

In the table below, provide contact information for at least one parent or guardian and up to three emergency contacts below. Circle the number for the order contacts are to be called in the case of an emergency. Mother/Father day and home phone numbers will be used for all attendance, emergency, and general calls made by their school and the division. Other contacts will only be called for emergency calls placed by the division. Mother/Father email addresses will be used for delivery of secure documents (report card) and emails with other information from the school/division.

Contact Name	Relationship to Student Mother/Guardian <input type="checkbox"/> Military Active Duty <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/> Father/Guardian <input type="checkbox"/> Military Active Duty <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/>	Day Phone	Home Phone	Mailing Address (if different from student)	Email Address	Order to Contact 1 2 3 4 5	Emergency Contact Y <input type="checkbox"/> N <input type="checkbox"/>	Lives With Y <input type="checkbox"/> N <input type="checkbox"/>	Has Custody Y <input type="checkbox"/> N <input type="checkbox"/>	School Pickup Y <input type="checkbox"/> N <input type="checkbox"/>
						1 2 3 4 5	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
						1 2 3 4 5	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
						1 2 3 4 5	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
						1 2 3 4 5	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
						1 2 3 4 5	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Transportation Information (Please fill in all information that pertains to your child.)

Primary AM Bus # _____ Primary PM Bus # _____ AM Car Rider: No Yes
Secondary AM Bus # _____ Secondary PM Bus # _____ PM Car Rider: No Yes

Student Driver: No Yes

Daycare or other after-school program (Must fill out *Parental Consent to Release Child to Alternative After-School Care Transportation form*.)

Other Transportation Information (Please list any other information such as "Grandmother picks up student" or "Rides bus to aunt's on Fridays.")

Parent/Guardian Signature _____

Date _____

NEW STUDENT SCREENING PROFILE (Grades 6 - 12)

PLEASE FILL IN THE INFORMATION BELOW AND GIVE THIS FORM TO THE SCHOOL NURSE

NAME OF PUPIL _____

ENROLLMENT DATE _____

BIRTHDATE _____

SCREENING BELOW TO BE COMPLETED BY THE SCHOOL NURSE

DIRECTIONS:

Indicate the findings of the initial screening under the column SCREENING. If the student is retested, indicate the finding under the column RETEST. Indicate if there is a referral (X). This screening needs to be done within 60 days of enrollment.

VISION (6-12)				HEARING (6-12)			
SCREENING DATE _____		RETEST DATE _____		SCREENING DATE _____		RETEST DATE _____	
PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
COMMENTS:		COMMENTS:		COMMENTS:		COMMENTS:	
Initials _____		Initials _____		Initials _____		Initials _____	
Referral: _____				Referral: _____			



**English Language Program
Pittsylvania County Schools**

39 Bank Street, S.E.
Chatham, VA 24531
Ph. (434) 793-1624

Home Language Registration Form

The information on this form must be collected on **ALL STUDENTS** who register in Pittsylvania County Public Schools. This form meets requirements of the Equal Educational Opportunity Act 20 USC 1703 for identification of national origin minority children. The law requires that all language minority children be screened to determine English language proficiency for academic success in school.

STUDENT: _____
Last First Middle

1. Date of birth: _____ Age: _____ What country was the student born? _____ (Country other than US): Answer A-D

A. Last grade completed in native country _____ B. Date student entered U.S schools.

C. Date student entered VA schools _____ D. Date student entered Pittsylvania County Schools _____

2. Circle all grades completed in U.S. schools: None Pre-K K 1 2 3 4 5 6 7 8 9 10 11

3. Has the student ever received ESL or ESOL services? YES NO Not sure
If yes: Dates _____ School District/State _____

4. Did your family move in the past three years in order for someone in the family to work or look for work that is temporary or seasonal agricultural work? YES NO

	English	Spanish	Other: (Specify)
5. What is the primary language used in the home, regardless of the language spoken by the student?			
6. What is the language most often spoken by the student?			
7. What is the language that the student first acquired?			

8. Who speaks English in the home? Student Mother Father Siblings No one

In which language do you prefer to receive written school communication? _____

In which language do you prefer to receive oral school communication? _____

Signature of Parent/Guardian _____

Date _____

Printed Name of Parent/Guardian _____

Telephone Number _____

OFFICIAL USE ONLY: TO BE COMPLETED BY SCHOOL OFFICE STAFF (Please Print)

School: _____ Office Staff/Guidance Counselor: _____ Grade: _____

Please contact your school's ESL teacher immediately, if the answer to question 1 indicates a country other than the United States

and/or the answer to question 3 or 4 is yes

and/or any language other than English is checked in questions 5-8.

FAX to: Todd Sease, ESL Supervisor

PITTSYLVANIA COUNTY SCHOOLS

Discipline Disclosure 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 3 misdemeanor. The registration document 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, _____, affirm that _____
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.

Parent, guardian or person having
control or charge of child

Date

I, _____, affirm that _____
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.

Parent, guardian or person having
control or charge of child

Date

NOTIFICATION OF STUDENT INFORMATION CONCERNING CRIMINAL CONVICTION AND DELINQUENCY ADJUDICATIONS

Section 22.1-3.2 of the Code of Virginia requires a 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 found guilty of or adjudicated delinquent for any offense listed in subsection G of §16.1-260 of the Code of Virginia or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. When the child is registered as a result of a foster care placement as defined in §63.2-100, the information required under this section shall be furnished by the local social services agency or licensed child-placing agency that made the foster care placement.

The offenses listed in subsection G of §16.1-260 of the Code of Virginia are:

- ♦ A firearm offense pursuant to Article 4 (§ 18.2-279 et seq.), 5 (§ 18.2-280 et seq.), 6 (§ 18.2-299 et seq.), or 7 (§ 18.2-308 et seq.) of Chapter 7 of Title 18.2;
- ♦ Homicide, pursuant to Article 1 (§ 18.2-30 et seq.) of Chapter 4 of Title 18.2;
- ♦ Felonious assault and bodily wounding, pursuant to Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title 18.2;
- ♦ Criminal sexual assault, pursuant to Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2;
- ♦ Manufacture, sale, gift, distribution or possession of Schedule I or II controlled substances, pursuant to Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2;
- ♦ Manufacture, sale or distribution of marijuana pursuant to Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2;
- ♦ Arson and related crimes, pursuant to Article 1 (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2;
- ♦ Burglary and related offenses, pursuant to §§ 18.2-89 through 18.2-93;
- ♦ Robbery pursuant to § 18.2-58;
- ♦ Prohibited street gang participation pursuant to § 18.2-46.2;
- ♦ Prohibited criminal street gang activity pursuant to § 18.2-46.2;
- ♦ Recruitment of other juveniles for a criminal street gang activity pursuant to § 18.2-46.3; or
- ♦ Recruitment of juveniles for criminal street gang pursuant to § 18.2-46.3.

Please complete the name of child as indicated, check the appropriate statement below and complete additional information as requested:

Full Name of Child

I hereby swear/affirm the child listed above has never been found guilty of or adjudicated delinquent for any of the offenses referenced above.

I certify that the child listed above has been found guilty of or adjudicated delinquent for one or more of the offenses referenced above. These offenses are listed below:

Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor (§22.1-3.2 Code of Virginia).

I swear/affirm that, to my knowledge, the information stated above is correct.

DATE

Signature of Parent, Guardian or other appropriate individual

Pursuant to Section 22.1-288.2 of the Code of Virginia, this document shall be maintained by the principal separately from all other records concerning the student. However, if the school administrator or the School Board takes disciplinary action against a student based upon an incident which formed the basis for the adjudication of delinquency or conviction for an offense listed in subsection G of §16.1-260 of the Code of Virginia, the notice shall become a part of the student's disciplinary record.

CONFIDENTIAL

Pittsylvania County Public Schools

Department of Pupil Transportation

Placement of New Student on Bus

Date _____

The School Principal responsible for Transportation shall complete this form. A copy of the completed form should be provided to the correct bus driver on day of student enrollment. The original form should be kept in the school office.

Student's Name: Last: _____ First: _____ Initial: _____

Grade Level: _____ School: _____

Student's Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____ Work: () _____

For elementary student, name some other relative or neighbor, who will assume temporary care of your child if you are unavailable at afternoon unloading time.

Name: _____ Telephone: _____

Student Will Be Assigned to Bus # _____

Enrollment Date: _____

Driver's Signature: _____

Administrator's Signature: _____

DECLARATION OF RESIDENCE

I, the undersigned, state under oath and penalty of perjury that the continuing residence of _____ is located
(name of parent/guardian of student)
at _____
(E-911 address)

I (parent/guardian) further state under oath that three forms of identification as detailed below have been supplied showing my name and current address.

Check the forms of identification supplied:

(at least three forms of identification must be supplied with this form)

- | | |
|---|---|
| <input type="checkbox"/> Current Virginia State Driver's License | <input type="checkbox"/> Current original tax assessment statement |
| <input type="checkbox"/> Current Virginia State Identification Card | <input type="checkbox"/> Current voter registration card |
| <input type="checkbox"/> Current valid Virginia vehicle registration or vehicle title | <input type="checkbox"/> Check stub from current employment |
| <input type="checkbox"/> Current original signed lease agreement or mortgage documentation | <input type="checkbox"/> Monthly Bank Statement |
| <input type="checkbox"/> Current original invoice or documentation of address from water department | <input type="checkbox"/> Homeowners' Insurance Policy |
| <input type="checkbox"/> Current original invoice or documentation of address from gas department | <input type="checkbox"/> Medical Bills (must include name and current address) |
| <input type="checkbox"/> Current original invoice or documentation of address from electric department | <input type="checkbox"/> Social Security documentation that includes name and current address |
| <input type="checkbox"/> State or federal tax return filed within the past 12 months with W2 form(s) attached | <input type="checkbox"/> Social Services documentation that includes name and current address |
| | <input type="checkbox"/> Picture ID (must include name and current address) |

SIGNATURE OF PARENT/GUARDIAN

ENROLLING STUDENT'S NAME

PLEASE PRINT NAME

ENROLLING STUDENT'S NAME

DATE

ENROLLING STUDENT'S NAME

PLEASE NOTE: The General Assembly amended the Code of Virginia, Section 22.1-264.1, relating to false statements regarding school division residency. Specifically, the Code states that "Any person who knowingly makes a false statement concerning the residency of a child, as determined by Section 22.1-3, in a particular school division or school attendance zone, for the purposes of (1) avoiding tuition charges authorized by Section 22.1-5 or (2) enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor." The law, which becomes effective July 1, 2005, carries with it a maximum fine of \$250.

THIS FORM MUST BE EXECUTED BY A NOTARY PUBLIC AND IS NOT VALID UNLESS PROPERLY NOTARIZED.

State of _____
City/County of _____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20____, by _____
(name of person seeking acknowledgment) and acknowledged the foregoing signature to be his/hers, supplied three forms of identification from the list above which include the aforementioned name and address on the documents, and having been duly sworn by me, made an oath that the statements in the said instrument are true.

My commission expires: _____

SIGNATURE OF NOTARY PUBLIC

Dan River Middle School

5875 Kentuck Road
Ringgold, Virginia 24586
(434) 822-6027 • FAX (434) 822-6548

The following student is enrolling at Dan River Middle School:

Student Name: _____ Grade: _____ Birth Date: _____

I hereby authorize _____
(Previous School)

_____ (Phone Number) (Fax Number)

to release all information in my child's cumulative, administrative, health, or psychological records to Dan River Middle School including, but not limited to:

- Transcript
- Grades for current year-to-date and past school year
- Test scores
- Discipline Record
- Attendance Record
- Full immunization record – please include Hepatitis B and recent TDaP Immunizations • School Entrance Health Exam
- Health information
- IEP or 504 plan, if applicable
- Psychological/educational Testing Records
- Gifted record or ESL record, if applicable
- Placement Forms
- Current school year schedule if transferring mid-year

Please send the above requested information by fax to (434)822-6458 or by email to:

Terieka Chandler, School Counselor: terieka.chandler@pcs.k12.va.us

Parent/Guardian Signature: _____ Date: _____