# New Kent County Public Schools

DR. BRIAN J. NICHOLS, SUPERINTENDENT
POST OFFICE BOX 110
NEW KENT, VIRGINIA 23124
(804) 966-9650
REGISTRATION FORM

SCHOOL FAX NUMBERS
NKHS - (804) 966-8585
NKMS - (804) 966-8579
GWES - (804) 932-8459
NKES -(804) 966-9602
QES- (804) 932-8459

Dear Parent/Guardian:

We welcome you and your child to the New Kent County Public School System. In order to make the transition smoother, we would appreciate your cooperation by completing the attached forms.

Student Name: DOB: Grade:

Regulations for official admission to New Kent County Public Schools are as follows:

☐ **Registration Form**

☐ **Home Language Survey Form**

☐ **Proof of Residency:** Must provide current house contract, lease agreement, or mortgage statement AND current (no more than 30 days old) utility bill; plus photo identification (Driver's license, DMV ID or Military ID)

☐ **Certified Copy of Birth Certificate** (may be obtained from the Bureau of Vital Statistics from the state of birth) or **Naturalization Certificate** or **U.S. Visa**

☐ **Physical Form** (Elementary Only or Enrolling from another state)

1. Physical exam must be signed by a U.S. licensed physician or health department.
2. Certification of Immunization must be signed by a physician or health department.
3. Physical must be dated within 12 month prior to date of registration.

**Students transferring from out of state schools must present, at the time of registration, a copy of their immunization records and current physical dated within 12 months.**

☐ **Request for records:** If outside of NKCPS please provide previous school address and phone number.

☐ **Immunizations:** MINIMUM REQUIREMENTS ARE LISTED IN ENROLLMENT PACKET

Any custody papers based on court decisions must be on file at the school.

I have received a copy of this form and understand that any missing information must be provided before my child attends school.

Parent/Guardian Date School Date

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## REGISTRATION FORM

School Year _____ School _____ Grade _____

Full Legal Name _____ Nickname _____

Mailing Address _____ City _____ Zip _____

Physical Address _____ City _____ Zip _____

Home Phone# _____ Social Security Number _____

Date of Birth _____ Place of Birth _____ Gender _____

(*Office use only)* Birth Certificate # _____ State _____

Is student a resident of New Kent County? Yes ☐ No ☐ If no, what county? _____
Bus # (If known) _____

**Has student previously attended any New Kent County school(s)? Yes ☐ No ☐**

**If yes, please list grade level(s) _____**

**Has student ever received any Special Education services in this school division or any other school division? Yes ☐ No ☐**

**If yes, please list the school division _____**

Please list the most recent school the student has attended.

_____ _____ _____

Name of School City/State Dates of Attendance

***Caution: A student may attend a public school in New Kent County only if he/she is living in New Kent County with a natural parent, a person having legal custody by court order, or a court-appointed guardian. The student must carry on the normal activities of daily living at the residence of that person (i.e., eating, sleeping, etc.) The student's legal relationship to the person(s) listed must be accurately stated.***

With whom does the student reside?(Check One) Natural Parent(s) ☐ Guardian ☐ Foster Parents ☐

If residing with parents who are divorced or separated, who has legal custody? _____
_____

If residing in a foster home, please list the name of the locality or agency which has placed the student. _____

1. Parent/Guardian (Check One) Mother ☐ Stepmother ☐ Grandmother ☐ Guardian ☐

Name _____

Address (if different from student) _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Place of Employment _____

E-mail address _____

2. Parent/Guardian (Check One) Father ☐ Stepfather ☐ Grandfather ☐ Guardian ☐

Name _____

Address (if different from student) _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Place of Employment _____

E-mail address _____

***Please answer <u>BOTH</u> parts (1) and (2) by checking the boxes that describe your son or daughter best:***

**(1) What is the student's ethnicity? (Choose only one)**

❑ Hispanic/Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

❑ Not Hispanic/Latino

***No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your son or daughter's race to be:***

**(2) What is the student's race? (Choose one or more)**

❑ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

❑ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

❑ Black or African American (A person having origins in any of the black racial groups of Africa.)

❑ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

❑ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Please list all individuals residing in the same household who attend New Kent County Public Schools.

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

**NEW KENT COUNTY PUBLIC SCHOOLS RESERVES THE RIGHT TO EXCLUDE ANY STUDENT IF FALSE INFORMATION IS KNOWINGLY GIVEN ON A FORM USED FOR SCHOOL REGISTRATION OR PLACEMENT IN THE COUNTY SCHOOL PROGRAM.**

Parent/Guardian Signature _____ Date _____

EMERGENCY INFORMATION

**PLEASE LIST SOMEONE OTHER THAN STUDENT'S PARENTS WHO CAN BE CONTACTED IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED**

Emergency Contact _____

Relationship to Student _____ Phone # _____

Physician Name _____ Telephone # _____

Please note: A separate form is included in your registration packet for use in the school clinic.

Elementary School-aged Students Only

Please indicate what type of pre-kindergarten learning experience your child has gained.

_____ Headstart _____ Private Preschool/Daycare _____ Public Preschool

_____ Family Home Daycare Provider _____ No formal instructional PK program

_____ Dept. of Defense Child Development Program

Please indicate the number of hours weekly if in any type of pre-K program.

_____ 0-14 hours _____ 15-29 hours _____ 30 or more hours

Student Name: _____ Grade: _____

# MILITARY CONNECTED STUDENTS

The Virginia Department of Education requires local school divisions to identify newly enrolled students who have a parent in the uniformed services. This information will allow local, state, and federal entities to provide statistics for the purpose of becoming eligible for funds and services to meet the needs of uniformed services-connected students residing in the Commonwealth. Information regarding the status of your specific child will not be presented in any reports.

**Please select the appropriate category for the student noted above**

- 1. Student is not military connected
- 2. Active Duty: Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the US Public Health Services)
- 3. Reserve: Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- 4. National Guard: Student is a dependent of a member of the Active or Reserve National Guard

Home Language Survey
New Kent County Public Schools

| **Student Name:** | **School:** | **Date:** |
|---|---|---|
| **Grade:** | **Teacher**: | |
| **Relationship of Person Completing Survey:** | | |
| ☐ **Father** ☐ **Mother** ☐ **Other:**_____ | | |
| **1.** What is the primary language used in the home, regardless of the language spoken by the student? | | |
| | | |
| **2.** What is the language most often spoken by the student? | | |
| | | |
| **3.** What is the language that the student first acquired? | | |
| | | |
| **4.** In which languages do you prefer to receive communication from the school? | | |
| Verbal: ☐ English ☐ Other: _____ Written: ☐ English ☐ Other: _____ | | |

*If a parent or guardian responds with any language other than English for one or more of questions 1-3, then the student needs to be referred for English learner screening. In this case, a copy of this form should be sent to the Title III director at the school board office. If the answer to question 4 is anything other than English, then the appropriate accommodations must be made to assist communication with the parents. One copy of this form should be kept in the student's permanent record.*

*Name of parent/guardian who completed the form:* _____

*Parent Signature:* _____ *Date:* _____

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*Office Use Only:*

| | |
|---|---|
| **Referred to the Title III Coordinator:** | ☐ Yes ☐ No Date sent: _____ |
| **Home Language Entered in SIS:** | ☐ Yes ☐ No |

Revised 08/2021

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## RELEASE OF INFORMATION

The student listed below has enrolled in the New Kent County Public School System. Please release the information indicated within the prescribed (5) days from receipt of this request.

Student Name _____ Date of Birth _____

- __x__ Transcript
- __x__ Standardized Test Scores
- __x__ SOL Scores (Virginia Schools Only)
- __x__ State Test ID Number (Virginia Schools Only)
- __x__ Medical Information including immunizations (Note: immunizations should include month/day/year)
- __x__ Current physical (signed by physician or health department)
- __x__ Current year grades (please include date of last marking period)
- __x__ Grade Distribution (please include list of any weighted courses and weight scale)
- __x__ Discipline Records
- __x__ Category II Records (please include IEP and all components or other pertinent information)
- __x__ Gifted identification testing and placement paperwork (if applicable)
- __x__ ESL identification and services (if applicable)

According to the Virginia Department of Education Management of Student's Scholastic Record (VR270-01-0014, Section VII, 8.2), "a LEA may disclose upon Student transfer, information from scholastic records to another LEA without Parent consent, unless prohibited by other applicable law."

I hereby authorize _____ to release the information indicated above.
(Name of School)

_____ _____
Signature of Parent/Guardian Date

Please send the information to the appropriate school address listed below.

| Watkins & Quinton Elementary Schools | New Kent Elementary School | New Kent Middle School | New Kent High School |
|---|---|---|---|
| 6501 New Kent Hwy.<br>Quinton, VA 23141<br>Attn: Records Clerk<br>Fax: (804)932-8459 | 11705 New Kent Hwy.<br>New Kent, VA 23124<br>Attn: Records Clerk<br>Fax: (804)966-9602 | 7501 Egypt Rd.<br>New Kent, VA 23124<br>Attn: Records Clerk<br>Fax: (804) 966-8579 | 7365 Egypt Rd.<br>New Kent, VA 23124<br>Attn: Records Clerk<br>Fax: (804)966-8585 |

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## PROOF OF RESIDENCY

On this day, _____, parent/legal guardian

produced the following proof of residency in New Kent County.

| **PARENTS OR LEGAL GUARDIANS MUST SUBMIT AT LEAST <u>ONE</u> DOCUMENT FROM <u>EACH</u> OF THE <u>THREE</u> COLUMNS:** | | |
|---|---|---|
| **Column A** | **Column B** | **Column C** |
| ● Current house contract<br>● Current lease agreement<br>● Current mortgage statement | A current utility bill:<br>● Electric bill<br>● Gas/oil bill<br>● Water bill<br>● Home phone bill<br>● Cable bill<br><br>"current" is a bill/statement received within the past 30 days. | ● Valid Driver's License<br>● Valid DMV ID<br>● Valid Passport<br>● Valid Military ID<br><br>A valid ID is used for identification purposes. |

_____
Signature of School Official

_____
Date

Names/Grades of all Children Enrolled in the New Kent County School Division

| **Name of Child** | **Grade** |
|---|---|
| | |
| | |
| | |
| | |
| | |

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## AFFIRMATION OF PRIOR ENROLLMENT

Virginia law requires that, prior to admission to any public school in the Commonwealth, the School Board shall require the parent, guardian, or other persons having control or charge of a child of school age to provide, upon registration, a sworn statement of affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division in the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty, upon conviction, of a Class 3 Misdemeanor. The registration document shall be maintained as a part of the student's scholastic record. (Code of Virginia 22.1-3-2)

**PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW**

I, _____, affirm that _____
**has not been expelled** from school attendance at a private school or public school in Virginia or another state for any offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person.

_____ _____
Parent, Guardian, or Person Responsible for Student Date

**- OR -**

I, _____, affirm that _____
**has been expelled** from school attendance at a private school or public school in Virginia or another state for any offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person.

_____ _____
Parent, Guardian, or Person Responsible for Student Date


# REQUEST FOR STUDENT TRANSPORTATION

Please complete the following sections, as they relate to your request.

*Stops are not subject to relocation except for safety concerns evaluated by the Pupil Transportation Department. Students may walk up to .30/mile.*

**1. Check all that apply**: ☐ New Student ☐ Change in pick up or drop off location ☐ Change of address

☐ Review of current bus stop ☐ Other: _____

**2. Student / Parent Information:**

School: _____ Date of Request:_____

Child's Legal Name: _____ Grade: _____

Parent/Legal Guardian's full name: _____

Parent/Legal Guardian's Email Address _____

Street Address: _____ City: _____ Zip: _____

Best Contact # (H): _____ (W): _____ (C): _____

**3. Current Bus Information:**

Current bus #: _____ Stop location: _____

**4. Child Care Provider Information:**

Provider's Street Address: _____

Check one: ____AM ____ PM ____ Both Parent's Signature: _____

**5. Please explain why a change is needed:**

_____

_____

_____

*Please forward your request to the Transportation Department upon completion - Fax: 804-966-8598, or you can email at Lsimmons@nkcps.k12.va.us & Sbrown@nkcps.k12.va.us - Please do not Fax **and** email*

*Transportation will notify the parent(s) when the request has been processed.*

**Office Use Only:**

Processed By: _____ APPROVED /DENIED PARENT Notified _____ Notify Driver /Update Route_____

Revised 7/14/2021

**KINDERGARTEN ENTRANCE REQUIREMENTS:**

**Diphtheria, Tetanus, & Pertussis (DTaP, DTP, or Tdap)** - A minimum of 4 properly spaced doses. A child must have at least one dose of DTaP or DTP vaccine on or after the fourth birthday. DT (Diphtheria, Tetanus) vaccine is required for children who are medically exempt from the pertussis-containing vaccine (DTaP or DTP).

**Polio (IPV) Vaccine** - A minimum of 4 doses of polio vaccine. One dose must be administered on or after the fourth birthday.

**Measles, Mumps, & Rubella (MMR) Vaccine** - A minimum of 2 measles, 2 mumps, and 1 rubella. (Most children receive 2 doses of each because the vaccine usually administered is the combination vaccine MMR). The first dose must be administered at age 12 months or older. The second dose of vaccine must be administered prior to entering kindergarten but can be administered at any time after the minimum interval between dose 1 and dose 2.

**Hepatitis B Vaccine** - A complete series of 3 properly spaced doses of hepatitis B vaccine are required for all children. However, the FDA has approved a 2-dose schedule ***ONLY*** for adolescents 11-15 years of age AND ***ONLY when the Merck Brand*** (**RECOMBIVAX *HB) Adult Formulation Hepatitis B Vaccine*** is used. If the 2-dose schedule is used for adolescents 11-15 years of age it must be clearly documented on the school form.

**Hepatitis A (HAV) Vaccine** – Effective July 1, 2021, a minimum of 2 doses of Hepatitis A vaccine. The first dose should be administered at age 12 months or older.

**Varicella (Chickenpox) Vaccine** - A minimum of 1 dose must be given for all children starting kindergarten before fall 2010 and 2 doses must be given for all children starting kindergarten afterward. The first dose must be given on or after the first birthday and the second dose must be given before entering kindergarten. (Exception: the school shall accept medical documentation of the disease.)

**7TH GRADE ENTRANCE REQUIREMENTS:**

**Tdap** - A booster dose of Tdap vaccine is required for all children prior to entering 7th grade. If the Tdap vaccine has been given after the age of 7 years, the requirement is met.

**Meningococcal Conjugate (MenACWY) Vaccine** - Effective July 1, 2021, a minimum of 2 doses of MenACWY vaccine. The first dose should be administered prior to entering 7th grade. The final dose should be administered prior to entering 12th grade.

**Human Papillomavirus (HPV) Vaccine** - Effective July 1, 2021, a complete series of 2 doses of HPV vaccine is required for students entering the 7th grade. The first dose shall be administered before the child enters the 7th grade. After reviewing educational materials approved by the Board of Health, the parent or guardian, at the parent's or guardian's sole discretion, may elect for the child not to receive the HPV vaccine.

**12TH GRADE ENTRANCE REQUIREMENTS:**

**Meningococcal Conjugate (MenACWY) Vaccine** - Effective July 1, 2021, a minimum of 2 doses of MenACWY vaccine. The first dose should be administered prior to entering 7th grade. The final dose should be administered prior to entering 12th grade.

## Yearly Health History Update - Clinic Record

**Student's Name:**_____**DOB:**_____**Current Grade:**_____**Sex:**_____
**Student's Address:**_____**City:**_____**State:**_____**Zip:**_____
**Name of Parent/Legal Guardian(1):**_____**Phone(home/cell)**_____**(work)**_____
**Name of Parent/Legal Guardian(2):**_____**Phone(home/cell)**_____**(work)**_____

| CONDITION | YES | MEDICATIONS/COMMENTS | CONDITION | YES | MEDICATIONS/COMMENTS |
|---|---|---|---|---|---|
| Allergies(food,insects,drugs, latex) | | | Diabetes | | |
| Allergies (seasonal) | | | Head Injury, Concussion | | |
| Asthma/Breathing Problems | | | Hearing Problems | | |
| ADD (or) ADHD | | | Heart Problems | | |
| Behavioral Problems | | | Muscle Problems | | |
| Developmental Problems | | | Seizures | | |
| Bladder Problem | | | Sickle Cell Disease (not trait) | | |
| Bleeding Problem | | | Speech Problems | | |
| Bowel Problem | | | Spinal Injury | | |
| Cerebral Palsy | | | Surgery | | |
| Cystic Fibrosis | | | Vision Problems | | |
| Dental Problems | | | Other Condition | | |

**Describe any other important health information about your student (for example- feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.):**_____
_____
**List all prescription, over-the-counter, and herbal medications your student takes regularly:** _____
_____

**CONTACT YOUR STUDENT'S SCHOOL NURSE IF YOU WOULD LIKE TO DISCUSS ANY CONFIDENTIAL HEALTH INFORMATION.**
**For the safety of your student, please provide any emergency medication and medical supplies needed to care for them prior to their arrival at school (Benadryl, Epinephrine, Inhaler, Other). A Doctor Order and written parent/guardian permission is required for medication to be administered at school.**

| | NAME | PHONE | DATE OF LAST APPOINTMENT |
|---|---|---|---|
| Pediatrician/Primary Care Provider | | | |
| Specialist/Other | | | |
| Specialist/Other | | | |
| Dentist | | | |
| Preferred Hospital | | | |

**Yes☐NO☐I give permission for the above health care providers to be contacted regarding my student's medical history or treatment.**
**Student's Health Insurance: _____None _____FAMIS Plus (Medicaid) _____FAMIS _____Private/Commercial/Employer sponsored**
**If you are interested in free or low cost health insurance go to this link: www.famis.org**

**Signature of Parent/Legal Guardian:**_____**Date:**____/____/_____

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## PERMISSION FOR ENROLLMENT OF SPECIAL TRANSFER STUDENT AND I.E.P. PLACEMENT

Student's Full Legal Name (*no nicknames*) _____

Date of Birth _____ Gender _____ Ethnicity _____ Grade _____

Student Social Security # _____ STID # _____

Receiving School _____

Previous School _____

Address of Previous School _____

City/County of Last School _____ State/Zip _____

Parent(s) Name _____

Current Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Disability _____ Date of IEP _____

Date of Last Eligibility _____

Students who transfer from any school division where they were eligible for Special Education Services, as indicated by a current IEP, are eligible to be enrolled in a comparable program at their new school. Your permission is needed to place your child in a Special Education Program within this division, according to guidelines of your child's previous IEP or amendments developed by our IEP team.

Proposed Interim Placement _____

_____ I hereby request special consideration in providing an interim special education placement for my child while awaiting the records and eligibility decision.

_____ I hereby give permission for New Kent County Public Schools to place my child in a Special education Program as described in his/her last IEP with any modifications noted on the addendum form. My rights and responsibilities for my child's educational program have been explained to me by the school division.

**I understand that this interim placement will not exceed 65 days.**

Parent/Guardian Signature _____ Date _____

Authorized School Official _____ Date _____

**A COPY OF THIS FORM ALONG WITH THE STUDENT'S CURRENT IEP MUST BE SENT TO STUDENT SERVICES.**