

Grade _____

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)

- | | | |
|---|---|---|
| <input type="checkbox"/> Public (including SECEP) | <input type="checkbox"/> Private, non-religious | <input type="checkbox"/> Private, religious |
| <input type="checkbox"/> CHKD | <input type="checkbox"/> Charter | <input type="checkbox"/> Norfolk Detention Center |
| <input type="checkbox"/> Outside US (US dependent school) | <input type="checkbox"/> Outside US (not US dependent school) | <input type="checkbox"/> 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Grade Level when last withdrawn _____ Was student retained last year?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)

- | | | |
|---|--|---|
| <input type="checkbox"/> In a motel/hotel | <input type="checkbox"/> In a shelter | <input type="checkbox"/> Doubled up (economic hardship) |
| <input type="checkbox"/> Unaccompanied youth (abandoned or runaway) | <input type="checkbox"/> Unsheltered (cars, parks, etc.) | <input type="checkbox"/> Other |

Special Needs

- | | | |
|--|--|-----------------------------------|
| Does the student have a primary language other than English? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (If yes, complete LEP enrollment) |
| Does the student have special needs or require special considerations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Does the student have a current §504 Plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Special Considerations |
| Does the student have a current IEP? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ <small>Phys Imm BC Address Verification</small>	Met _____ / _____ / _____ NOT MET _____ / _____ / _____
Student ID _____	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 _____ 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/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

_____ 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)

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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

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

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 _____

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

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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, 1st Grade Teacher, etc.)

Department/School Coleman Place

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

Our class is using ClassDojo!



¡Nuestra clase está usando ClassDojo!

Hi parents,

This year I'm using ClassDojo to encourage important skills like working hard and participating. I'll also use it to communicate with you: we can instantly share messages, updates and photos from class. It's the easiest way for you to see how your child is doing at school every day and to get in touch with me.

I'd like all families to join me and sign up for ClassDojo! You can use it on any device: it is a **simple, free mobile app** for iOS and Android, and can also be used from a computer at: www.classdojo.com

I will need your cell number or email to invite you to ClassDojo. Our class goal is for every family to **fill out and return the slip below by tomorrow!** Feel free to ask me any questions.

Thank you so much!



Please send me my invitation to ClassDojo

Por favor, envíenme mi invitación para ClassDojo

Student's name:

Nombre del estudiante

Parent's name:

Su nombre

Your cell number

OR email:

Su celular o email

Hola padres de familia,

Este año estoy usando ClassDojo para fomentar habilidades importantes, como el trabajo duro y la participación. También lo voy a usar para comunicarme con ustedes: podemos compartir al instante mensajes, actualizaciones y fotos de la clase. Es la manera más fácil para que ustedes puedan ver cómo está su hijo en la escuela y se pongan en contacto conmigo.

¡Me gustaría que todas las familias se unieran a mí y se registraran en ClassDojo! Se puede utilizar en cualquier dispositivo: es **una aplicación móvil sencilla**, gratis para iOS y Android, y también se puede utilizar desde una computadora en: www.classdojo.com.

Voy a necesitar su número de celular o correo electrónico para invitarlos a ClassDojo. Nuestro objetivo de clase es que todas las familias **llenen y devuelvan la información de abajo para mañana**. No duden en hacer cualquier pregunta.

¡Muchas gracias!

Want to find out more? Visit www.classdojo.com/LearnMore

¿Quiere saber más? Visite www.classdojo.com/LearnMore