



Pleasant View School

1888 N. Bartlett Rd., Memphis, TN 38134
 (901) 380-0122 ■ E-mail : administration@pleasantviewschool.com
 ■ www.pleasantviewschool.org

Application for Admission

School Year _____

Family Name (Last Name): _____

Total Number of family members applying to:

Student First Name	Date of Birth	Grade Applying For

Please ensure that all the required forms listed below have been completed before returning this application to Pleasant View School.

Applicant's Checklist

- Application for Admission
- Health Requirements Form (Pre-K and KG applicants only)
- Updated Immunization Record
- Birth Certificate
- Record Release Form
- Family Financial Agreement (1 per family)

Office Use Only

- Verified
- Verified
- Verified
- Verified
- Verified
- Verified

For Office Use Only

Application Checked by: _____

Date: _____

Student Date of Admission: _____ D of W _____

APPLICATION FORM

Date: _____

Student Information

Name: _____
Last First Middle Preferred

Grade Applying For: _____

Date of Birth: _____ Gender: _____
Month Day Year Male / Female

Place of Birth: _____ Social Security Number: _____

Home Address: _____
Number Street Apt. #
City State Zip Code

Home Telephone Numbers: (____) _____

Please be sure to call the school office if your address or telephone number changes.

Parent/Guardian Signature: _____

Was the student previously enrolled in Pleasant View? _____ Year: _____ Grade: _____
yes/no

Parent Information

Father's Name: _____
Last First Middle

Address (if different from above): _____
Number Street City State Zip Code

Telephone Numbers: (____) _____ (____) _____
Home Business
(____) _____
Mobile

E-mail: _____

Occupation: _____

Employer: _____

Application for Admission

Mother's Name: _____
Last First Middle

Address (if different from above): _____
Number Street City State Zip Code

Telephone Numbers: (____) _____ (____) _____
Home Business
(____) _____
Mobile

E-mail: _____

Occupation: _____

Employer: _____

Emergency Contact (if parent/guardian cannot be reached)

Name

Telephone Number(s) Relationship

Health Information

List any special needs that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, learning difficulties and any other information that staff should be aware of (If none write NONE):

(attach additional sheets if needed)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the most convenient hospital or to:

Name of Physician: _____

Address: _____

Telephone Number: _____

I give consent for this facility to secure any and all necessary emergency medical care for my child:

Parent/Guardian Signature

Picture Authorization

Pleasant View School takes photos of students, teachers, and school activities for its website, yearbook, brochures and flyers. Though the names of students, faculty, staff, and administration will regularly be used, it is our policy that no addresses, and/or telephone numbers will ever be used.

I understand this policy and give permission for my child's photos to be placed on school bulletin boards, the Renaissance Academy website, the school yearbook, on school posters or in other ways for class and school activities.

_____ I hereby give permission to PVS to use my child's photos and videos on the school's website as well as other electronic and print forms of communication and publications.

_____ I DO NOT give permission to PVS to use my child's photos and videos on the school's website as well as other electronic and print forms of communication and publications. **I understand that my child's photos and name will be used in the school yearbook unless I request, in writing, otherwise.**

Parent's Signature: _____ Date: _____

Pick-Up Authorization

Persons, other than the parents, who are authorized to pick up my child include:

1. Name: _____ Relationship: _____

Address: _____

Phone Number: _____

2. Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Handbook Agreement

I, the undersigned, do hereby acknowledge that I will abide by the rules and regulations of Pleasant View School as stated in the Parent-Student Handbook. A copy of this handbook is available online at www.pleasantviewschool.com

Parent's Signature: _____ Date: _____

ACCEPTABLE USE AND INTERNET SAFETY POLICY

Pleasant View School provides access to computers and to the Internet as a means of enhancing the education of our students. We have an acceptable use and internet safety policy to ensure that students use these resources in an acceptable manner. During the course of the school year, additional rules regarding Internet safety may be added. If this occurs, any new rule will become a part of this policy

TERMS OF THE ACCEPTABLE USE AND INTERNET SAFETY POLICY

- Students must make available for inspection by an administrator or teacher upon request any messages or files sent or received at any Internet location.
- Students must use appropriate language in all communications. The student should not use profanity and should avoid offensive speech. The student should not participate in “Cyber Bullying” such as personal attacks and/or threats on/against anyone using these resources.
- Students must not make use of material (files) or attempt to locate material (files) that are unacceptable in a school setting. The criteria for acceptability is demonstrated in the types of materials made available to students by administrators and teachers. School administrators and teachers reserve the right to define what is acceptable and appropriate.
- Students must not attempt to or threaten to attempt to discover passwords or to control access to the Internet or the computer network.
- Students must not knowingly introduce or allow the introduction of any computer virus to any computer.
- Students must not play games, including Internet-based games, except school-approved, teacher-supervised educational games, on school computers.
- Students must not use their computer to listen to any music or other audio material - whether from a CD or from an internet location - unless it serves an express educational purpose and the student obtains prior permission for the specific material they want to listen to.
- Students must not mistreat or distort the computer, system, mouse, keyboard, monitor or printer and must not change any of the computer settings. Students will be liable for the costs of any damages they cause to any computer.
- No food or drink is allowed in the computer room at any time.
- Students are not allowed to enter the computer lab without permission and there must be adult supervision at all times that students are present in the lab.

I understand that should I fail to honor all the terms of this policy; my computer privileges may be removed and I may be subject to other disciplinary action.	By signing below, I give permission for the school to allow my child to have access to the internet.
Student Name (Print):	Parent/Guardian Name:
Student Signature:	Parent Guardian Signature:
Date:	Date:

Primary Home Language Identification Form

Student _____ Grade _____ Date of Birth _____

Telephone _____

Please answer the following questions about your child's language background:

1. What was the first language your child learned to speak? _____
2. What language does your child speak most often outside of school? _____
3. What language does your child use to speak to adults in your home? _____

If the answer to any of the above 3 questions was a language other than English, please make a check next to what best describe your child's current language usage:

- _____ Speaks only the language other than English
- _____ Speaks mostly the language other than English
- _____ Speaks English and the other language equally well
- _____ Speaks mostly English
- _____ Speaks only English

4. Was this child born in the United States? _____ If No, complete the following:
 - a. Country of Birth _____
 - b. Date entered the United States _____
 - c. Date entered a school in the United States _____
 - d. Does your child have refugee status? _____

Signature of Parent/Guardian

Date

Request for Transfer of Records

Please enter your child's previous school information:

Name: _____

Address: _____

Fax number: _____

E-mail (optional): _____

Student Name: _____ Birth date: ___ / ___ / ___

The above student has enrolled at Pleasant View School. Please forward the permanent and cumulative academic records, standardized test records, health history/immunization records and discipline history to:

Mohammed Malley
Principal
Pleasant View School
1888 N. Bartlett Rd.
Memphis, TN 38134
Fax: (901) 380-1527
administration@pleasantviewschool.com

PARENT AUTHORIZATION:

I GRANT PERMISSION FOR MY CHILD'S SCHOOL RECORDS TO BE SENT TO PLEASANT VIEW SCHOOL.

Parent's Signature: _____ Date: _____

Registrar: Please be sure all records are legible. Thank you for your help.