

Mary Calcott Elementary School
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 Power/VNG)
_____ Physical

Shot Record

_____ Four (4) DPT with one (1) after 4th birthday
_____ Four (4) OPV or IPV with one (1) after 4th birthday
_____ Two (2) MMR (2 doses required for entrance to K)
_____ Three (3) Hepatits B: HBV
_____ Two (2) Hepatitis A: HAV (2 doses required for entrance to K)
_____ Two (2) Chicken Pox (Varicella/Varivax) (2 doses required for entrance to K)
_____ Custody Papers if applicable (**must have valid ID**)
_____ Student Emergency Information Sheet
_____ Special Education/IEP _____ Yes _____ No
_____ Complete NPS Enrollment Packet

Requirements complete: Date _____ by _____

Pre-Kindergarten Experience

Legal Name of Student _____
Last First Middle Suffix

Date of Birth _____ Student ID _____
Month Day Year

Pre-K Experience

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

School/Program Name City State

- 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

- Check all that apply in reference to the child's most recent Pre-K school or program

☐ 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

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

Office Use Only

- ☐ 1 Head Start
☐ 2 Public Preschool
☐ 3 Private Preschool/Daycare
☐ 4 Department of Defense Child Development Program
☐ 5 Family Home Daycare Provider
☐ 6 No Preschool Experience

- ☐ 0 No time in formal or institutional PK program
☐ 1 Less than 15 hours/wk
☐ 15 15 hours or more but less than 30 hours/wk
☐ 30 30 or more hours/wk

Student Registration Form



Legal Name of Student
 Last Name First Name Middle Name Suffix

Student's Gender ☒ Male ☐ Female ☐ Non-Binary

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

Date of Birth / /

Check all that apply

☐ American Indian / Alaskan Native

Student's Birthplace

☐ Asian

Birth Country

☐ Black /African American

Birth Verification

☐ Native Hawaiian / Pacific Islander

Birth Verification #

☐ White

Most Recent Educational Environment Information

Last School Attended

Withdrawal Date / /
 Month Day Year

Grade Level

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

Does the student have a current IEP?

☐ Yes ☐ No

Special Considerations

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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Father

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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 | Met | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | Non-NPS SECEP Student enrolled in NPS school | | | |
| Transportation | <input type="checkbox"/> Admin | <input type="checkbox"/> Alternative Ed | <input type="checkbox"/> School-based Program (IB, EVMS, GM, YS, ...) | | | | |
| AUP Status: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mini-Bus | <input type="checkbox"/> Lift Bus | <input type="checkbox"/> Private Carrier | <input type="checkbox"/> None | |
| | <input type="text"/> Bus # | | | 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/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)

Address or Same

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)

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 ☐ 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: ____/____/____

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 _____
 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

Home Language Survey



Legal Name of Student _____
Last First Middle Suffix

School _____

Grade Level _____ Student ID _____

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined in Plyer v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. This survey is given to all students enrolled in the school district. The Home Language Survey is administered upon initial enrollment in Virginia and should remain in the student's permanent record.

Please note that if a language other than English is recorded for ANY of the survey questions below, the appropriate identification screening assessment will be administered to determine whether or not the student qualifies for additional English language development support.

Please answer the following questions regarding language use:

1. What is the language that the **student** first acquired? _____
2. What is the **primary language used in the home**, regardless of the language spoken by the student? _____
3. What language is spoken most often by the **student**? _____
4. In what language do you wish to have **communication from the school**? _____

Please answer the following questions regarding previous school experience in the United States:

5. Are you enrolling your student in an United States school for the first time? Yes _____ No _____
6. If no, what date (month/year) did your student first attend school in the Unites States? Month _____ Year _____
7. Was your student receiving English language support services (ESL, ESOL) at a previous United States school? Yes _____ No _____ Not Sure _____

Please use an X to indicate what ages your student has attended school in ANY state or country, including the United States, and how much of the school year was completed at each aged (none, some, all).

| | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| Age 4: ___ none ___ some ___ all | Age 9: ___ none ___ some ___ all | Age 14: ___ none ___ some ___ all |
| Age 5: ___ none ___ some ___ all | Age 10: ___ none ___ some ___ all | Age 15: ___ none ___ some ___ all |
| Age 6: ___ none ___ some ___ all | Age 11: ___ none ___ some ___ all | Age 16: ___ none ___ some ___ all |
| Age 7: ___ none ___ some ___ all | Age 12: ___ none ___ some ___ all | Age 17: ___ none ___ some ___ all |
| Age 8: ___ none ___ some ___ all | Age 13: ___ none ___ some ___ all | Age 18: ___ none ___ some ___ all |



Norfolk Public Schools

The cornerstone of a proudly diverse community

PHOTO RELEASE FORM

Norfolk Public Schools (NPS) welcomes community engagement in the educational process. To that end, the school division frequently shares information about our educational programs with parents, staff, and the community. This information is provided in many ways, including, but not limited to NPS websites, video productions, and publications. We love including photographs and videos of our talented students engaging in great teaching and learning experiences, provided parental consent is granted.

Please complete this form and return it to your child's school as soon as possible.

☐ **I CONSENT FOR MY STUDENT'S IMAGE AND NAME TO BE USED BY NPS.**

Please complete the remainder of the form below. This permission is in effect until completion of an updated form for the subsequent school year.

☐ **I DO NOT CONSENT FOR MY STUDENT'S IMAGE AND NAME TO BE USED BY NPS.**

Note: It is our desire to adhere to the wishes of all parents and guardians. Should you prefer not to allow your student's likeness to be used for any reason, **DO NOT** return this form. Please ensure that you advise your child of your wishes and encourage them to remind teachers and staff that they should not be included when photos, videos or other recordings are occurring.

We are the parents and/or guardians of _____, a minor and a student of Norfolk Public Schools (NPS). We recognize that as part of the educational process, officials of NPS may at times wish to interview, photograph and/or videotape a student, or authorize an external third party entity to do so, using a student's likeness in various media for the purposes of exhibiting NPS' educational programs.

We therefore, by our signatures below, grant permission to officials of NPS to interview, photograph, audio record, videotape or otherwise record our student, or authorize an approved external 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 publications, 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.

Name of Student: _____

Parent/Guardian: _____

Date: _____ **School:** _____



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

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

☐ Contact Allowed ☐ Educational Rights ☐ Has Custody
☐ Mailings Allowed ☐ Enrolling Parent ☐ 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: ____/____/____

Special Education Declaration



Norfolk Public Schools
The cornerstone of a proudly diverse community

Legal Name of Student

Last

First

Middle

Suffix

Date of Birth

Month

Day

Year

Enrollment Date

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 student was currently being served, in what program was he/she being served (e.g. ED, LD, EMR, OHI, etc.)

4. Do you have a copy of the current IEP?

Yes

No

5. Was the student on a §504 plan at the previous school?

Yes

No

6. If the student was not being served at previous school, was he/she in the process of being screened for service?

Yes

No

Additional Comments:

Parent Statement:

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

Parent Guardian Signature

Month

Day

Year

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 are 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

© 2015 Department of Information Technology, Norfolk Public Schools

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, 1st 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



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).

| | | | | |
|--------------------------------------|------|-------|--------|--------|
| Administrator Name (Please Print) | Last | First | Middle | Suffix |
|--------------------------------------|------|-------|--------|--------|

| | |
|---------------------|--|
| Administrator Title | |
|---------------------|--|

| | |
|-----------------------|--|
| Authorizing Signature | |
|-----------------------|--|

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 _____ / _____ / _____

ANNUAL
NORFOLK PUBLIC SCHOOLS
PARENTAL CONSENT AND MEDICAL RELEASE FORM

To: _____
(Teacher)

Mary Calcott Elementary School
(School)

The undersigned parent (s) or legal guardian of _____, a student at the above named 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) _____

Emergency Contact

(757) _____

Home Telephone



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 MAIL** 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 Request | Second Request | Third Request | Fourth Request | Fifth Request |
|---------------|----------------|---------------|----------------|---------------|
| | | | | |

Federal Law 9931: 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

167 Westmain Avenue • Norfolk, Virginia 23503

Phone: 757-513-5430 • Fax: 757-513-5431 • Email: calcott@nps.k12.va.us