

Enrollment Requirements

The following items are required at the time of enrollment.

- ✓ **IMMUNIZATION RECORDS** - No student shall be admitted by a school in the Commonwealth unless at the time of admission the student or his parent or guardian submits documentary proof of immunization to the admitting official of the school. (Section 22.1-271.2 of the Code of Virginia)
- ✓ **CERTIFIED BIRTH CERTIFICATE** - No pupil shall be admitted for the first time to any public school in any school division in this Commonwealth unless the person enrolling the pupil shall present, upon admission, a certified copy of the pupil's birth record. (Section 22.1-3.1 of the Code of Virginia)
- ✓ **PROOF OF LEGAL RESIDENCE** - Students will be admitted to school based on their legal residence. (Section 22.1-4.1 & 22.1-264.1 of the Code of Virginia)

Items accepted as proof of residence:

- Lease/Contract/Mortgage on legal residence
- Current utility bills - Must show name, current date and address
(Ex. -Electric/Gas/Water/Sanitation)
- Military Housing Acceptance Letter
- Notarized address verification form (one item accepted as proof of legal residence)

Documentation Not Accepted - (Ex. - Driver License, Personal Check, Telephone or Cable Bill)

A minor child of a legal resident of the city of Newport News is a resident student, eligible to attend a school tuition free in the designated zone if the child is living with his/her natural parent(s), or a parent by legal adoption or an individual who is defined as a parent (not solely for school purposes), pursuant to a Special Power of Attorney executed under Title 10, United States Code, §1044b, by the custodial parent while such custodial parent is deployed outside the United States, or when a child is living (not solely for school purposes) with an adult other than his/her natural parent(s). In that case the enrolling adult must be the court appointed guardian or have legal custody of the child or acting in loco parentis pursuant to placement of the child for adoption. (Section 22.1-3 of the Code of Virginia)

- ✓ **PHYSICAL EXAMINATION** - Students admitted for the first time to any NNPS (Pre K through grade 5), are required to provide a comprehensive physical examination, signed by a licensed physician or nurse practitioner, and performed within twelve months of the initial enrollment date.
Students transferring into NNPS K-5, a copy of a physical examination in their cumulative record, which meets the above requirements, will be accepted.
- ✓ **PROOF OF ACADEMIC ACHIEVEMENT** -
Last report card/transcript or withdrawal grades. (If applicable)
- ✓ **IF APPLICABLE - Individual Educational Plan** - Most recent IEP.



Student Registration/Emergency Data Form

Basic Student Enrollment Information

Student's Full Legal Name _____ **Grade** _____ **Pupil No.** _____

(Legal Last)

(Legal First)

(Legal Middle)

Suffix _____

Preferred First _____

Gender Male Female

Office use only

Office use only

Birth Date _____ **Proof of Age** _____ **Birth Cert. #** _____

(MM-DD-YYYY)

BC# verified on previous enrollment

Country of birth _____ State of birth _____ City of birth _____

Ethnic Group and Race Categories: The US Department of Education requires that **both** these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are **required** to make selections for both.

Is the student Hispanic or Latino? (Choose only one)

No, not Hispanic or Latino

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

What is the student's race? (Select all that apply)

- 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 attachments.)
- 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, other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Ethnicity/Race Selected by School

Pre-School Experience (Elem. Only)

Make your selection below:

Identify the current or most recent PK program (please circle):

- | | |
|-------------------------------------|---|
| Coordinated Pre-K Classroom | Government – Tuition Charged |
| Virginia Preschool Initiative (VPI) | Private Provider |
| Title I Pre-Kindergarten | Licensed Family Home Daycare Provider |
| Head Start | No Formal or Institutional Daycare Provider |
| Coordinated Special Education | Other |
| Special Education Only | No PreK (Pre-School) Program |

Circle the time spent each week in the program:

- Less than 15 hours per week
- 15 hours or more but less than 30 hours per week
- 30 or more hours per week

Primary Contact Information - (Primary Parent/Legal Guardian Living in Household)

Relationship to student _____

Legal Guardian (court appointed?) Yes No (If so, original court documents must be provided to the enrolling school.)

(Primary Contact Legal Last)

(Primary Contact Legal First)

(Primary Contact Middle)

House/Street # _____ **Street Name** _____

Apt. # _____ **Dwelling Type** _____

City _____ **Zip Code** _____ **Proof of Address** _____

Office use only

Alternate mailing address (Only a PO Box is acceptable) _____

Cell # _____ Work # _____

Home # _____ Emergency # _____

Primary E-mail address _____

Additional Contact Information - (Additional Parent/Legal Guardian)

Relationship to student _____ Lives with? Yes No

Legal Guardian (court appointed?) Yes No *(If so, original court documents must be provided to the enrolling school.)*

(Legal Last) (Legal First) (Legal Middle Initial)

House/Street # _____ Street Name _____

Apt. # _____ Complex/Subdivision _____

City _____ Zip Code _____ Can pick up student? Yes No

Cell # _____ Work # _____

Home # _____ Emergency # _____

Primary E-mail address _____



Court Order Information

Does your child have court restrictions regarding a parent/legal guardian contact? Yes No

(Please provide copy of court documents.)

Date of Order: _____

Court Order Type: _____

Order Locality: _____

Student educational records and/or student will be released to parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Enrolling parent/legal guardian is responsible for providing current copies of all court orders.

Additional Contact Information – (List in Priority Call Order)

1.) _____ Relationship _____
(Last Name) (First Name)

Can pick up student? Yes No

Home Phone _____ Cell _____ Work Phone _____

2.) _____ Relationship _____
(Last Name) (First Name)

Can pick up student? Yes No

Home Phone _____ Cell _____ Work Phone _____

3.) _____ Relationship _____
(Last Name) (First Name)

Can pick up student? Yes No

Home Phone _____ Cell _____ Work Phone _____

4.) _____ Relationship _____
(Last Name) (First Name)

Can pick up student? Yes No

Home Phone _____ Cell _____ Work Phone _____

5.) _____ Relationship _____
(Last Name) (First Name)

Can pick up student? Yes No

Home Phone _____ Cell _____ Work Phone _____

Primary Language Spoken

What is the first (**Primary**) language the student learned to speak? _____

What language does the student most often speak at home (**Home Language**)? _____

What language do other household members most often speak at home? _____

**If any language other than English, complete a primary home language survey form (ESL 6/30/08).
Follow the ESL Welcome Center procedures in your Student Recordkeeper's Manual.
(ESL Welcome Center - Fax 757- 597-2877)**

Is the student a U. S. citizen? Yes No

General Enrollment Information

School Divisions are required to collect information on the following categories of people. This information is used in conjunction with the federal "No Child Left Behind Act" and will help our school division provide important services to children and families who may have special needs.

- Is the student an *immigrant*? Yes No
Immigrant - Individuals who are aged 3 through 21; were not born in any State; and have not been attending one or more schools in any one or more States for more than three (3) full academic years.
- Is the student a *refugee*? Yes No
Refugee – An individual who is outside his/her country and is unable or unwilling to return to that country because of a well-founded fear that she/he will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group. This definition excludes persons displaced by natural disasters or persons who, although displaced, have not crossed an international border. Also excluded are persons commonly known as "economic migrants," whose primary reason for flight has been a desire for personal betterment rather than persecution per se. Specifically, the U. S. Immigration and Naturalization Service has issued to refugees an I-94 card that is stamped "Refugee" and which contains an alien number.
- Does the student reside in a foster home? Yes No *(If yes, please provide supporting data.)*
- Is the student *homeless or an unaccompanied youth*? Yes No
Homeless – The term "homeless children and youth" (A) means individuals who lack a fixed, regular, and adequate nighttime residence...; and (B) includes (i) children and youths who are sharing housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings... (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting; and (iv) migratory children who qualify as homeless for the purposes of the subtitle because the children are living in circumstances described in clauses (i) through (iii).
- Is the student a *migrant*? Yes No
Migrant – A 'migratory child' means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker, or a migratory fisher, and who, in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work – (A) has moved from one school district to another; (B) in a State that is comprised of a single school district, has moved from one administrative area to another within such district; or (C) resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Privacy Status – Release of Information

- I understand information that is classified as "directory information" may be disclosed under the guidelines explained in the Annual Notice to Students/Parents regarding student educational records and directory information located in the Rights and Responsibilities Handbook published each school year and in accordance with state and federal law, and that I may prevent disclosure of such information by providing written notice to the school.

_____ Parent/Legal Guardian Initials

Physical Education Participation Acknowledgement

- Please check one of the following statements in regard to your child's participation in the physical education program offered in the public schools:
 _____ To the best of my knowledge, my child has **NO PHYSICAL CONDITIONS** which prevent him/her from participating in the physical education program offered in the Newport News Public Schools.
 _____ My child is **NOT ABLE TO PARTICIPATE** in the regular physical education program and requires activity modifications. A **Doctor's Physical Education Modified Program Form**, available at all schools, must be filled out by a family physician and returned to the school before modifications can begin.

Transportation/Day Care Information



Will the student ride a **NNPS Bus**? Yes No **AM/PM or Both** (Circle One)

Other Transportation – **AM Pick-up** _____ **PM Drop-off** _____

Day Care Provider (If applicable)? _____

Before School Yes No After School Yes No Day Care Provider's Phone # _____

Student Miscellaneous Information

In order to assist Newport News Public Schools in complying with certain state/federal regulations regarding instructional programs, please complete the following:

Affirmation for Prior Expulsion

Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or 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

My child, _____ (circle one) **HAS or HAS NOT** been expelled or long term suspended from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.



Parent, Legal Guardian or Person having control or charge of child

Prior School District Information (Last school district attended other than Newport News Public Schools - NNPS)

District _____ Name of School Attended _____

School Address _____
(Include Street Address, City, State and Zip Code)

Previous NNPS Attended Serving School _____

Has the student previously attended a **NN Public School**? Yes No

If so, what school? _____, what school year? _____

Does this student have a current **IEP** (Special Ed.)? Yes No (If yes, provide copy of most recent **IEP**)

Does the student have a **504 Plan**? Yes No (If yes, provide copy of most recent **504**)

Is your child currently under the care of a physician/doctor for a **Chronic Medical Condition**? Yes No



Date

Parent, Legal Guardian or Person having control or charge of child

I WILL NOTIFY THE SCHOOL WITH ANY CHANGES TO THE INFORMATION ON THIS FORM.

Admission Information (Office Use Only) Date _____ HRM # _____ Grade _____

Serving School _____ Responsible School _____

Enrollment Code _____ Enrollment Reason _____

Proof of Immunization Yes No Physical Exam Yes No Records Requested Date: _____

Code of Conduct Internet AUP PE Permission Directory Info. Agenda

Enrollment by _____ Data Entered by _____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: _____/_____/_____ Sex: _____ State or Country of Birth: _____ Middle Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Mother or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Name of Father or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Hospitalizations		
Developmental problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, oxygen support, hearing aid, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly:

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

I, _____ (do ___) (do not ___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: _____/_____/_____

Signature of person completing this form: _____ Date: _____/_____/_____

Signature of Interpreter: _____ Date: _____/_____/_____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

**To be completed by a physician, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

(A copy of the immunization record signed or stamped by a physician or designee indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.)

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth:

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IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6 th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <2 years of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** ___ / ___ / ___

AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF INFORMATION

To: _____

SUBJECT: Records Request

I hereby request and authorize that the following information

- | | |
|---|--|
| <input type="checkbox"/> STUDENT EDUCATIONAL RECORDS
(Withdrawal Grades/Transcripts/Report Cards) | <input type="checkbox"/> IEP (IF APPLICABLE) |
| <input type="checkbox"/> STATE/LOCAL TEST SCORES | <input type="checkbox"/> ELIGIBILITY MINUTES |
| <input type="checkbox"/> HEALTH/IMMUNIZATION | <input type="checkbox"/> PSYCHOLOGICAL REPORTS |
| <input type="checkbox"/> DISCIPLINE | <input type="checkbox"/> SOCIOLOGICAL HISTORY REPORTS |
| <input type="checkbox"/> ATTENDANCE | <input type="checkbox"/> EDUCATIONAL REPORTS |
| | <input type="checkbox"/> OTHER: _____ |

Be released on

_____ (Name of Student) _____ (Date of Birth)

To release **and/or** exchange records with (Name of person, activity, division, agency, and department):

Sent to the address indicated below:

Date: _____ **Authorized Signature:** _____

This authorization is effective for one (1) year from date of signature.

Parental Permission is not required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673).

Student Transportation Childcare Request Form

School: _____ Grade: _____ Pupil No: _____

Student's Full Legal Name:

_____ (Legal Last) _____ (Legal First) _____ (Legal Middle)

Transportation Childcare Rules

In-Zone Childcare

- Check "**School Zone Finder**" on the NNPS website for school zone information: www.nnschools.org/zonefinder
- Childcare address must be within the same school zone the child attends
- Contact your child's school for a list of **in-zone** frequently used childcare facilities
- Childcare AM/PM address **can** be different if located within the same school zone

MAGNET/TAG/ESL

- Childcare address **MUST** be requested from the same AM/PM location (Transportation **cannot** support a different am and pm stop for Magnet/TAG/ESL programs)

General Childcare Guideline

- Approved bus stops will be within 0.3 miles of a daycare provider address. (Often parents and/or child care providers expect door to door service.)
- This is a request only and does not guarantee approval.
- Childcare must be requested **EVERY** school year prior to mid August

Childcare Name: _____

Childcare Address: _____

Childcare Phone Number: _____

Request Start Date: _____

Choose from the selection below:

Childcare **To and From** School: Childcare **To** School only: Childcare **From** School only:

_____ Date _____ Parent, Legal Guardian or Person having control or charge of child

(Office Use Only) – Keep until end of current school year and then destroy.
 Entered on Transportation website
 School Personnel entering data _____ Date entered _____



12465 Warwick Boulevard, Newport News, VA 23606-3041

**AFFIDAVIT
ABSENCE OF CERTIFIED BIRTH CERTIFICATE**

Commonwealth of Virginia
City of Newport News, to wit:

_____, being first duly sworn upon oath, based upon his/her personal knowledge, answers the following questions as noted in his/her handwriting, which are propounded by duly authorized officials of the Newport News Public Schools (Division) concerning a pupil's identity and age requesting enrollment as a pupil within the Division in accordance with **Section 22.1-3.1 of the Code of Virginia**.

1. What is your name? _____
2. Have you been advised by an official of the Division, and do you understand that you are required to answer the questions contained in this Affidavit as a condition to the enrollment and admission of a pupil into the Division because of your inability to supply the Division with a certified copy of the pupil's birth record? _____
3. **Do you understand that our School Board Policy JF-P says a parent/guardian must produce a certified birth certificate within ninety days from the time of enrollment in order for the child to remain in school, if an affidavit is submitted for school admission purposes?** _____
4. Do you understand that giving a false or otherwise untrue answer to any of the questions in this Affidavit could result in a criminal charge of perjury being brought against you? _____
5. Do you understand that when a question in this Affidavit asks if you have knowledge of or if you know of an instance or situation, it means that you are expected to relate any information received from other people, and to relate the source of your knowledge and information? _____
6. What is the full name of the pupil you wish to enroll in the Division?

7. What is the age, date of birth, and place of birth of the pupil being enrolled in the Division?
AGE: _____ **DATE OF BIRTH:** _____
PLACE OF BIRTH: _____

8. Who are the parents, parents by legal adoption, or person serving *in loco parentis* and responsible for the care of the pupil desired to be enrolled?

Provide the address of residence of the person(s) listed above:

9. Do you have legal custody imposed by a court order or have you been designated court appointed guardian for the pupil desired to be enrolled? _____

If so, what court entered such an order and what type of case was it (i.e., custody hearing, etc.)? _____

10. Why are you unable to present a certified copy of the birth record of the enrolling student?

11. **What documentary (written) proof can be or is offered of the pupil's identity and age?**
(Attach copy of document presented.)

12. To the best of your knowledge has the pupil ever been reported to any law enforcement agency as a missing child? _____

If response to question #11 is yes, identify by name and address the law enforcement agency and date of report.

AFFIANT

Sworn to and subscribed before me this _____ day of _____, _____.
Witness my hand and official seal.

My Commission expires: _____

NOTARY PUBLIC

SEAL

Section 22.1-3.1 of the Code of Virginia