



## MANDATORY ENTRANCE REQUIREMENTS

- \_\_\_\_\_ GRADE FOR 2022-2023
- \_\_\_\_\_ AGE – (PRE-KINDERGARTEN 4 YEARS OLD AS BY 9/30 – SO ON AFTER THAT FOR EACH GRADE)
- \_\_\_\_\_ BIRTH CERTIFICATE (ORIGINAL)
  - a. OR AFFIDAVIT (30 DAY TEMPORARY ENROLLMENT LETTER)
- \_\_\_\_\_ PHYSICAL EXAMINATION (WITHIN 12 MONTHS OF ENTERING KINDERGARTEN)
- \_\_\_\_\_ IMMUNIZATION RECORDS
  - a. DPT – OR DIPHTHERIA, PERTUSSIS, TETANUS  
(4 DOSES – ONE DOSE AFTER 4<sup>TH</sup> BIRTHDAY)
  - b. POLIOMYELITIS (4 DOSES – ONE DOSE AFTER 4<sup>TH</sup> BIRTHDAY)
  - c. RUBEOLA (MEASLES) 2 DOSES
  - d. RUBELLS (GERMAN MEASLES) (MMR) MUMPS
  - e. HEPATITIS B (SERIES OF 3 IMMUNIZATIONS)
  - f. VARICELLA (CHICKEN POX 2 DOSES)
- \_\_\_\_\_ CUSTODY PAPERWORK IF APPLICABLE
- \_\_\_\_\_ VERIFICATION OF ADDRESS
  - a. CURRENT LEASE, MORTGAGE STATEMENT, OR UTILITY BILL IN YOUR NAME
  - b. IF LIVING WITH SOMEONE:
    - a. NOTARIZED STATEMENT BETWEEN TWO PARTIES STATING THAT PARENT AND CHILD ARE LIVING WITH THE PERSON
    - b. THEIR VERIFICATION OF ADDRESS (LEASE, MORTGAGE STATEMENT, UTILITY BILL)
- \_\_\_\_\_ WITHDRAWAL PAPERS AND REPORT CARD FROM LAST SCHOOL ATTENDED
- \_\_\_\_\_ SPECIAL EDUCATION – IEP – (LD, SPEECH, EMR, ETC.)
- \_\_\_\_\_ PICTURE ID OF PARENT/GUARDIAN

**ONLY TURN ENROLLMENT PACKET IN WHEN**  
**COMPLETED**

# Student Registration Form

Legal Name of Student      
Last Name First Name Middle Name Suffix

Student's Gender ☐ Male ☐ Female The student ☐ IS/ ☐ IS NOT of Hispanic/Latino origin.  
Date of Birth  /  /  ☐ Check all that apply  
Student's Birthplace   ☐ American Indian / Alaskan Native  
Birth Country  ☐ Asian  
Birth Verification  ☐ Black /African American  
Birth Verification #  ☐ Native Hawaiian / Pacific Islander  
☐ White

## Most Recent Educational Environment Information

Last School Attended  Withdrawal Date  /  /   
Grade Level  Month Day Year  
School Address      
Street Number Street Name City State/Country

### School Type (Choose one)

☐ Public (including SECEP) ☐ Private, non-religious ☐ Private, religious  
☐ CHKD ☐ Charter ☐ Norfolk Detention Center  
☐ Outside US (US dependent school) ☐ Outside US (not US dependent school) ☐ Home Schooled

Grade Level when last withdrawn  Was student retained last year? ☐ Yes ☐ No

## To be completed by families in transition without permanent residence (McKinney-Vento Homeless Assistance Improvements Act)

☐ In a motel/hotel ☐ In a shelter ☐ Doubled up (economic hardship)  
☐ Unaccompanied youth (abandoned or runaway) ☐ Unsheltered (cars, parks, etc.) ☐ Other

## Special Needs

Does the student have a primary language other than English? ☐ Yes ☐ No (If yes, complete LEP enrollment)  
Does the student have special needs or require special considerations? ☐ Yes ☐ No  
Does the student have a current §504 Plan? ☐ Yes ☐ No Special Considerations  
Does the student have a current IEP? ☐ Yes ☐ No

## Parent / Guardian Signature

(The information provided in this registration package is accurate to the best of my knowledge)

Date  /  /

# Student Registration Form



Parent Active Military: ☐ Mother ☐ Father ☐ None

Please answer if applicable:

## Uniformed Services Connected Information

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

Active Duty U.S. 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

### Mother

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### Office Use Only

Enrollment School	<input type="text"/>		Registration Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Responsible School	<input type="text"/>		Grade Level	<input type="text"/>		
Serving School	<input type="text"/>		Homeroom	<input type="text"/>		
Concurrent School	<input type="text"/>		Serving District	<input type="text"/>		
Entry Requirements	<input type="checkbox"/> Phys	<input type="checkbox"/> Imm	<input type="checkbox"/> BC	<input type="checkbox"/> Address	<input type="checkbox"/> Verification	<input type="checkbox"/> Met
Student ID	<input type="text"/>		Enrollment Code	<input type="text"/>		
Out of District	<input type="checkbox"/> DSSS	<input type="checkbox"/> Spec Ed	<input type="checkbox"/> Homeless	<input type="checkbox"/> Non-NPS SECEP Student enrolled in NPS school		
	<input type="checkbox"/> Admin	<input type="checkbox"/> Alternative Ed	<input type="checkbox"/> School-based Program (IB, EVMS, GM, YS, ...)			
Transportation	<input type="checkbox"/> Regular	<input type="checkbox"/> Public	<input type="checkbox"/> Mini-Bus	<input type="checkbox"/> Lift Bus	<input type="checkbox"/> Private Carrier	<input type="checkbox"/> None
	<input type="text"/> Bus #					
AUP Status:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff Initials	<input type="text"/>		

### Special Education Use Only

Disability	<input type="text"/>	IEP Received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Placed for Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spec Ed Verified		

### Office Verification

(OFFICE USE ONLY)

Please assist the legal guardian with completing these forms so that the most accurate information can be captured. Make sure the person completing the forms understands the importance of checking the release box on the EMERGENCY CONTACT page. A court order or proof of custody cannot be required of a natural parent for enrollment of a student who is living with him/her. PLEASE do not send a legal guardian to the Central Administration Building (CAB) for verification of legal custody, if 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.)

Registration Accepted By:

Date:

## Student Birth Record Data

Legal Name of Student \_\_\_\_\_  
Last First Middle Suffix

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

**Certified Birth Record Presented**

Birth Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
Month / Day / Year

Birthplace \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Last First Middle Suffix

Father's Name \_\_\_\_\_  
Last First Middle Suffix

**Affidavit (If Certified Birth Record Not Presented, Affidavit Required)**

Date Completed \_\_\_\_\_  
Month / Day / Year

School Official \_\_\_\_\_  
Signature

Title \_\_\_\_\_

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

## Pre-Kindergarten Experience

Legal Name of Student \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Student ID \_\_\_\_\_

Month Day Year

### Pre-K Experience

1. Did the student participate in a formal Pre-K program in the past? (If yes, continue with question 2) ☐ Yes ☐ No
2. Was this program conducted through Norfolk Public Schools? (If no, continue with question 3) ☐ Yes ☐ No
3. What was the name of the most recent school or Pre-K program in which the student participated?

School/Program Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4. How many hours per week did your child attend the Pre-K program?
 

☐ Less than 15 hours  
☐ More than 15 hours but less than 30 hours  
☐ 30 or more hours
5. Check all that apply in reference to the child's most recent Pre-K school or program
 

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Head Start (in a community-based organization)  
 Public Preschool (includes VPI, VPI+, Title I, ECSE, and Head Start in a public school)  
 Private Preschool / Daycare (includes for-profit, non-profit, faith-based programs and commercial daycare)  
 Department of Defense Child Development Program (operated by the DOD on a military installation)  
 Family Home Daycare Provider (preschool or child daycare provided in a home)  
 No Preschool Experience (student was at home with parent, family, caregiver, nanny, etc.)

### Special Needs

6. My child only received special education services. (No regular Pre-K or daycare was provided) ☐ Yes ☐ No
7. My child received special education services in combination with a non-special education program. ☐ Yes ☐ No

### Office Use Only

- |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="display: flex; align-items: center;"> <input type="checkbox"/> 1 Head Start<br/> <input type="checkbox"/> 2 Public Preschool<br/> <input type="checkbox"/> 3 Private Preschool/Daycare<br/> <input type="checkbox"/> 4 Department of Defense Child Development Program<br/> <input type="checkbox"/> 5 Family Home Daycare Provider<br/> <input type="checkbox"/> 6 No Preschool Experience                 </div> | <div style="display: flex; align-items: center;"> <input type="checkbox"/> 0 No time in formal or institutional PK program<br/> <input type="checkbox"/> 1 Less than 15 hours/wk<br/> <input type="checkbox"/> 15 15 hours or more but less than 30 hours/wk<br/> <input type="checkbox"/> 30 30 or more hours/wk                 </div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



# Norfolk Public Schools

The cornerstone of a proudly diverse 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? \_\_\_\_\_

\*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) \_\_\_\_\_ (SOL/LEP plan data)

8. Was the student receiving English language support services (ESL, ESOL) at a previous school?

Yes ☐ No ☐

If yes, 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)

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

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

## 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.

# Special Education Declaration

Legal Name of Student \_\_\_\_\_  
Last First Middle Suffix

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

Enrollment Date \_\_\_\_\_ Student ID \_\_\_\_\_  
Month Day Year

**In order to effectively serve your child the following information is necessary:**

1. My child received Special Education services: ☐ Yes ☐ No
2. My child was being serviced in a Special Education program at the time of withdrawal from previous school: ☐ Yes ☐ No
3. If the child was currently receiving services, what was his/her disability category?  
\_\_\_\_\_
4. Do you have a copy of the current IEP? ☐ Yes ☐ No
5. Was the child receiving accommodations through a §504 plan at the time of withdrawal from previous school? ☐ Yes ☐ No
6. If the child was not receiving services at the previous school, was he/she in the process of being screened/evaluated for services? ☐ Yes ☐ No

Additional Comments: \_\_\_\_\_

**Parent Statement:**

As this child's Parent/Legal Guardian, I certify that the above information is true and accurate.

Parent/Guardian Signature \_\_\_\_\_  
Month Day Year



## Student/Parent Address Form

Legal Name of Student \_\_\_\_\_  
Last First Middle Suffix

Student ID \_\_\_\_\_

*To be completed by families in transition without permanent residence (McKinney-Vento Homeless Assistance Improvements Act)*

- ☐ In a motel/hotel ☐ In a shelter ☐ Doubled up (economic hardship)  
☐ Unaccompanied youth (abandoned or runaway) ☐ Unsheltered (cars, parks, etc.) ☐ Other

### Student Address

Street \_\_\_\_\_ Apt//Lot \_\_\_\_\_  
City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Area Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Area Code \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Area Code \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Natural Mother (if known)

Last First Middle Suffix  
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  
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

Accepted By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Student/Guardian Address Form



Legal Name of Student \_\_\_\_\_  
Last First Middle Suffix

Student ID \_\_\_\_\_

## Student Address

Street Apt/Lot  
City/County State Zip  
Area Code Home Phone Area Code Mobile Phone  
Area Code Work Phone

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Legal Guardian

Address or Same Last First Middle Suffix  
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

Address Or Same Last First Middle Suffix  
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

## Office Use

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

## Social Services Address Form



Legal Name of Student \_\_\_\_\_  
Last First Middle Suffix

Student ID \_\_\_\_\_

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Social Services

Address \_\_\_\_\_  
Last First Middle Suffix  
Street Apt/Lot  
City State Zip  
Area Code Home Phone Area Code Mobile Phone  
Area Code Work Phone Agency (see below)

#### Check all that apply

<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody
<input type="checkbox"/> Mailings Allowed	<input type="checkbox"/> Enrolling Parent	<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-VAB	Soc Services – Virginia Beach
SS-other	Soc Services - other		

#### Office Use

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

## Emergency Contact Address Form



Legal Name of Student \_\_\_\_\_  
Last First Middle Suffix

Student ID \_\_\_\_\_

**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

☐ 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

☐ 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

☐ 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 these forms so that the most accurate information can be captured. Make sure the person completing the forms understands the importance of checking the release box on the EMERGENCY CONTACT page. A court order or proof of custody cannot be required of a natural parent for enrollment of a student who is living with him/her. PLEASE do not send a legal guardian to the Central Administration Building (CAB) for verification of legal custody, if 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.)*

Accepted By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Student Health Information

Legal Name of Student \_\_\_\_\_  
Last First Middle Suffix

Date of Birth \_\_\_\_\_ Student ID \_\_\_\_\_  
Month Day Year

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

Please complete Student Parent Address form, Student Guardian Address form, and Emergency Contact Address form as necessary to update current information.

1. Child's doctor/clinic? \_\_\_\_\_  
Name Telephone

2. Child's dentist/clinic? \_\_\_\_\_  
Name Telephone

3. Is the pupil under medication or treatment on a continuing basis? ☐ ☐  
Yes No

4. If question 3 is yes, please specify medicine or treatment \_\_\_\_\_

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

6. Has your child received any immunizations in the past year? ☐ ☐  
Yes No

7. Did student purchase school insurance? ☐ ☐  
Yes No

8. If question 7 is yes, please specify which type: ☐ ☐ ☐  
Regular 24 Hour Athletic

9. Is the student covered under a parent or guardian health insurance plan? ☐ ☐  
Yes No

Company Policy Number  
10. Is the student covered under a parent or guardian military benefit? ☐ ☐  
Yes No

Parent or Student's Military ID Number \_\_\_\_\_

### Parent Information:

I understand that it is my responsibility to keep school authorities informed regarding who 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 child will be taken to the emergency room of the nearest hospital.

Parent/Guardian Signature \_\_\_\_\_  
Month Day Year

## Caregiver's Authorization Affidavit



This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-11) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Homeless Act states that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent; however, this fact does not nullify the child/youth rights to receive a free appropriate education.

**Instructions:** Completion of items 1-4 and signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5 through 8 is additionally required to authorize any other medical care.

**Please print clearly**

The minor name below lives in my home and I am 18 years of age or older.

1. Legal Name of Minor

Last First Middle Suffix

2. Minor's Birth Date

Month / Day / Year

3. My Name (adult giving authorization)

Last First Middle Suffix

4. Home Address

Street Apt/Lot

City/County State Zip

5. ☐ I am a grandparent, aunt, uncle, or other qualified relative of the minor.

6. Check one or both (for example, if one parent was advised and the other cannot be located)

a. ☐ I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.

b. ☐ I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

7. My Birth Date

Month / Day / Year

8. My driver's license or

Identification card number

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Parent/Guardian Signature

Date  
Month / Day / Year

Caregiver's Signature

Date  
Month / Day / Year

Affidavit must be notarized below:

Office of Early Learning / Title I \*800 E. City Hall Avenue, Room 709, Norfolk, Virginia 23510  
Phone: (757) 628-3944 fa: (757) 628-3800 email: [twalton@nps.k12.va.us](mailto:twalton@nps.k12.va.us)

## Caregiver's Authorization Affidavit



### Additional Information to Caregivers

1. "Qualified relative", for the purposes of item 5, means a spouse, parent, step-parent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 8 (driver's license or ID), provide another form of identification such as your social security number.

### To School Officials

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

### To Health Care Providers and Health Care Service Plans

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those dated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

# Internet Acceptable Use Procedure-AUP



Norfolk Public Schools (NPS) provides a full range of computer information systems, including internet resources, for students and staff. NPS strongly believes in the educational value of such computer information systems and recognizes their potential in support of our curriculum and student learning goals.

The Norfolk Public Schools Board adopts this Acceptable Use Policy, which outlines uses, ethics, and protocol for the School Board's computer network.

School Board employees and students shall not use the division's computer equipment and communications services for sending, receiving, viewing, downloading, uploading inappropriate and/or illegal material via the internet and World Wide Web.

- A. The Superintendent or his/her designee shall select and operate technology that protects against, filters or blocks access through school division computers to visual depictions that are --
  - a. Child pornography, as set out in Virginia Code § 18.2-374.1:1 or as defined in 18 U.S.C. § 2256;
  - b. Obscenity, as defined in Virginia Code § 18.2-372 or 18 U.S.C. § 1460;
  - c. Material the Norfolk Public Schools deems to be harmful to juveniles, as defined in Virginia Code § 18.2-390, material that is harmful to minors, as defined in 47 U.S.C. § 254(h)(7)(G), and material that is otherwise inappropriate for minors;
- B. The technology protection measure shall be utilized and enforced during any use of the division's computers by users.
- C. The school administration shall monitor online activities of users.
- D. The Superintendent or his/her designee shall select and operate technology and take administrative measures to protect the safety and security of users when using electronic mail, chat rooms, and other forms of direct electronic communications.
- E. Users shall not obtain unauthorized access including "hacking" and other unlawful activities, while online.
- F. The School Board, its employees, agents and students shall not disclose, use, or disseminate personal identification information regarding users.
- G. The Superintendent or his/her designee shall ensure that Norfolk Public Schools include a component on internet safety for students that is integrated in the division's instructional program. The program includes appropriate use of social networking websites and cyberbullying awareness and response. (See Social Media Policy, GAZA)

NPS allows users access to electronic information systems while safeguarding them from potential hazard by filtering objectionable sites. Students and staff area allowed access to internet resources with the understanding that some material may be inaccurate or objectionable. The use of inappropriate resources is not permitted. NPS does not endorse and is not responsible for content associated with links outside of the NPS network. Individuals using NPS electronic information systems are subject to monitoring by district personnel.

All use of the division's computer system must be (1) in support of education and/or research or (2) for legitimate school business. This resource, as with any other public resource, demands that those entrusted with the privilege of its use be accountable. Along with rights comes responsibilities, all users of electronic information systems are responsible for obeying rules and policies at all times. Users are held personally accountable for any and all activities logged to their computer identification "userid" and password. Any off campus activities that cause risk of disruption on campus are subject to school disciplinary action. NPS reserves the right to block downloading from specific file extensions and/or specific sites. NPS provides equitable access and encourages the use of electronic information systems, whenever and wherever possible and appropriate, to support the educational program.

- All users are responsible for ensuring that any disclosures of information complies with applicable state and federal statutes and regulations, including but not limited to the Family Education Rights and Privacy Act (FERPA).
- All users authorized to access privileged information must understand and accept all responsibilities of working with confidential data., Responsibilities of protecting the privacy and confidentiality of the data include:
  - Properly storing and securing sensitive data on NPS approved secure mediums
  - Not misrepresenting or falsely manipulating/altering data
  - Not divulging any information to any person or organization without proper authorization.
- No identifiable photographs of students, faculty, or administration taken with NPS technology will be allowed to be published on the internet or used in print without appropriate written consent. Photographs are the property of Norfolk Public Schools and will be used for instructional purposes only. Any photographs taken of students without parental permission will be strictly prohibited.

**The failure of any student or staff member to follow the terms of this policy may result in the loss of Norfolk Public Schools' computer network privileges, disciplinary action and/or appropriate legal action.**

Adopted July 1, 2015 Legal Reference: Code of Virginia § 22.1-70.s. Acceptable Internet use policies for public and private schools.

**Use of the electronic information systems provided by Norfolk Public Schools constitutes agreement to the standards and policies set forth by this document. All users are required to read this policy and sign the agreement statement prior to use. This AUP is in compliance with state and national telecommunications rules and regulations.**

## Employee Copy

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## 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)      Last      First      Middle      Suffix

Signature \_\_\_\_\_

Date      /      /  
Month      Day      Year

#### 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?

Yes      No

Student/Staff Name  
(Please Print)      Last      First      Middle      Suffix

Signature \_\_\_\_\_

Job Title  
(Staff Only)      (Please specify, i.e. Biology Teacher, 1<sup>st</sup> Grade Teacher, etc.)

Department/School \_\_\_\_\_

Date      /      /  
Month      Day      Year

#### For Office 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.

\_\_\_\_\_ New Account

Faculty/Staff new to the school/department and needs access to the network. Please check all that apply:

\_\_\_\_\_ Network      \_\_\_\_\_ Email      \_\_\_\_\_ Synergy

\*Requests for Munis and Ultimate Data System accounts use separate permissions forms

## Internet Acceptable Use Procedure-AUP



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### Approval Authority

This form must be completed and signed by the Principal, Central Administration Director or Department Head (includes Norfolk Police Department & Juvenile Court Department Heads).

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Administrator Name (Please Print)	_____	_____	_____	_____
	Last	First	Middle	Suffix

Administrator Title	_____
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Authorizing Signature	_____
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## Expulsion Affirmation Registration Form



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 I misdemeanor. The registration documents 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, (complete parent/guardian name) \_\_\_\_\_,

affirm that (complete student name) \_\_\_\_\_

**has not been expelled** 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.

Name of School \_\_\_\_\_

Signature of School Official \_\_\_\_\_

Signature of parent, guardian,  
Person having control or charge  
of child, or student, age 18 or older \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I, (complete parent/guardian name) \_\_\_\_\_,

affirm that (complete student name) \_\_\_\_\_

**has been expelled** 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.

Name of School \_\_\_\_\_

Signature of School Official \_\_\_\_\_

Signature of parent, guardian,  
Person having control or charge  
of child, or student, age 18 or older \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student ID \_\_\_\_\_

## Photo Release Form



Norfolk Public Schools welcomes community engagement in the educational process. To that end, the school division frequently shares with parents, staff, and the community information about our educational programs. This information is shared in many ways, including but not limited to NPS Web sites, video productions, and publications. We love to be able to include photographs and videos of our talented students engaged in great teaching and learning experiences. Please complete the below form and return it to your child's school as soon as possible.

We are the parents and/or guardians of (student first name) \_\_\_\_\_, a minor and a student of Norfolk Public Schools (NPS). We recognize that as a part of the educational process, officials of NPS may at times wish to interview, photograph, or videotape a student, or to authorize a community entity to do so, using a student's likeness in various media for the purpose of communicating NPS' educational programs in order to gain community engagement and support.

We therefore, by our signatures below, grant permission to officials of NPS to interview, photograph, audio or videotape or otherwise record our student, or authorize a community entity to do so, and subsequently use our student's name, picture, or likeness in any form, in any media and for any non-commercial purposes. We agree that such purposes include but are not limited to the inclusion of our student's name and image in NPS publication, promotional materials, advertisements, programs, presentations, and internet or intranet sites. We hereby waive on our own behalf and on behalf of our student any and all claims, suits, causes, actions or causes of action, whether under common law, constitutional or statutory provision, that might accrue to any one of us against NPS, its officers, employees, agents or volunteers in connection with the actions and usage detailed above.

Student Name (Please Print)	_____	_____	_____	_____
	Last	First	Middle	Suffix

Parent/Guardian Name (Please Print)	_____	_____	_____	_____
	Last	First	Middle	Suffix

Parent Signature \_\_\_\_\_

Date	____/____/____	Student ID	_____
	Month Day Year		

School \_\_\_\_\_

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

To: \_\_\_\_\_  
(Teacher)

\_\_\_\_\_  
(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



# Norfolk Public Schools

NATIONALLY RECOGNIZED. GLOBALLY COMPETITIVE.

## SCREENING RECORD (60 Day Screening)

### NOTIFICATION TO PARENT/GUARDIAN:

All children, within 60 administrative working days of initial enrollment in a public school, shall be screened in **vision and hearing** to determine if formal assessment is indicated.

All children (through grade 3), within 60 administrative working days of initial enrollment in a public school, shall be screened in the following areas to determine if a formal assessment is indicated:

**speech, language, and voice  
fine and gross motor functions**

STUDENT \_\_\_\_\_ DOB \_\_\_\_\_ R/S \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ STUDENT # \_\_\_\_\_  
DATE ENROLLED \_\_\_\_\_ ROOM # \_\_\_\_\_

	Date Screened	Needs Formal Assessment		Signature
Speech, Language, Voice	_____	Yes	No	_____
Vision	_____	Yes	No	_____
Hearing	_____	Yes	No	_____
Fine and Gross Motor	_____	Yes	No	_____

\_\_\_\_\_  
Principal's Signature

**CROSSROADS SCHOOL  
EMERGENCY INFORMATION  
2022-2023**

Teacher \_\_\_\_\_  
Grade \_\_\_\_\_  
Room # \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Race/Sex: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

**\*Please notify the school if there is a change in your address or telephone number.**

**\*\*Please circle any new/added information.**

**\*\*In case of an emergency, who should we contact? List parent/guardian(s) first.**

1. Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phones: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
Is this person allowed to pick up the student? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phones: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
Is this person allowed to pick up the student? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Is this person allowed to pick up the student? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Is this person allowed to pick up the student? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*If you have any other children attending this school, please list them below:**

Name: \_\_\_\_\_ Room # \_\_\_\_\_

Name: \_\_\_\_\_ Room # \_\_\_\_\_

**\*\*The following people are also allowed to pick my student up:**

\_\_\_\_\_

**\*\*The following people are NOT allowed to pick up my student (If a parent is not to pick up the student, you must have appropriate documentation on file with the school):**

\_\_\_\_\_

Teacher Use: NPS Student #: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Office Use: Withdrawal Date: \_\_\_\_\_ School: \_\_\_\_\_



**Norfolk Public Schools**  
NATIONALLY RECOGNIZED. GLOBALLY COMPETITIVE.

**AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF INFORMATION**

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECT: Records Request**

**I hereby request and authorize that the following information:**

\_\_\_ **Student Educational Records**  
(Grades/Transcripts/Test Scores/Attendance)

\_\_\_ **Sociological History Reports**

\_\_\_ **IEP (if applicable)**

\_\_\_ **Educational Reports**

\_\_\_ **Eligibility Minutes**

\_\_\_ **Medical/Health**

\_\_\_ **Psychological Reports**

**Be released on:**

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Date of Birth)

**For use by Crossroads School for enrollment purposes.**

**Please send to the address listed below.**

\_\_\_\_\_  
(Authorized Signature)

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

**Parental Permission is not required when authorized school personnel request records.**

**Crossroads School**  
**8021 Old Ocean View Road • Norfolk, Virginia 23518**  
**Phone: (757) 531-3050 • Fax: (757) 531-3046**  
**Dr. Kristen Nichols, Principal**