF OF AGE: BIRTH CERTIFICATE # _____	BAPTISMAL/HOSPITAL CERT _____	
FOSTER CHILD PLACING AGENCY _____		
ADDRESS OF AGENCY _____		
GUARDIANSHIP FORM: DATE GIVEN _____	DATE RETURNED _____	
COURT ORDER RECEIVED _____	DATE RECEIVED _____	
ATTENDANCE TYPE CODE _____	SPECIAL ED. CODE _____	