

Lindenwood Elementary Documentation for  
Enrollment  
(Office use only)

Child's Name:

Enrollment Date:

\_\_\_\_\_

Address:

\_\_\_\_\_

Date of Birth:

Grade:

\_\_\_\_\_

The following is required for enrollment:

Date Received

Child's State issued Birth Certificate (not hospital  
certificate)

\_\_\_\_\_

Certificate #

State

Verified by

\_\_\_\_\_

Proof of Address (lease/mortgage statement/Dominion VA PowerNNG)

\_\_\_\_\_

Physical

\_\_\_\_\_

Shot Record

Four (4) DPT with one (1) after 4<sup>th</sup> birthday

\_\_\_\_\_

Four (4) OPV or IPV with one (1) after 4<sup>th</sup> birthday

\_\_\_\_\_

MMR (2)

\_\_\_\_\_

Three (3) HBV

---

Chicken Pox (VaricellaNarivax) (2 doses required for entrance to K)

---

Custody Papers if applicable (must be stamped at Pupil Personnel)

---

Student Emergency Information Sheet

---

Special Education/IEP      Yes

---

Complete NPS Enrollment Packet

---

Requirements complete

Date by

---

# Norfolk Public Schools

The cornerstone of a proudly diverse community

Date:

---

Previous

---

School Fax#:

---

Attn:

---

## REQUEST FOR STUDENT RECORDS

To whom it may concern:

Please FAX or 111/111- Entire transcripts, Report Cards, Progress Reports, Discipline record, test scores, including SOL scores, and health records on this student:

Student Name/Student ID	Current Grade	Date of Birth

If the student was receiving Special Education Services while attending your school, please release the following:

- ❖ Psychiatric Evaluations
- ❖ Psychological Evaluation
- ❖ Educational Assessment
- ❖ Sociological Evaluation
- ❖ Medical Examination
- ❖ Date of last eligibility, meeting minutes and summary ❖
- Most recent IEP

Your prompt response to Mary Calcott Elementary School would be greatly appreciated.

Thank You

First <u>Request</u>	Second Request	<u>Third Request</u>	<u>Fourth Request</u>	<u>Fifth Request</u>
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.Ifederal Law 993 : No parent signature required for educational records sent to another educational agency, Law FERPA 93-380, student records may not be withheld because of financial ~~indebtedness~~

Mary Calcott Elementary  
 147 Westmont Avenue • Norfolk, Virginia 23503  
 Phone • (757) 531-3039 fax: (757) 531-3041 • email: culcoltCa@nps.k12.va.us



# Student Registration Form

\*Norfolk

Public School  
WELLS COUNTY

Legal Name of Student

\_\_\_\_\_  
 Last First Middle Suffix

Student's Gender  Male  Female

The student  IS/  IS NOT of Hispanic/Latino origin.

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

American Indian / Alaskan Native  **Check all that apply**

Student's Birthplace \_\_\_\_\_  
 Mon th Year  
 City/County State

Asian  Birth Country Black   
 /African American

Birth Verification \_\_\_\_\_

Native Hawaiian / Pacific Islander

Birth Verification # \_\_\_\_\_

White

## Most Recent Educational Environment In (brma/ion)

Last School Attended \_\_\_\_\_

Withdrawal Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

School Address

\_\_\_\_\_  
 Street Number Street Name City State/Country

**CHKD** Public (including SECEP)

Private, non-religious Charter

Private, religious  
 Norfolk Detention Center

Outside US (US dependent school)

Outside US (not US dependent school)

Home Schooled  
 School Type (Choose

one)

Grade Level when last withdrawn \_\_\_\_\_

Was student retained last year?

Yes

No

## To be completed by /institutions in transition without permanent residence (McKinnel-Vento Homeless Assistance Improvements Act)

In a motel/hotel  
 Unaccompanied youth (abandoned or runaway)

In a shelter  
 Unsheltered (cars, parks, etc.)

Doubled up (economic hardship)  
 Other

## Special Needs

Does the student have a primary language other than English? \_\_\_\_\_

Yes

(If yes, complete LEP enrollment)

Does the student have special needs or require special considerations? Yes  No

Does the student have a current Plan? Yes  Special Considerations  Does the student have a current IEP? Yes  No

Student  
 Address

\_\_\_\_\_  
 Street Apt/Lot

\_\_\_\_\_  
 City/County State Zip

\_\_\_\_\_  
 Area Code Home Phone Area Code Mobile Phone

# Student Registration Form

Schools

Legal \_\_\_\_\_ of Student \_\_\_\_\_  
Area Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ (The information provided in this registration package is accurate to the best of my knowledge)

Date \_\_\_\_\_

Student Registration Form A-90 A-99.1

Copy \_\_\_\_\_

Department of \_\_\_\_\_ Suppali \_\_\_\_\_ - (07/29/15)

of 5

## Student Registration Form



Name \_\_\_\_\_

Last

First

Middle

Suffix

Parent Active Military: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ None \_\_\_\_\_

Please answer if applicable:

Uniformed/ Services Connected Intention

The 2015 Virginia General Assembly passed legislation (HB 2373 and SB 1354) that requires the Department of Education to establish a process for the identification of newly enrolled uniformed services-connected students by local school divisions. Norfolk Public Schools collects this information by requesting that you complete the information below for each parent.

Service Branch \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Active Duty ILS. Army

Active Duty U.S. Navy

Active Duty U.S. Air Force

Active Duty U.S. Marine Corps

Active Duty U.S. Coast Guard

Active Duty National Guard of the United States

Active Duty Commissioned Corps of NOAA

Active Duty Commissioned Corps of U.S. Public Health Services

Reserve U.S. Army

Reserve U.S. Navy

Reserve U.S. Air Force

Reserve U.S. Marine Corps

Reserve U.S. Coast Guard

Reserve National Guard of the United States

# Student Registration Form

Legal \_\_\_\_\_ of Student \_\_\_\_\_  
 Student Registration Form A-9(a) A-9(f), I \_\_\_\_\_ copy \_\_\_\_\_ of 5  
 Department of \_\_\_\_\_ Support \_\_\_\_\_ 07/29/15 \_\_\_\_\_ Public \_\_\_\_\_



**Name**

\_\_\_\_\_  
 Last First Middle Suffix

**Natural Mother  
(if known)**

\_\_\_\_\_  
 Last First Middle Suffix

**Address**

\_\_\_\_\_  
 Street Apt//Lot

\_\_\_\_\_  
 City/County State Zip

\_\_\_\_\_  
 Area Code Home Phone Area Code Mobile Phone

\_\_\_\_\_  
 Area Code Work Phone email address

**Check all that apply**

Contact Allowed Educational Rights Has Custody Lives With Mailings Allowed Enrolling Parent Release To Deceased

**Natural Father (if known)**

\_\_\_\_\_  
 Last First Middle Suffix

**Address**

\_\_\_\_\_  
 Street Apt//Lot

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Area Code Home Phone Area Code Mobile Phone

\_\_\_\_\_  
 Area Code Work Phone email address

**Check all that apply**

Contact Allowed Educational Rights Has Custody Lives With  
 Mailings Allowed Enrolling Parent Release To Deceased

**Office Use Only**

Enrollment School \_\_\_\_\_ Registration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Responsible School \_\_\_\_\_ Grade Level \_\_\_\_\_  
 (Complete only if different than enrollment school)  
 Serving School \_\_\_\_\_ Honoreouu \_\_\_\_\_  
 (Complete only if different than enrollment school)

# Student Registration Form

Schools

Legal \_\_\_\_\_ of Student  
Concurrent School \_\_\_\_\_

Seving District \_\_\_\_\_

Entry Requirements \_\_\_\_\_

Met \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

NOT MET \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Imm BC Address Verification  
WS in address

Enrollment Date \_\_\_\_\_

Student ID  
Out of District \_\_\_\_\_

DSSS \_\_\_\_\_

spec Ed \_\_\_\_\_

Enrollment Code  
Homeless \_\_\_\_\_

Non-NP S SECEP Student enrolled in NPS school \_\_\_\_\_

Admin \_\_\_\_\_

Alternative Ed \_\_\_\_\_

School-based Program OB, EVMS, GM, ys, \_\_\_\_\_

Transportation \_\_\_\_\_

Regular \_\_\_\_\_

Public \_\_\_\_\_

Mini-Bus \_\_\_\_\_

Lift Bus \_\_\_\_\_

Private Carrier \_\_\_\_\_

None \_\_\_\_\_

AUP Status: \_\_\_\_\_

Yes \_\_\_\_\_

[Bus #  
No \_\_\_\_\_

Staff Initials \_\_\_\_\_

Special Education (use "hi" Disability)

IEP Received Yes \_\_\_\_\_ No \_\_\_\_\_

Placed for Services \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Spec Ed Verified \_\_\_\_\_

Student Registration Form A-90 A-99.1

Office \_\_\_\_\_

Copy \_\_\_\_\_

Department of \_\_\_\_\_

07/29/15 of 5

# Student Registration Form

Legal Guardian of Student

Public

*a proudly diverse community*

**Name**

\_\_\_\_\_  
 Last First Middle Suffix

---

**Legal Guardian**

\_\_\_\_\_  
 Last First Middle Suffix

**Address**

\_\_\_\_\_  
 Street Apt./Lot

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Area Code Home Phone Area Code Mobile Phone

\_\_\_\_\_  
 Area Code Work Phone email address

**Check all that apply**

Contact Allowed  Educational Rights Has Custody Lives With Mailings Allowed Enrolling Parent Release To

**Legal Guardian**

\_\_\_\_\_  
 Last First Middle Suffix

**Address**

\_\_\_\_\_  
 Street Apt./Lot

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Area Code Home Phone Area Code Mobile Phone

\_\_\_\_\_  
 Area Code Work Phone email address

**Check all that apply**

Contact Allowed  Educational Rights Has Custody Lives With  
 Mailings Allowed  Enrolling Parent Release To

**Social Services**

\_\_\_\_\_  
 Last First Middle Suffix

**Address**

\_\_\_\_\_  
 Street Apt./Lot

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Area Code Home Phone Area Code Mobile Phone

Area Code	Work Phone	Agency (see below)
<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed	<input type="checkbox"/> Educational Rights <input type="checkbox"/> Enrolling Parent	<input type="checkbox"/> Has Custody <input type="checkbox"/> Release To

Agencies

SS-CHES	Soc Service — Chesapeake	SS-HAMP	Soc Services— Hampton
SS-NN	Soc Services Newport News	SS-NORF	Soc Services - Norfolk
SS-PORT	Soc Service — Portsmouth	SS-N' AB	Soc Services — Virginia Beach
SS-other	Soc Services - other		

**public**  
 a proudly diverse community

**EMERGENCY CONTACT PAGE**

Legal Name of Student

Last	First	Middle	Suffix
------	-------	--------	--------

Emergency Contact

Last	First	Middle	Suffix
------	-------	--------	--------

Street	Apt//Floor
City	State Zip

Relationship to Student	Area Code	Home Phone
-------------------------	-----------	------------

Area Code	Mobile Phone	Area Code	Work Phone
-----------	--------------	-----------	------------

Check here if the student can be released to this contact. If NOT checked, this person CANNOT pick up the student.

Emergency Contact

Last	First	Middle	Suffix
------	-------	--------	--------

Street	Apt//Lot
City	State Zip

Relationship to Student	Area Code	Home Phone
-------------------------	-----------	------------

Area Code	Mobile Phone	Area Code	Work Phone
-----------	--------------	-----------	------------

## Student Registration Form

Check here if the student can be released to this contact. If NOT checked, this person CANNOT pick up the student.

**Emergency Contact**

Last	First	Middle	Suffix
Street		Apt./5.0t	
City		State	Zip
Relationship to Student		Area Code	Home Phone
Area Code	Mobile (Phone)	Area Code	Work Phone

Check here if the student can be released to this contact. If NOT checked, this person CANNOT pick up the student.

Office Verification (OFFICE USE ONLY)

Please assist the legal guardian with completing so that the information can be captured. Make sure the person completing forms is checking the correct box IF.MI@RCIENCY CONTACT page. A court order or proof of custody must be required of a natural for enrollment of student. Who is living with PLI? ASE do not legal guard-ditlll to the Central Admissicition Tguidirig for verification of legal jr it can be taken care of within the school building. (Please contact the Department of Student Support Services at (757)628-3931 for immediate assistance.)

ation Accepted By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Registration Form A-90 A-99.1      White Copy - Student Folder      Canary Copy - Office SDS      Pink Copy - Teacher  
 Department of Student Support Services - Rev 07/29/15      Page 5 of 5

Registration Accepted By:

Department of

## ANNUAL NORFOLK PUBLIC SCHOOLS PARENTAL CONSENT AND MEDICAL RELEASE FORM

\_\_\_\_\_  
(Teacher)

\_\_\_\_\_  
Mary Calcott Elementary School (School)

The undersigned parent (s) or legal guardian \_\_\_\_\_ of a student at the above names school, requests that my child be permitted to engage in the educational activities set forth below as sanctioned by Norfolk Public Schools. I understand that this generic authorization is applicable for all trips except those requiring overnight stay. I also understand that any fees paid for field trips are non-refundable.

Description of the Activity

Variety of community outings (i.e., libraries, local school programs, museums, special events.)

---

Parental Consent and Medical Release

I do hereby acknowledge the intent of this educational program and consent to my child participating. Should an accident occur necessitating medical treatment for my child, this document shall serve as my authorization for the emergency care physician to administer treatment he/she deems appropriate. Further, I acknowledge my financial responsibility for any treatment rendered in such an emergency.

---

Signature of Parent

---

Date

(757)

---

(757)

---

Emergency Contact

Home Telephone

# School Entrance Health Information Form

Name \_\_\_\_\_ Birthdates \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

PLEASE PROVIDE INFORMATION RELATIVE TO THE GENERAL HEALTH OF YOUR CHILD ENTERING SCHOOL FOR THE FIRST TIME.

## ACUTE OR CHRONIC ILLNESS

			Yes	No	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Cerebral Palsy			Asthma
<input type="checkbox"/> Yes <input type="checkbox"/> No		Cystic Fibrosis			_____
<input type="checkbox"/> Yes <input type="checkbox"/> No		Epilepsy			describe
<input type="checkbox"/> Yes <input type="checkbox"/> No		Frequent Cold			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Hyperthyroidism			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Hypothyroidism			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Diabetic (insulin dependent)			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Frequent Sore Throat			_____
<input type="checkbox"/> Yes <input type="checkbox"/> No		Allergies other than those related to food/drugs: If yes,			

Yes  No Cancer: If yes, describe \_\_\_\_\_

Yes  No Heart Disease: If yes, describe \_\_\_\_\_

## ACCIDENTS:

Has your child had any of the following/ If yes, describe

Yes  No Burns requiring treatment \_\_\_\_\_

Yes  No Bumps to head requiring treatment \_\_\_\_\_

Yes  No Fractures \_\_\_\_\_

---

Yes      No Lacerations or cuts requiring stitches or tetanus booster

---

---

Yes     No Near Drowning

---

---

Yes      No Poisoning

---

---

Yes      No Serious falls

---

**MEDICATIONS:**

Is your child using any medicines? If yes, describe,

Yes      No      Prescription drugs: Identify drugs and condition requiring drug

---

---

Yes      No      Over-the-counter drugs (non prescription): identify drugs and reason for use

---

---

Yes     No      Drug allergies: identify drug and reaction

---

**OPERATIONS**

Yes      No      Appendectomy      Yes    No      Tonsillectomy

Yes      No      Hernia              Other

---

**HANDICAPPING CONDITION**

Yes      No      Scoliosis

---

Yes      No      Spinal bifida

---

Other

**ORTHOPEDIC DEVICES**

Yes     No      Wheelchair

---

**BLOOD DISORDERS**

Yes      No      Anemia

---

---

Yes     No      Crutches

Yes     No      Braces

---

Yes     No      Hemophilia

Yes      No      Sickle Cell

Anemia

\_\_\_\_\_ Yes \_\_\_\_\_ No Special Shoes Yes \_\_\_\_\_ NO Leukemia

\_\_\_\_\_ Yes \_\_\_\_\_ NO Helmet \_\_\_\_\_

HEARING

\_\_\_\_\_ Yes \_\_\_\_\_ No Frequent earaches

\_\_\_\_\_ Yes \_\_\_\_\_ No Running Ear

\_\_\_\_\_ Yes \_\_\_\_\_ No Hard of hearing

HABITS

\_\_\_\_\_ Yes \_\_\_\_\_ No Sleeps/Rests well

\_\_\_\_\_ Yes \_\_\_\_\_ No Exercises Daily

\_\_\_\_\_ Yes \_\_\_\_\_ No Bathes regularly

\_\_\_\_\_ Yes \_\_\_\_\_ No Brushes teeth regularly

DENTAL

\_\_\_\_\_ Yes \_\_\_\_\_ No Cavities

\_\_\_\_\_ Yes \_\_\_\_\_ No Cleft

lip/palate

\_\_\_\_\_ Yes \_\_\_\_\_ No Gum disease

\_\_\_\_\_ Yes \_\_\_\_\_ No lost some/all baby teeth

\_\_\_\_\_ Yes \_\_\_\_\_ No Permanent teeth appearing

\_\_\_\_\_ Yes \_\_\_\_\_ No wears dental braces

VISION

\_\_\_\_\_ Yes \_\_\_\_\_ No Wears glasses

\_\_\_\_\_ Yes \_\_\_\_\_ No Rubs eyes frequently

\_\_\_\_\_ Yes \_\_\_\_\_ No Squints

\_\_\_\_\_ Yes \_\_\_\_\_ No Color Blind

\_\_\_\_\_ Yes \_\_\_\_\_ No Very Sensitive \_\_\_\_\_ Yes \_\_\_\_\_ No

Hives MENTAL AND EMOTIONAL

\_\_\_\_\_ Yes \_\_\_\_\_ No Bullies others

\_\_\_\_\_ Yes \_\_\_\_\_ No Cries often

\_\_\_\_\_ Yes \_\_\_\_\_ No Lethargic (slow)

\_\_\_\_\_ Yes \_\_\_\_\_ No Short attention span

\_\_\_\_\_ Yes \_\_\_\_\_ No Toilet Trained

COMMUNICATION

\_\_\_\_\_ Yes \_\_\_\_\_ No Speech understandable

\_\_\_\_\_ Yes \_\_\_\_\_ No Stutters/Stammers

\_\_\_\_\_ Yes \_\_\_\_\_ No Lisp

SKIN AND HAIR

\_\_\_\_\_ Yes \_\_\_\_\_ No Visible scars

No \_\_\_\_\_ Yes \_\_\_\_\_ No Generally happy \_\_\_\_\_ Yes \_\_\_\_\_ No Body Lice \_\_\_\_\_ Yes \_\_\_\_\_ No Very Shy \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No

Scabies

Were there any prenatal or birth complications which affected the child?

Please indicate any other health condition(s) your child has that is not covered on this form.

Parent:/Guardian Signature

Date

NORFOLK PUBLIC SCHOOLS  
NORFOLK, VIRGINIA

At the direction of the principal, or on her own cognizance, the school's public health nurse will communicate with parents to obtain information in order to provide necessary school health assistance for the child while in the school situation.

HEALTH INFORMATION

(To be completed by parent/guardian at beginning of each school year and returned to the school).

Name of Pupil \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
(Last) (First) (Middle)

Name of School \_\_\_\_\_ Room No. \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ of \_\_\_\_\_ Parent/Legal \_\_\_\_\_ Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_ Telephone \_\_\_\_\_  
Business Telephone \_\_\_\_\_ / \_\_\_\_\_  
(Father) (Mother)

Emergency Telephone \_\_\_\_\_ Contact \_\_\_\_\_  
(Relative or neighbor) (Number) (Name)

Who is your child's doctor/clinic? \_\_\_\_\_ Phone \_\_\_\_\_

Who is your child's dentist/clinic? \_\_\_\_\_ Phone \_\_\_\_\_

Is the pupil under medication or treatment on a continuing basis? Yes No\_\_\_

If YES specify medicine or treatment  
\_\_\_\_\_

Please list any ALLERGIES (medicine, food, insect bites or other) that your child may have \_\_\_\_\_  
\_\_\_\_\_

Has your child had any immunizations in the past year? Yes No\_\_\_

Did student purchase school insurance? YesNo \_\_\_ Regular \_\_\_ 24 Hour\_\_\_ Athletic

Does student come under the parent's or guardian's health insurance? Yes \_\_\_No \_\_\_  
Company and Policy No.

Does student come under the parent's or guardian's Military benefits? Yes \_\_\_No \_\_\_  
Parent's/Student's I.D. No.

PARENT INFORMATION:

I understand that it is my responsibility to keep school authorities informed regarding whom to contact in the event of my child becoming ill or injured at school. I understand that if I (parent or legal guardian) cannot be reached In an acute emergency my chlld will be taken to the emergency room of the nearest hospital.

Parent/Guardian Signature

WHITE COPY - Principal's Office  
CANARY COPY - Nuree'5  
Office PINK COPY -  
Student's Folder

A-8&-84

# Norfolk Public Schools

The cornerstone of a proudly diverse community

School/School # Lindenwood Elementary/123

(TO BE FILLED OUT BY SCHOOL OFFICIAL)

Student's Name:\_\_\_\_\_

Birth Date:\_\_\_\_\_

Social Security #: \_\_\_\_\_

1. Certified Birth Record Presented

Birth Number:

\_\_\_\_\_

Place of Birth:

\_\_\_\_\_

Date Issued:

\_\_\_\_\_

Mother's Name:

\_\_\_\_\_

Father's Name:

\_\_\_\_\_

2, Certified Birth Record Is NOT Presented and an Affidavit  
is Completed

Date completed'

\_\_\_\_\_

Signature of School Official

\_\_\_\_\_

Date:

\_\_\_\_\_

Title

\_\_\_\_\_

Mrs. DanielJe Y. McIntyre; Principal  
Marv Calcutt: Elenentary  
Westnonl Avenue Norfolk. Virginia 2.3503

D The Norfoll< cornerstone of Public a proudly diverse  
Schoolscommunity

AFFIRMATION REGARDING EXPULSION (side I or 2)

Prior to admission to any public school of the Comrnonwealth, the 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 afiirmation indicating whether the student has been expelled.from school attendance at a private school or in a public school division ofthe Commonwealth or in another state for an offense in violation ofschool boardpolicies relating to weapons, alcohol or drugs, orfor the willful infliction ofinjury to another person. This document shall be maintained as apart of the student's scholastic record.

A sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated delinquent for any offense listed in subsection G of 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. This document shall be maintained as provided in 22.1-288.2.

When the child is registered as a result of a foster care placement as defined in 63.2-100, the information required under this section shall be furnished by the local social services agency or licensed child-placing agency that made the foster care placement.

Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor.

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW:

I, affirm that

\_\_\_\_\_

UFIA

I HAVE BEEN or HAS NOT BEEN expelled from another school, 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.

I affirm that

\_\_\_\_\_

DHAS

I HAVE BEEN OR [3 HAS NOT BEEN found guilty of or adjudicated delinquent for any offense listed in subsection G of 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.

SIGNATURE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian



# Norfolk Public Schools

NATIONALLY RECOGNIZED. GLOBALLY COMPETITIVE.

## Internet Acceptable Use Procedure (AUP)

### Acceptable Use Procedure for Electronic Information Systems

Parent/Guardian (for all students under 18)

I have read the Norfolk Public Schools Acceptable Use Procedure. I understand that access will be used for approved educational purposes. I also recognize that Norfolk Public Schools will make every reasonable attempt to ensure my child will not gain access to controversial or inappropriate materials.

I give permission for my child to access electronic information systems for the duration of my child's enrollment in NPS. I understand that I can deny permission for my child to use electronic information systems by submitting a letter of justification to my child's principal, I certify that the information contained on this form is correct.

Parent/Guardian Name (please print)

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student/Staff

I have read the Norfolk Public Schools Acceptable Use Procedure. I understand that access will be used for approved educational purposes. I understand and will obey the Norfolk Public Schools Acceptable Use Procedure. I agree to comply with good conduct policies as set forth in this document. Any violation of this policy will result in the suspension of access privileges and may also be grounds for further disciplinary/legal action.

Are you employed by NPS? (please circle one) @Yes I No O

Student/Staff Name (please print)

\_\_\_\_\_

Student/Staff Signature

\_\_\_\_\_

(Staff only) Job Title \_\_\_\_\_ (Please Specify, i.e. Biology Teacher, 1<sup>st</sup> grade Teacher, etc.)

Department/School

\_\_\_\_\_

Date

\_\_\_\_\_

For Once Use Only (for new or changed employee information)  
 The employee has read and signed the NPS procedure (AUP) governing the security of NPS electronic systems and data. Please indicate the following information systems to which the employee needs access.

D New Account

- Faculty/Staff new to the school/department and needs access to the network. Need access: (please check all that apply)

Network: C]	Email: C]	Starbase: [3
-------------	-----------	--------------

- Requests for Munis & Ultimate Data System Accounts, use separate permissions forms

- eSembler accounts for teachers are created at their assigned schools.

© 2007 Department of Information Technology, Norfolk Public Schools

NPS ID:

The Norfolk cornerstone of public education proudly serves the School Community

English as a Second Language (ESL)  
 PRIMARY HOME LANGUAGE SURVEY

(Please Print) Name:

\_\_\_\_\_

(Last) (First) (Middle)

Phone: (H) (W) (C) Grade DOB

\_\_\_\_\_

School:  
 \_\_\_\_\_

In order to comply with both state and federal regulations, please answer the following questions:

Part A:

\*1 . What is the primary language used in the home, regardless of the language spoken by the student the student?

\_\_\_\_\_

\*2. What is the language most often spoken by the student?

\_\_\_\_\_

\*3. What is the language the student first acquired?  
\_\_\_\_\_

4. From what country is the first language derived?  
\_\_\_\_\_

Part B:

5. In what country was the student born?  
\_\_\_\_\_

6. What is the student's status? (See attached for definitions)  
(Check one)  U. S. Citizen  Resident Alien  Immigrant  
 Refugee  Migrant  Other: (Please specify)  
\_\_\_\_\_

7. U. S. Entry Date (If applicable) (SOULEP plan data)  
\_\_\_\_\_

8. Was the student receiving English language support services (ESL, ESOL) at a previous school?  Yes  No

School Name: Grade:  
\_\_\_\_\_

State/Country: \_\_\_\_\_

Years in School: \_\_\_\_\_

If the answer to Questions 1-3 (Part A) is a language other than English, the student qualifies for and should have the opportunity to be screened for English as a Second Language (ESL) service.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

For more information, contact the Office of Foreign Language & ESL (757) 852-4630 , extension 3514.

Please tell us how you would like to receive communication: (check one)  
English Other  \_\_\_\_\_

Copies: ESL Teacher, Red ESL Student Folder, ESL Office: djwaters@nps.k12.va.us Form A-89  
Revised 2018

## Norfolk public Schools

a proudly diverse community  
Definitions

Limited English Proficient:

The term 'limited English proficient' when used with respect to an individual, means an individual-

- A. Who is aged 3 through 21;
- B. Who is enrolled or preparing to enroll in an elementary school or secondary school; C. Who was not born in the United States or whose native language is a language other than English;
  - a. Who is a Native American or Alaska Native, or a native resident of the outlying areas and who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or
  - b. Who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and
- D. Whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual—
  - a. The ability to meet the state's proficient level of achievement on state assessments;
  - b. The ability to successfully achieve in classrooms where the language of instruction is English; or
  - c. The opportunity to participate fully in society.

#### Immigrant Children and Youth

Eligible "immigrant children and youth," includes those individuals who—

- A. Are aged 3 through 21;
- B. Were not born in the United States; and
- C. Have not attended one or more schools in any one or more states for more than three full academic years.

#### Refugee Children and Youth

The refugee student is an individual who--

- A. 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.
- B. This does not include persons displaced by natural disasters; or
- C. Persons who, although displaced, have not crossed an international border;
  - or
- D. Persons commonly known as "economic migrants" whose primary reason for flight has been a desire for personal betterment rather than persecution

#### Migratory Child

The term "migratory child" means a child who--

- A. Is, or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker or a migratory fisher; and
- B. 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; and
- C. Has moved from one school district to another.

Form A-89 Revised 2018

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