

NEW STUDENT ENTRANCE REQUIREMENTS

Kindergarten -Student will have reached their 5th birthday on or before September 30th of the current school year.

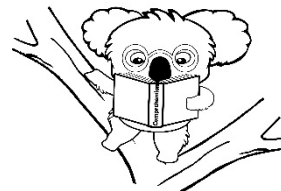
Pre-Kindergarten -Student will have reached their 4th birthday on or before September 30th of the current school year.

- Official Birth Certificate** (A photocopy will not meet this requirement)
- Valid Identification Card** (State or government-issued ID for parent/guardian)
- Court-ordered custody documentation** (if applicable)
- Address Verification** (Only 1 item required from the list below) *DMV identification card or driver's license are not an acceptable form of address verification*
 - o **Current utility bill** (A Power, Gas, Water, or Sanitation bill must list the parent(s)/legal guardian(s) name and the address of residence)
 - o **Mortgage Statement or Current Lease** (must list the name and contact information of the landlord, address of the property, date of occupancy or current date, amount of rent paid, renter's name (parent(s)/legal guardian(s), and contact information on company letterhead.
^{It is a Class 4 misdemeanor for knowingly making a false statement concerning the residency of a child in a particular school division or school attendance zone if the purpose is to avoid tuition or to enroll a student in a school outside the attendance zone in which the student resides.}
- Physical examination** (Completed within 12 months before the date of entry into school)
- Current immunization records**
 - o 4-DTaP (Diphtheria, Tetanus & Pertussis)-1 after the 4th birthday
 - o 4-OPV (Polio)-1 after the 4th birthday
 - o 2-MMR (Measles, Mumps, & Rubella)
 - o 3-HepB (Hepatitis B)
 - o 2-Varicella (Chickenpox)

Visit the following site for more details:
<https://www.npsk12.com/Page/16148>

Tanners Creek Elementary
1335 Longdale Drive
Norfolk, VA 23513
757-852-4555 (PH) 757-852-4553 (FX)
Principal - Mrs. Rhonda Harris

Tanners Creek



**Koalas
CLIMB**

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.
Check all that apply
 Date of Birth _____ / _____ / _____ 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 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.

<u>Service Branch</u>	<u>Mother</u>	<u>Father</u>
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	___	___

Office Use Only

Enrollment School _____	Registration Date _____/_____/_____
Responsible School _____ <small>(Complete only if different than enrollment school)</small>	Grade Level _____
Serving School _____ <small>(Complete only if different than enrollment school)</small>	Homeroom _____
Concurrent School _____	Serving District _____
Entry Requirements _____ Met _____/_____/_____	NOT MET _____/_____/_____
Student ID _____ <small>Phys Imm BC Address Verification</small>	Enrollment Code _____
Enrollment Date _____/_____/_____	
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="checkbox"/> Bus # _____	
AUP Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Initials _____

Special Education Use Only

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

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

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 _____
 Address or Same
 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 or Same
 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

_____ Last First Middle Suffix

Address or Same

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 Or Same

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: ____/____/____

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
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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
_____ 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

- | | |
|--|--|
| <p>___1 Head Start</p> <p>___2 Public Preschool</p> <p>___3 Private Preschool/Daycare</p> <p>___4 Department of Defense Child Development Program</p> <p>___5 Family Home Daycare Provider</p> <p>___6 No Preschool Experience</p> | <p>___0 No time in formal or institutional PK program</p> <p>___1 Less than 15 hours/wk</p> <p>___15 15 hours or more but less than 30 hours/wk</p> <p>___30 30 or more hours/wk</p> |
|--|--|

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

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?

Yes No
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

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.



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.



Acceptable Use Procedure for Computer Systems

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 School Board adopts this Acceptable Use Procedure, which outlines appropriate uses, ethics and protocol for the School Board's computer network.

- A. 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.
- B. 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 –
 - 1. child pornography, as set out in Virginia Code § 18.2-374.1:1 or as defined in 18 U.S.C. § 2256;
 - 2. obscenity, as defined in Virginia Code § 18.2-372 or 18 U.S.C. § 1460;
 - 3. material that 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; and
- C. The technology protection measure shall be utilized and enforced during any use of the division's computers by users.
- D. The school administration shall monitor online activities of users.
- E. 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.
- F. Users shall not obtain unauthorized access, including "hacking" and other unlawful activities, while online.
- G. The School Board, its employees, agents and students shall not disclose, use, or disseminate personal identification information regarding users.
- H. 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.

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 procedures 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 that 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.

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

Adopted May 1, 2007 Legal Reference: Code of Virginia § [22.1-70.2](#). 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 procedures set forth by this document. All users are required to read this procedure and sign the agreement statement prior to use. This AUP is in compliance with state and national telecommunications rules and regulations.

Employee Copy



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 | No

Student/Staff Name (*please print*) _____

Student/Staff Signature _____

(Staff Only) Job Title _____ (Please Specify, i.e. Biology Teacher, 1st grade Teacher, etc.)

Department/School _____

Date _____

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.
Need access: (please check all that apply)

Network: <input type="checkbox"/>	Email: <input type="checkbox"/>	Starbase: <input type="checkbox"/>
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* Requests for Munis & Ultimate Data System Accounts, use separate permissions forms

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

Account Removal (Only complete this section if employee is leaving Norfolk Public Schools)

- Faculty/Staff has or will leave the school/department and their account needs to be deleted from the system.

Employee's Last Day:	Remove Immediately (yes or no):	Special Instructions:
Network: <input type="checkbox"/>	Email: <input type="checkbox"/>	Starbase: <input type="checkbox"/>

Approval Authority *Must be completed and signed by Principal, Central Administration Director or Department Head:
(includes Norfolk Police Department & Juvenile Court Dept. Heads)*

Name & Title (please print)

(Signature - Your request will not be processed without an authorized signature)

Please return student forms to:
School Office Manager
Department
File in Cumulative Folder

Please return staff forms to:
Account Manager
Fax: 628-3840

Form-AUP808

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 _____

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 _____

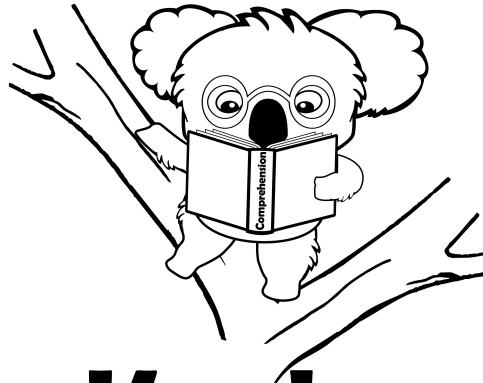
Signature of School Official _____

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

Date _____ / _____ / _____

Student ID _____

Tanners Creek



Koalas **CLIMB**

*SCHOOL ENTRANCE
HEALTH FORM
TO BE COMPLETED
BY MEDICAL PROVIDER
AND RETURNED TO THE
SCHOOL*

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

Part I – HEALTH INFORMATION FORM

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

Name of School: _____ Current Grade: _____

Student's Name: _____

Student's Date of Birth: _____ Sex: - _____ State or Country of Birth: _____ Main Language Spoken: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Name of Parent or Legal Guardian 1: _____ Phone: _____ Work or Cell: _____

Name of Parent or Legal Guardian 2: _____ Phone: _____ Work or Cell: _____

Emergency Contact: _____ Phone: _____ Work or Cell: _____

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

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

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

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

Please provide the following information:

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

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

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

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of person completing this form: _____ Date: _____

Signature of Interpreter: _____ Date: _____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

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

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: _____
Last *First* *Middle* *Mo. Day Yr.*

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

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

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

Student's Name: _____ Date of Birth: _____

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTap/Tdap: [] ; DT/Td: [] ; OPV/IPV: [] ; Hib: [] ; Pneum: [] ; Measles: [] ; Rubella: [] ; Mumps: [] ; HBV: [] ; Varicella: []

This contraindication is permanent: [] , or temporary [] and expected to preclude immunizations until: Date (*Mo., Day, Yr.*): _____

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

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____

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

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: _____ Date of Birth: _____ Sex: M F

Health Assessment	Date of Assessment: _____ Weight: _____ lbs. Height: _____ ft. _____ in. Body Mass Index (BMI): _____ BP: _____ Age / gender appropriate history completed Anticipatory guidance provided	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> </tr> <tr> <td>HEENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Urinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TB Screening: No risk for TB infection identified No symptoms compatible with active TB disease Risk for TB infection or symptoms identified																																																		
Test for TB Infection: TST IGRA Date: _____ TST Reading _____ mm TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal																																																		
EPSDT Screens <u>Required</u> for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																																																		

Developmental Screen	Assessed for:	Assessment Method:	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social		-		
	Problem Solving		-		
	Language/Communication		-		
	Fine Motor Skills		-		
Gross Motor Skills		-			

Hearing Screen	Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.			Referred to Audiologist/ENT Unable to test – needs rescreen Permanent Hearing Loss Previously identified: Left Right Hearing aid or other assistive device	
		1000	2000		4000
	R				
L					
Screened by OAE (Otoacoustic Emissions): Pass Refer					

Vision Screen	With Corrective Lenses (check if yes)				Dental Screen	Problem Identified: Referred for treatment No Problem: Referred for prevention No Referral: Already receiving dental care	
		Pass	Fail	Not tested			
	Distance	Both	R	L			Test used:
		20/	20/	20/			
Pass		Referred to eye doctor		Unable to test – needs rescreen			

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one):	
	<input checked="" type="checkbox"/> Well child; no conditions identified of concern to school program activities	
	<input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):	

	Allergy food: _____ insect: _____ medicine: _____ other: _____ Type of allergic reaction: anaphylaxis local reaction Response required: none epinephrine auto-injector other: _____	
	<input type="checkbox"/> Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc) <input type="checkbox"/> Restricted Activity Specify: _____ <input type="checkbox"/> Developmental Evaluation Has IEP Further evaluation needed for: _____ <input type="checkbox"/> Medication. Child takes medicine for specific health condition(s). Medication must be given and/or available at school. <input type="checkbox"/> Special Diet Specify: _____ <input type="checkbox"/> Special Needs Specify: _____ Other Comments: _____	

Health Care Professional's Certification (Write legibly or stamp)		By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).	
Name: _____	Signature: _____	Date: _____	
Practice/Clinic Name: _____	Address: _____		
Phone: _____ - _____ - _____	Fax: _____ - _____ - _____	Email: _____	