

KANKAKEE VALLEY HIGH SCHOOL

3923 W. State Road 10 · Wheatfield, IN · 46392

Tel: (219) 956-3143 Ext. 2030 Fax: (219) 956-4426 Email: mspurgeon@kv.k12.in.us

GUIDANCE DEPARTMENT

Counselors: Melissa Richie, *Director*, Kim Dobson & Bridget Helms
Mary Spurgeon & Dawn VanderMolen *Secretaries*

Student's Name: _____ Grade: _____

School Student is transferring from: _____

Street address of previous school: _____

City, State, & Zip Code: _____

Phone number of school: _____

Fax number of school: _____

Email of school: _____

Date entering Kankakee Valley High School: _____

I hereby give my permission for you to send the requested information to:

Kankakee Valley High School
Guidance Department
3923 West State Rd 10
Wheatfield, IN 46392

- _____ Psychological Records
- _____ Health Records
- _____ Grades/Credits
- _____ Test Scores
- _____ Attendance Records
- _____ Athletic Records
- _____ Disciplinary Records
- _____ Grades at time of withdrawal
- _____ Driver Education information

Parent/Guardian Signature _____

**Indiana Code #IC20-8. 1-9-10 mandates that educational records cannot be withheld due to non-payment of student funds.

**New Federal Law 99.31: No parent signature required for educational records sent to another educational agency.

HOME OF KOUGAR PRIDE!

Date Mailed/Faxed/Emailed _____

KANKAKEE VALLEY SCHOOL CORPORATION
Registration Information

1. Legal Name of Student: _____
Last First MI

2. Last School the Student Attended: _____
Name Grade
City State Zip

3. When this student left the school above, was (s)he a "student in good standing" (eligible to enroll)?
Yes _____ No _____

If not, please explain on the back of this sheet.

4. Did this student successfully complete the last semester of attendance at his/her last school?
Yes _____ No _____

If not, please explain on the back of this sheet.

5. Has this student ever been involved in any type of special needs program (learning disabled, motional/behavior handicap, section 504, etc.)?
Yes _____ No _____

If so please explain on the back of this sheet.

6. Is the student a 21st Century Scholar? Yes _____ No _____

7. Will this student be living with his/her legal custodial parent or legal guardian?

Yes _____ No _____

If not, please explain on the back of this sheet

8. Legal address of student/parent/guardian:

Address Town Zip

Is the above address within the boundaries of the Kankakee Valley School Corporation ? (If you are not sure, contact the Superintendent's Office at 987-4711).

Yes _____ No _____

Your signature below is verification that the information above is true to the best of your knowledge and that you understand that intentionally misrepresenting any of this information may result in dismissal of the student from school.

Signed _____

Printed Name _____

Relationship to the Student _____

Date _____