

# 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Grade Level when last withdrawn \_\_\_\_\_ Was student retained last year?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.

**Service Branch**

	<b><u>Mother</u></b>	<b><u>Father</u></b>
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 \_\_\_\_\_ Grade Level \_\_\_\_\_  
(Complete only if different than enrollment school)

Serving School \_\_\_\_\_ Homeroom \_\_\_\_\_  
(Complete only if different than enrollment school)

Concurrent School \_\_\_\_\_ Serving District \_\_\_\_\_

Entry Requirements \_\_\_\_\_ Met \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ NOT MET \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Phys Imm BC Address Verification

Student ID \_\_\_\_\_ Enrollment Code \_\_\_\_\_ Enrollment Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Out of District  DSSS  Spec Ed  Homeless  Non-NPS SECEP Student enrolled in NPS school  
 Admin  Alternative Ed  School-based Program (IB, EVMS, GM, YS, ...)

Transportation  Regular  Public  Mini-Bus  Lift Bus  Private Carrier  None  
\_\_\_\_\_ Bus #

AUP Status:  Yes  No Staff Initials \_\_\_\_\_

**Special Education Use Only**

Disability \_\_\_\_\_ IEP Received:  Yes  No Spec Ed Verified \_\_\_\_\_

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



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

(Please Print)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

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

**Part A:**

- \*1. What is the primary language used in the home, regardless of the language spoken by the student? \_\_\_\_\_
- \*2. What is the language most often spoken by the student? \_\_\_\_\_
- \*3. What is the language the student first acquired? \_\_\_\_\_
4. From what country is the first language derived? \_\_\_\_\_

**Part B:**

5. In what country was the student born? \_\_\_\_\_
6. What is the student's status? (See attached for definitions)  
(Check one)  U. S. Citizen  Resident Alien  Immigrant  Refugee  Migrant  
 Other: \_\_\_\_\_ (Please specify)
7. U. S. Entry Date (If applicable) \_\_\_\_\_ (SOL/LEP plan data)
8. Was the student receiving English language support services (ESL, ESOL) at a previous school?  
Yes  No

If yes, School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

State/Country: \_\_\_\_\_ Years in School: \_\_\_\_\_

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

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

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

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

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

## Definitions

### Limited English Proficient:

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

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

### Immigrant Children and Youth

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

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

### Refugee Children and Youth

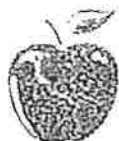
The refugee student is an individual who--

- A. Is outside his/her country and is unable or unwilling to return to that country because of a well-founded fear that she/he will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group.
- B. This **does not** include persons displaced by natural disasters; or
- C. Persons who, although displaced, have not crossed an international border; or
- D. Persons commonly known as "economic migrants" whose primary reason for flight has been a desire for personal betterment rather than persecution

### Migratory Child

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

- A. Is, or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker or a migratory fisher; and
- B. Who, in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain, temporary or seasonal employment in agricultural or fishing work; and
- C. Has moved from one school district to another.



# Norfolk Public Schools

NATIONALLY RECOGNIZED. GLOBALLY COMPETITIVE.

## SCREENING RECORD (60 Day Screening)

### NOTIFICATION TO PARENT/GUARDIAN:

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

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

speech, language, and voice  
fine and gross motor functions

STUDENT  DOB  R/S   
 SCHOOL Coleman Place GRADE K STUDENT #   
 DATE ENROLLED  ROOM #

	Date Screened	Needs Formal Assessment		Signature
Speech, Language, Voice	<input type="text"/>	Yes	No	<input type="text"/>
Vision	<input type="text"/>	Yes	No	<input type="text"/>
Hearing	<input type="text"/>	Yes	No	<input type="text"/>
Fine and Gross Motor	<input type="text"/>	Yes	No	<input type="text"/>

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

# Pre-Kindergarten Experience

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

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

## Pre-K Experience

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

\_\_\_\_\_

School/Program Name	City	State
---------------------	------	-------

4. How many hours per week did your child attend the Pre-K program?  
\_\_\_\_\_ Less than 15 hours  
\_\_\_\_\_ More than 15 hours but less than 30 hours  
\_\_\_\_\_ 30 or more hours
5. Check all that apply in reference to the child's most recent Pre-K school or program  
\_\_\_\_\_ 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

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

# 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 \_\_\_\_\_

# 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

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## Acceptable Use Procedure for Electronic Information Systems

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### **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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last	First	Middle	Suffix
Signature	<input type="text"/>			
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Month	Day	Year	

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### **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?	<input type="checkbox"/>	<input type="checkbox"/>		
	Yes	No		
Student/Staff Name (Please Print)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last	First	Middle	Suffix
Signature	<input type="text"/>			
Job Title (Staff Only)	<input type="text"/>			
	(Please specify, i.e. Biology Teacher, 1 <sup>st</sup> Grade Teacher, etc.)			
Department/School	<input type="text"/>			
	Coleman Place			
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Month	Day	Year	

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### **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

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# Internet Acceptable Use Procedure-AUP



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**Approval Authority**

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

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Administrator Name \_\_\_\_\_  
(Please Print) Last First Middle Suffix

Administrator Title \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

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# Expulsion Affirmation Registration Form



Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class I misdemeanor. The registration documents shall be maintained as a part of the student's scholastic record.

Code of Virginia 22.1-3.2

**Please complete and sign the applicable Statement Below:**

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

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

**has not been expelled** from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

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

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

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

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

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

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

**has been expelled** from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

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

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

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

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

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

# Required Documentation for students new to Norfolk Public Schools

Student's name

- State birth certificate
  
- Immunization record
  - Four (4) DPT with one (1) on or after the 4<sup>th</sup> birthday
  - Four (4) OPV or EIPV with one (1) on or after the 4<sup>th</sup> birthday
  - MMR: Two (2) with one administered after the 1<sup>st</sup> birthday
  - Hepatitis B: Total of three (3)
  - Varicella: 2 doses
  - Haemophilus Influenzae Type B (HIB) - dose ONLY for children up to 5 yrs.
  
- Physical
  
- Address verification – one (1) of the following
  - Lease/Mortgage agreement
  - Utility bill (Dominion Virginia Power, Virginia Natural Gas, or Water bill – within two months of school enrollment date)
  
- Custody papers (if applicable)

## Office Use:

- Requirements met

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

# 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](http://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](http://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](http://www.classdojo.com/LearnMore)

¿Quiere saber más? Visite [www.classdojo.com/LearnMore](http://www.classdojo.com/LearnMore)