

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

Annamaria Sole
Registrar

Incoming 9th Grade Pre-Registration Process

Dear Parents/Guardians,

All students entering 9th grade in fall 2025 need to register with Passaic Valley Regional High School. Regardless of which school your child will be attending (**PVRHS, PCTI, Private, Charter**) **all students must complete this process in order for the Passaic Valley School District to release relative payment for tuition or transportation.**

Please go to the Passaic Valley Regional High School home page <https://www.pvrhs.org/>

1. Click on "registration"
2. Click on "pre-register a student"
3. Under pre-registration for school year" select school year 2025-2026
4. Complete all 4 sections of the Pre-Registration process. When complete submit.

After you have completed the Pre-Registration and submitted it you will receive an email from no-reply@realitinc.com (to the email address you provided in the pre-registration) with links to upload supporting documentation. Each document needs to be uploaded separately by clicking on the appropriate link. Please check spam email if you do not receive the confirmation email the next day.

The upload will include the following:

1. One primary proof of residency (Deed or Lease)
2. Two secondary proofs of residency – (Current PSE&G bill, cable bill, phone bill, bank statement, paystub, vehicle registration, homeowners/renters' insurance)
3. Copy of child's birth certificate
4. Parent's Driver's License, state issued photo ID or valid Passport

Once all this information is uploaded the pre-registration process for your incoming 9th grade student is complete.

Students will meet with a counselor in person during the month of March to complete an academic schedule. At this time, we will also collect completed emergency cards and any additional registration/transportation forms.

Special Circumstances

Please note in the case in which the student is not residing with their parents, or the parent does not own or pay rent, please reach out to Mrs. Sole for further directions 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 973-890-2500 ext. 2520 or solea@pvrhs.org.

Annamaria Sole
Registrar



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.

(SIGNATURE OF PERSON REGISTERING STUDENT) DATE: _____

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: _____



**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 – SCHOOL YEAR 2025-2026

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 2025-2026 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.**