

Early Learning Registration New Kent County Public Schools

DR. BRIAN J. NICHOLS, SUPERINTENDENT
POST OFFICE BOX 110
NEW KENT, VIRGINIA 23124
(804) 966-9650
REGISTRATION FORM

SCHOOL FAXNUMBERS
NKHS - (804) 966-8585
NKMS - (804) 966-8579
GWES - (804) 932-8459
NKES - (804) 966-9602
QES - (804) 557-3136

Dear Parent/Guardian:

We welcome you and your child to the New Kent County Public School System. In order to make the transition smoother, we would appreciate your cooperation by completing the attached forms.

Student Name:

DOB:

Grade:

Regulations for official admission to New Kent County Public Schools are as follows:

Registration Form

Home Language Survey Form

Proof of Residency: Must provide current house contract, lease agreement, or mortgage statement AND current (no more than 30 days old) utility bill; plus photo identification (Driver's license, DMV ID or Military ID)

Certified Copy of Birth Certificate (may be obtained from the Bureau of Vital Statistics from the state of birth) or **Naturalization Certificate** or **U.S. Visa**

Physical Form (Elementary Only or Enrolling from another state)

1. Physical exam must be signed by a U.S. licensed physician or health department.
2. Certification of Immunization must be signed by a physician or health department.
3. Physical must be dated within 12 month prior to date of registration.

Students transferring from out of state schools must present, at the time of registration, a copy of their immunization records and current physical dated within 12 months.

Request for records: If outside of NKCPSS, please provide previous school address and phone number.

Immunizations: MINIMUM REQUIREMENTS ARE LISTED IN ENROLLMENT PACKET

Any custody papers based on court decisions must be on file at the school.

I have received a copy of this form and understand that any missing information must be provided before my child attends school.

Parent/Guardian

Date

School

Date

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EARLY LEARNING REGISTRATION FORM

School Year _____ School _____ Grade _____

Full Legal Name _____ Nickname _____

Mailing Address _____ City _____ Zip _____

Physical Address _____ City _____ Zip _____

Home Phone # _____ Social Security Number _____

Date of Birth _____ Place of Birth _____ Gender _____

(Office use only) Birth Certificate # _____ State _____

Is student a resident of New Kent County? Yes ___ No ___ If no, what county? _____

Has student previously attended any New Kent County school(s)? Yes _____ No _____

If yes, please list grade level(s) _____

Has student ever received any Special Education services in this school division or any other school division? Yes _____ No _____

If yes, please list the school division _____

Please list the most recent school the student has attended.

Name of School	City/State	Dates of Attendance
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Caution: A student may attend a public school in New Kent County only if he/she is living in New Kent County with a natural parent, a person having legal custody by court order, or a court-appointed guardian. The student must carry on the normal activities of daily living at the residence of that person (i.e., eating, sleeping, etc.) The student's legal relationship to the person(s) listed must be accurately stated.

With whom does the student reside?(Check One) Natural Parent(s) Guardian Foster Parents

If residing with parents who are divorced or separated, who has legal custody? _____

If residing in a foster home, please list the name of the locality or agency which has placed the student. _____

1. Parent/Guardian (Check One) Mother Stepmother Grandmother Guardian

Name _____

Address (if different from student) _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Place of Employment _____

E-mail address _____

2. Parent/Guardian (Check One) Father Stepfather Grandfather Guardian

Name _____

Address (if different from student) _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Place of Employment _____

E-mail address _____

Please answer BOTH parts (1) and (2) by checking the boxes that describe your son or daughter best:

(1) What is the student's ethnicity? (Choose only one)

- Hispanic/Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
- Not Hispanic/Latino

No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your son or daughter's race to be:

(2) What is the student's race? (Choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

EARLY LEARNING
REGISTRATION FORM

Please list all individuals residing in the same household who attend New Kent County Public Schools.

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

NEW KENT COUNTY PUBLIC SCHOOLS RESERVES THE RIGHT TO EXCLUDE ANY STUDENT IF FALSE INFORMATION IS KNOWINGLY GIVEN ON A FORM USED FOR SCHOOL REGISTRATION OR PLACEMENT IN THE COUNTY SCHOOL PROGRAM.

Parent/Guardian Signature _____ Date _____

EMERGENCY INFORMATION

PLEASE LIST SOMEONE OTHER THAN STUDENT'S PARENTS/GUARDIANS WHO CAN BE CONTACTED IN CASE OF EMERGENCY WHEN PARENTS/GUARDIANS CANNOT BE REACHED

Emergency Contact _____

Relationship to Student _____ Phone # _____

Physician Name _____ Telephone # _____

Please note: A separate form is included in your registration packet for use in the school clinic.

Student Name: _____

Grade: _____

MILITARY CONNECTED STUDENTS

The Virginia Department of Education requires local school divisions to identify newly enrolled students who have a parent in the uniformed services. This information will allow local, state, and federal entities to provide statistics for the purpose of becoming eligible for funds and services to meet the needs of uniformed services-connected students residing in the Commonwealth. Information regarding the status of your specific child will not be presented in any reports.

Please select the appropriate category for the student noted above:

1. Student is not military connected
2. Active Duty: Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the US Public Health Services)
3. Reserve: Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
4. National Guard: Student is a dependent of a member of the Active or Reserve National Guard

Home Language Survey
 New Kent County Public Schools

Student Name:	School:	Date:
Grade:	Teacher:	
Relationship of Person Completing Survey:		
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		
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 that the student first acquired?		
4. In which languages do you prefer to receive communication from the school?		
Verbal: <input type="checkbox"/> English <input type="checkbox"/> Other: _____ Written: <input type="checkbox"/> English <input type="checkbox"/> Other: _____		
5. On what date did the student first start school in the United States?		
Month: _____ Year: _____		

If a parent or guardian responds with any language other than English for one or more of questions 1-3, then the student needs to be referred for English learner screening. In this case, a copy of this form should be sent to the Title III supervisor at the school board office. If the answer to question 4 is anything other than English, then the appropriate accommodations must be made to assist communication with the parents. One copy of this form should be kept in the student's permanent record.

Name of parent/guardian who completed the form: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Referred to the Title III Coordinator:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date sent: _____
Home Language Entered in SIS:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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PROOF OF RESIDENCY

On this day, _____, parent/legal guardian

produced the following proof of residency in New Kent County.

PARENTS OR LEGAL GUARDIANS MUST SUBMIT AT LEAST <u>ONE</u> DOCUMENT FROM EACH OF THE <u>THREE</u> COLUMNS:		
Column A	Column B	Column C
<ul style="list-style-type: none"> ● Current house contract ● Current lease agreement ● Current mortgage statement 	<p>A current utility bill:</p> <ul style="list-style-type: none"> ● Electric bill ● Gas/oil bill ● Water bill ● Home phone bill ● Cable bill <p>“current” is a bill/statement received within the past 30 days.</p>	<ul style="list-style-type: none"> ● Valid Driver’s License ● Valid DMV ID ● Valid Passport ● Valid Military ID <p style="text-align: center;">A valid ID is used for identification purposes.</p>

Signature of School Official

Date

Names/Grades of all Children Enrolled in the New Kent County School Division

Name of Child	Grade



REQUEST FOR STUDENT TRANSPORTATION

Please complete the following sections, as they relate to your request.

Stops are not subject to relocation except for safety concerns evaluated by the Pupil Transportation Department.

Students may walk up to .30/mile.

1. Check all that apply: ___ New Student ___ Change in pick up or drop off location ___ Change of address

___ Review of current bus stop ___ Other: _____

2. Student / Parent Information:

School: _____ Date of Request: _____

Child's Legal Name: _____ Grade: _____

Parent/Legal Guardian's full name: _____

Street Address: _____ City: _____ Zip: _____

Best Contact # (H): _____ (W): _____ (C): _____

Please Select one: ___ AM ___ PM ___ Both ___ Will Not Need Transportation

Parent's Signature: _____

3. Current Bus Information:

Current bus #: _____ Stop location: _____

4. Child Care Provider Information:

Provider's Street Address: _____

Select one: ___ AM ___ PM ___ Both Parent's Signature: _____

5. Please explain why a change is needed:

*For the start of school, any changes received **three-weeks prior** to the start of school, cannot be guaranteed transportation until **two-weeks after the start of school**. All requests must reside within the zoned school to be eligible for transportation (that includes shared custody and daycare).*

Please forward your request to the Transportation Department upon completion - Fax: 804-966-8598, or you can email the form to: NkcpsTrans@nkcps.k12.va.us. Please do not fax **and** email.

Office Use Only:

Processed By: _____ APPROVED / DENIED PARENT Notified _____ Notify Driver/Update Route _____



Yearly Health History Update - Clinic Record

Student's Name: _____ **DOB:** _____ **Current Grade:** _____ **Sex:** _____
Student's Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Name of Parent/Legal Guardian(1): _____ **Phone(home/cell)** _____ **(work)** _____
Name of Parent/Legal Guardian(2): _____ **Phone(home/cell)** _____ **(work)** _____

CONDITION	YES	MEDICATIONS/COMMENTS	CONDITION	YES	MEDICATIONS/COMMENTS
Allergies(food,insects,drugs, latex)			Diabetes		
Allergies (seasonal)			Head Injury, Concussion		
Asthma/Breathing Problems			Hearing Problems		
ADD (or) ADHD			Heart Problems		
Behavioral Problems			Muscle Problems		
Developmental Problems			Seizures		
Bladder Problem			Sickle Cell Disease (not trait)		
Bleeding Problem			Speech Problems		
Bowel Problem			Spinal Injury		
Cerebral Palsy			Surgery		
Cystic Fibrosis			Vision Problems		
Dental Problems			Other Condition		

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

List all prescription, over-the-counter, and herbal medications your student takes regularly: _____

CONTACT YOUR STUDENT'S SCHOOL NURSE IF YOU WOULD LIKE TO DISCUSS ANY CONFIDENTIAL HEALTH INFORMATION.
For the safety of your student, please provide any emergency medication and medical supplies needed to care for them prior to their arrival at school (Benadryl, Epinephrine, Inhaler, Other). A Doctor Order and written parent/guardian permission is required for medication to be administered at school.

	NAME	PHONE	DATE OF LAST APPOINTMENT
Pediatrician/Primary Care Provider			
Specialist/Other			
Specialist/Other			
Dentist			
Preferred Hospital			

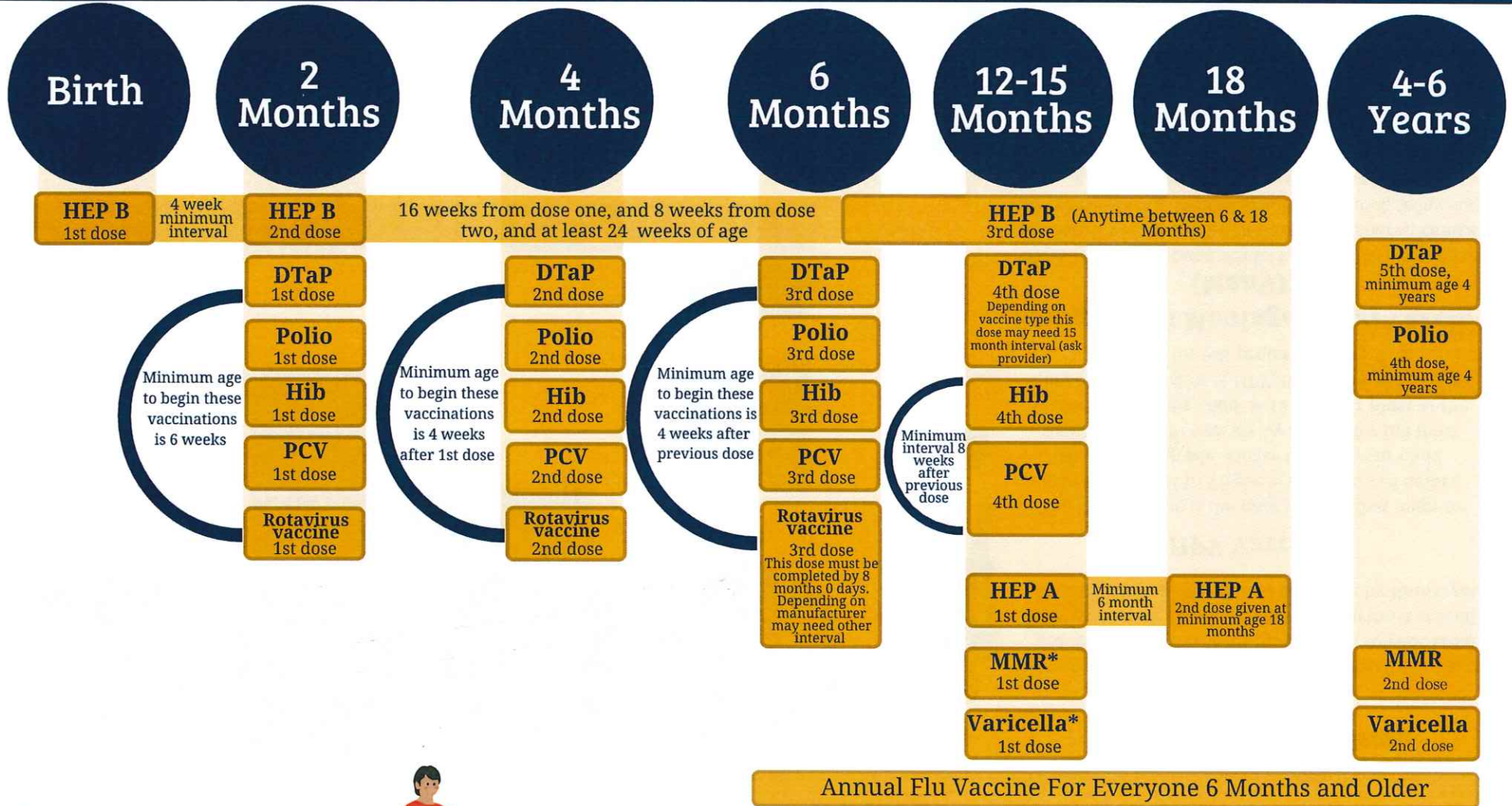
Yes ___ NO ___ I give permission for the above health care providers to be contacted regarding my student's medical history or treatment.

Student's Health Insurance: ___ None ___ FAMIS Plus (Medicaid) ___ FAMIS ___ Private/Commercial/Employer sponsored
 If you are interested in free or low cost health insurance go to this link: www.famis.org

Signature of Parent/Legal Guardian: _____ **Date:** ___/___/___

Virginia Childhood Vaccination Schedule

Birth - 6 Years



Combination Vaccines

Many vaccines are combined into one shot. This is proven to be safe and effective, helping lower the number of shots your child will get.



Herd Immunity

This protects your community from disease by immunizing as much of the community as possible. This helps protect babies, the elderly, and others who get sick easily!



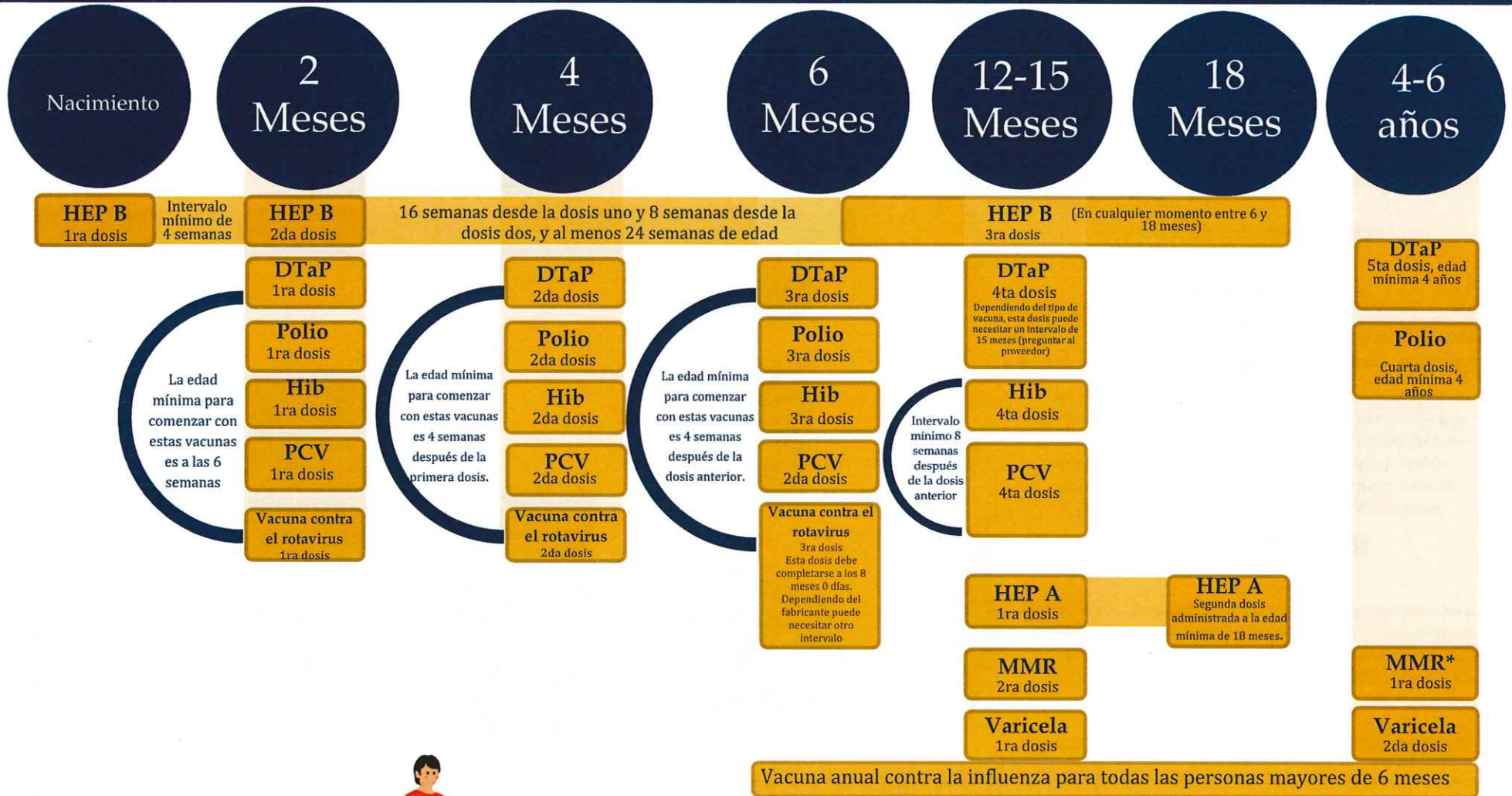
See current Centers for Disease Control (CDC) recommended schedule for children and adolescents for additional information www.cdc.gov/vaccines/schedules



www.vdh.virginia.gov

Programa de vacunación infantil de Virginia

Nacimiento - 6 años



Vacunas Combinadas

Muchas vacunas se combinan en una sola inyección. Se ha comprobado que esto es seguro y eficaz, lo que ayuda a reducir la cantidad de vacunas que recibirá su hijo.



Inmunidad Colectiva

Esto protege a su comunidad de enfermedades al inmunizar a la mayor cantidad posible de miembros de la comunidad. ¡Esto ayuda a proteger a los bebés, los ancianos y otras personas que se enferman fácilmente!



Consulte el calendario actual recomendado por los Centros para el Control de Enfermedades (CDC) para niños y adolescentes para obtener información adicional.
www.cdc.gov/vaccines/schedules



www.vdh.virginia.gov



SCHOOL & DAY CARE MINIMUM IMMUNIZATION REQUIREMENTS

Documentary proof shall be provided of adequate age appropriate immunization with the prescribed number of doses of vaccine indicated below for attendance at a public or private elementary, middle or secondary school, child care center, nursery school, family day care home or developmental center. Vaccines must be administered in accordance with the harmonized schedule of the Centers for Disease Control and Prevention, American Academy of Pediatrics, and American Academy of Family Physicians and must be administered within spacing and age requirements (available at <https://www.vdh.virginia.gov/immunization/immunization-manual/acip/>). **Children vaccinated in accordance with either the current harmonized schedule or the harmonized catch-up schedules (including meeting all minimum age and interval requirements) are considered to be appropriately immunized for school attendance. (See "Supplemental Guidance for School-required Vaccines" for additional information.)**

Diphtheria, Tetanus, & Pertussis (DTaP, DTP, or Tdap) - A minimum of 4 properly spaced doses. A child must have at least one dose of DTaP or DTP vaccine on or after the fourth birthday. DT (Diphtheria, Tetanus) vaccine is required for children who are medically exempt from the pertussis containing vaccine (DTaP or DTP). Adult Td is required for children 7 years of age and older who do not meet the minimum requirements for tetanus and diphtheria. Effective A booster dose of Tdap vaccine is required for all children entering the 7th grade.

Meningococcal Conjugate (MenACWY) Vaccine - Effective July 1, 2021, a minimum of 2 doses of MenACWY vaccine. The first dose should be administered prior to entering 7th grade. The final dose should be administered prior to entering 12th grade.

Human Papillomavirus (HPV) Vaccine - Effective July 1, 2021, a complete series of 2 doses of HPV vaccine is required for students entering the 7th grade. The first dose shall be administered before the child enters the 7th grade. After reviewing educational materials approved by the Board of Health, the parent or guardian, at the parents or guardians sole discretion, may elect for the child not to receive the HPV vaccine.

Hepatitis B Vaccine - A complete series of 3 properly spaced doses of hepatitis B vaccine is required for all children. However, the FDA has approved a 2-dose schedule **ONLY** for adolescents 11-15 years of age AND **ONLY when the Merck Brand (RECOMBIVAX HB) Adult Formulation Hepatitis B Vaccine** is used. If the 2-dose schedule is used for adolescents 11-15 years of age it must be clearly documented on the school form.

Measles, Mumps, & Rubella (MMR) Vaccine - A minimum of 2 measles, 2 mumps, and 1 rubella. (Most children receive 2 doses of each because the vaccine usually administered is the combination vaccine MMR). First dose must be administered at age 12 months or older. Second dose of vaccine must be administered prior to entering kindergarten but can be administered at any time after the minimum interval between dose 1 and dose 2.

Haemophilus Influenzae Type b (Hib) Vaccine - This vaccine is required **ONLY** for children up to 60 months of age. A primary series consists of either 2 or 3 doses (depending on the manufacturer). However, the child's current age and not the number of prior doses received govern the number of doses required. Unvaccinated children between the ages of 15 and 60 months are only required to have one dose of vaccine.

Pneumococcal (PCV) Vaccine - This vaccine is required **ONLY** for children less than 60 months of age. One to four doses, dependent on age at first dose, of pneumococcal conjugate vaccine are required.

Rotavirus Vaccine - This vaccine is required **ONLY** for children less than 8 months of age. Effective July 1, 2021, 2 or 3 doses of Rotavirus Vaccine (dependent upon the manufacturer) is required.

Polio (IPV) Vaccine - A minimum of 4 doses of polio vaccine. One dose must be administered on or after the fourth birthday. See supplemental guidance document for additional information.

Varicella (Chickenpox) Vaccine - All children born on and after January 1, 1997, shall be required to have one dose of chickenpox vaccine administered at age 12 months or older. Effective March 3, 2010, a second dose must be



Publication Release

New Kent County Public Schools and authorized media outlets may record a student's image, voice, performance, student work and other data on any media form. Data may include student's name, age, grade, and school location for use in programs, exhibitions, showings or displays and the promotion thereof in all media including NKCPs web pages and digital media platforms (including but not limited to Facebook, Twitter, Instagram, etc.).

I consent to the above for the current year.

Yes, I consent

No, I do not consent.

Signature of Parent/Legal Guardian: _____ **Date:** _____