

School Name: _____

Date: _____

Part I. Student Information

_____, _____ Jr. Sr. II III IV _____
Last Name First Name Middle Name Suffix Nickname
Date of Birth: _____ Gender: ☐ Male ☐ Female Grade Level _____

Ethnicity

Hispanic or Latino? ☐ Y ☐ N

Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (Choose one or more) Definitions can be found on Page 8

☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White, Not of Hispanic Origin

With whom does student reside? ☐ Parents ☐ Mother ☐ Father ☐ Other _____
(Please specify relationship)

Who has legal custody? ☐ Parents ☐ Mother ☐ Father ☐ Other _____
(Please specify relationship)

NOTE: I understand that according to Virginia law, to knowingly makes a false statement concerning the residency of a child, as determined by § 22.1-3, in a particular school division or school attendance zone, for the purposes of (i) avoiding the tuition charges authorized by § 22.1-5 or (ii) enrollment in a school outside the attendance zone in which the student resides, is a **Class 4 misdemeanor**. (Virginia Code § 22.1-264.1)

Special Pick-up Information: _____

The following information is critical to assist us in maintaining accurate data regarding your child's transportation to and from school.

AM Bus Pickup Address: Specific Street Address: _____ City: _____

PM Bus Drop-off Address: Specific Street Address: _____ City: _____

Car-rider: __ AM __ PM

Walk: __ AM __ PM

Part II. Contact Information

Select one of the following relationship definitions for each contact:

Mother	Father	Parents	Step-Mother	Step-Father	Step-Parents
Foster Mother	Foster Father	Foster Parents	Grandmother	Grandfather	Grandparents
Aunt	Uncle	Sister	Brother	Guardian	Caseworker
Spouse	Neighbor	Friend	Self	Other	

1A. Person(s) with whom Student Resides

_____, _____, _____, _____, _____
 Prefix Last Name First Name MI Suffix

Relationship: _____

Has permission to pick up student? ☐Y ☐N Notes: _____

Contact should receive information about the following:

☐Attendance ☐Scheduling ☐Grading ☐Discipline ☐Mailings ☐Testing ☐Medical

Highest Level of Education Completed: _____ Preferred Language: _____
 (Leave blank, if language is English)

Phone Information:

Phone Number: _____ Ext: _____ ☐Unlisted Description: _____
 (Home, Dad's Cell, Mom's Work, etc)

Emergency Number: _____ Ext: _____ ☐Unlisted Description: _____

Work1 Phone: _____ Ext: _____ ☐Unlisted Employer: _____

Work2 Phone: _____ Ext: _____ ☐Unlisted Employer: _____

Cell Phone: _____ Ext: _____ ☐Unlisted Description: _____

Email address: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Select one of the following relationship definitions for each contact:

Mother	Father	Parents	Step-Mother	Step-Father	Step-Parents
Foster Mother	Foster Father	Foster Parents	Grandmother	Grandfather	Grandparents
Aunt	Uncle	Sister	Brother	Guardian	Caseworker
Spouse	Neighbor	Friend	Self	Other	

1B. Person(s) with whom Student Resides

_____, _____, _____, _____, _____
 Prefix Last Name First Name MI Suffix

Relationship: _____

Has permission to pick up student? ☐Y ☐N Notes: _____

Contact should receive information about the following:

☐Attendance ☐Scheduling ☐Grading ☐Discipline ☐Mailings ☐Testing ☐Medical

Highest Level of Education Completed: _____ Preferred Language: _____

Phone Information:

Phone Number: _____ Ext: _____ ☐Unlisted Description: _____
 (Home, Dad's Cell, Mom's Work, etc)

Emergency Number: _____ Ext: _____ ☐Unlisted Description: _____

Work1 Phone: _____ Ext: _____ ☐Unlisted Employer: _____

Work2 Phone: _____ Ext: _____ ☐Unlisted Employer: _____

Cell Phone: _____ Ext: _____ ☐Unlisted Description: _____

Email address: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Select one of the following relationship definitions for each contact:

Mother	Father	Parents	Step-Mother	Step-Father	Step-Parents
Foster Mother	Foster Father	Foster Parents	Grandmother	Grandfather	Grandparents
Aunt	Uncle	Sister	Brother	Guardian	Caseworker
Spouse	Neighbor	Friend	Self	Other	

2. Additional Contact Person(s)

_____, _____
Prefix Last Name First Name MI Suffix

Relationship: _____

Has permission to pick up student? ☐ Y ☐ N Notes: _____

Contact should receive information about the following:

☐ Attendance ☐ Scheduling ☐ Grading ☐ Discipline ☐ Mailings ☐ Testing ☐ Medical

Highest Level of Education Completed: _____ Preferred Language: _____

Phone Information:

Phone Number: _____ Ext: _____ ☐ Unlisted Description: _____
(Home, Dad's Cell, Mom's Work, etc)

Emergency Number: _____ Ext: _____ ☐ Unlisted Description: _____

Work1 Phone: _____ Ext: _____ ☐ Unlisted Employer: _____

Work2 Phone: _____ Ext: _____ ☐ Unlisted Employer: _____

Cell Phone: _____ Ext: _____ ☐ Unlisted Description: _____

Email address: _____ Email address: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Select one of the following relationship definitions for each contact:

Mother	Father	Parents	Step-Mother	Step-Father	Step-Parents
Foster Mother	Foster Father	Foster Parents	Grandmother	Grandfather	Grandparents
Aunt	Uncle	Sister	Brother	Guardian	Caseworker
Spouse	Neighbor	Friend	Self	Other	

3. Additional Contact Person(s)

Prefix _____ Last Name _____ First Name _____ MI _____ Suffix _____

Relationship: _____

Has permission to pick up student? ☐ Y ☐ N Notes: _____

Contact should receive information about the following:

☐ Attendance ☐ Scheduling ☐ Grading ☐ Discipline ☐ Mailings ☐ Testing ☐ Medical

Highest Level of Education Completed: _____ Preferred Language: _____

Phone Information:

Phone Number: _____ Ext: _____ ☐ Unlisted Description: _____
(Home, Dad's Cell, Mom's Work, etc)

Emergency Number: _____ Ext: _____ ☐ Unlisted Description: _____

Work1 Phone: _____ Ext: _____ ☐ Unlisted Employer: _____

Work2 Phone: _____ Ext: _____ ☐ Unlisted Employer: _____

Cell Phone: _____ Ext: _____ ☐ Unlisted Description: _____

Email address: _____ Email address: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

*Attachment available for additional contact information upon request.

Part III. Medical Information

New student Medical Information

List any known allergies: _____

Indicate type of allergic reaction: _____

Does your child have any of the following medical problems:

Diabetes _____

Asthma _____

Seizures _____

Food Allergies/special dietary needs _____

Other severe allergies requiring use of EPI-PEN _____

Adrenal Insufficiency _____

List any additional medical problems: _____

Medications required during school hours: _____

Primary Healthcare Provider Name & Address: _____

Dental Provider Name & Address: _____

Please Note: Certain Immunizations are required by the state of Virginia for Public School Attendance. Please provide all immunization records.

Please list the following information for all previous schools the student has attended:

1) School Name: _____ School Telephone: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Province: _____ Country: _____

Beginning Date of Attendance: _____ Grade Level: _____

Ending Date of Attendance: _____ Grade Level: _____

2) School Name: _____ School Telephone: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Province: _____ Country: _____

Beginning Date of Attendance: _____ Grade Level: _____

Ending Date of Attendance: _____ Grade Level: _____

3) School Name: _____ School Telephone: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Province: _____ Country: _____

Beginning Date of Attendance: _____ Grade Level: _____

Ending Date of Attendance: _____ Grade Level: _____

4) School Name: _____ School Telephone: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Province: _____ Country: _____

Beginning Date of Attendance: _____ Grade Level: _____

Ending Date of Attendance: _____ Grade Level: _____

***Attachment available for additional school information upon request.**

Parent/Guardian Signature: _____ Date: _____

DEFINITION OF RACE CATEGORIES

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.

SCHOOL OFFICE USE ONLY

Completed by _____

Do not register a student until two proofs of residency have been given with one of the two being a notarized lease and/or rental agreement from the owner of the property. Once this information is given and approved as legitimate by the school administration you may register the new student.

1.	Student ID Number:			
2.	Date of Registration:			
3.	Birth Document Verified by (Name): _____	Y	N	
	Document Type:			
4.	Proof of Residency Provided? _____	Y	N	
	Document Types: 1. 2.			
5.	Birth Certificate Number provided? (Must be original copy)			
6.	Immunization Record provided?	Y	N	
7.	Physical Exam Document provided? (if applicable)	Y	N	
8.	Signed <i>Release of Records</i> provided?	Y	N	
9.	Custodial documentation provided (if applicable)? _____	Y	N	N/A
	Document type:			
10.	Signed <i>Code of Conduct</i> provided? (Tazewell County Public School calendar – page 45)	Y	N	
11.	Signed <i>Acceptable Use Policy</i> provided?	Y	N	
12.	Notarized <i>Affirmation Relating to Expulsion</i> provided?	Y	N	
13.	Notarized <i>Affirmation Relating to Student Offenses</i> ?			
14.	Signed <i>Medication Permission</i> provided if applicable?	Y	N	
15.	LEP information provided if applicable? Home Language Survey Completed	Y	N	N/A
16.	Central Office contacted if LEP is applicable?	Y	N	N/A
17.	Special Education teacher contacted if applicable?	Y	N	N/A
18.	Gifted teacher contacted if applicable?	Y	N	N/A
19.	Director of Special Education contacted if student has a 504?	Y	N	N/A
20.	Confidential Residency Questionnaire completed	Y	N	

**Tazewell County Public Schools
Student Residency Questionnaire
CONFIDENTIAL**

Name of School _____ School Year: _____

Name of Student: _____

Last First Middle

Birth Date: ____/____/____ Age: ____
Month / Day / Year

Grade: Sex: ☐ Male ☐ Female

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is the student's current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
3. Is the student unaccompanied (living in a household where no one is the parent or legal guardian)? ☐ Yes ☐ No
4. Is the student in Foster Care? ☐ Yes ☐ No

If you answered YES to any of the above questions, please complete the remainder of this form. If you answered NO, you may stop here and just sign the form at the bottom of this sheet.

Where is the student presently living?

- | | |
|--|--|
| <input type="checkbox"/> Doubled up with more than one family or relative
<input type="checkbox"/> In a shelter
<input type="checkbox"/> In a motel
<input type="checkbox"/> Moving from place to place
<input type="checkbox"/> In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
<input type="checkbox"/> In housing that is inadequate or substandard. | <input type="checkbox"/> Awaiting foster care placement (could be temporary or emergency placement):
<input type="checkbox"/> In foster care with a qualified foster care family
With a stepparent, grandparent, relative, or caretaker that is <u>NOT</u> a legal guardian
<input type="checkbox"/> With friend(s) or alone.
<input type="checkbox"/> Other: (Please describe.) |
|--|--|

Name of person living in household responsible for this student: _____

Relationship (check one): ☐ Parent ☐ Legal Guardian ☐ Foster Parent ☐ Self
☐ Caretaker (includes grandparent, stepparent, relative, or other adult that is not a legal guardian)

Address: _____ Zip: _____ Phone: _____

Other contact information: _____

Foster Care Information (if applicable) Placing Agency: _____

County of Biological Parents: _____ Name of Caseworker: _____

I understand that the student listed above may be eligible for services based on McKinney-Vento Act 42 U.S.C. 11435. I may be contacted by a school official for additional information. I may also contact the guidance department at my student's school or the MCPS Homeless Liaison for more information.

Signature: _____ **Date:** _____

Office Use: If the parent has answered "yes" to any of the first three questions, please fill out the reverse side and email a copy to Melanie Lashinsky at mlashinsky@tcpsva.org. Original should be maintained at the home school.

Students Experiencing Homelessness

Listed below are resources that may have been provided to students experiencing homelessness. Please check any that your school / Family Engagement Coordinator / Communities in Schools Representative has provided to assist these students. This form should be submitted with the end-of-the-year check-out documentation.

- ☐ Supplemental educational services, such as tutoring and other academic enrichment programs
- ☐ Expedited evaluations for various educational services
- ☐ Professional development activities for educators and pupil services personnel working with homeless students
- ☐ Health referral services, such as the Elgin Dental Program
- ☐ Defraying the excess cost of transportation in order to enable student(s) to attend the school of origin
- ☐ Early childhood education programs for pre-school-aged children
- ☐ Services and assistance to attract, engage, and retain homeless children and youth and unaccompanied youth in public school programs
- ☐ Before and after-school tutoring, mentoring, and summer programs with educational activities
- ☐ Payment of fees and costs associated with tracking, obtaining, and transferring records of homeless children and youth
- ☐ Education and training for parents of homeless children and youth about rights and resources
- ☐ Development of coordination between schools and agencies providing services
- ☐ Provision of pupil services (including violence prevention counseling) and referrals for such services
- ☐ Activities to address needs that may arise from domestic violence
- ☐ Adaptation of space and purchase of supplies for non-school facilities to provide services listed above
- ☐ Provision of school supplies, including those to be distributed at shelters or other appropriate locations
- ☐ Backpack Program – Food for students over the weekends / during school closures
- ☐ Christmas Angel Program
- ☐ Food City Gift Cards
- ☐ Clothing
- ☐ Personal Hygiene Products
- ☐ Financial Assistance for Field Trips or School Activities if Necessary
- ☐ Other extraordinary or emergency assistance needed to enable homeless students to attend school

COMMONWEALTH OF VIRGINIA

CERTIFICATE OF RELIGIOUS EXEMPTION

Name _____ Birth Date _____

Student I.D. Number _____

The administration of immunizing agents conflicts with the above named student's/my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

Signature of parent/guardian/student

Date

I hereby affirm that this affidavit was signed in my presence on

This _____ Day of _____

Notary Public Seal

Affirmation Relating to Offenses

Virginia law requires that prior to admission to any public school, the parent, guardian, or other person in control or charge of a child of school age must 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 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. This document shall be maintained as provided in § 22.1-288.2.

This sworn statement becomes part of the student's scholastic record. Anyone making false statements of this affirmation shall be guilty of a Class 3 misdemeanor.

I, _____, the parent, guardian of _____
(Name of parent / guardian) (Name of student being enrolled)

do hereby swear that _____, has/has not committed an act
(Name of student being enrolled) (circle one)

which would be a crime if committed by an adult or that such student who is an adult has committed a crime and is alleged to be within the jurisdiction of the court.

(Signature of parent / guardian)

(Date)

STATE OF VIRGINIA
COUNTY OF TAZEVELL

The foregoing was sworn or affirmed before me this _____ day of _____, 20____

My Commission Expires: _____

Notary Public

§ 16.1-260. Intake; petition; investigation

G. Notwithstanding the provisions of Article 12 (§ 16.1-299 et seq.), the intake officer shall file a report with the division superintendent of the school division in which any student who is the subject of a petition alleging that such student who is a juvenile has committed an act, wherever committed, which would be a crime if committed by an adult, or that such student who is an adult has committed a crime and is alleged to be within the jurisdiction of the court. The report shall notify the division superintendent of the filing of the petition and the nature of the offense, if the violation involves:

1. A firearm offense pursuant to Article 4 (§ 18.2-279 et seq.), 5 (§ 18.2-288 et seq.), 6 (§ 18.2-299 et seq.), or 7 (§ 18.2-308 et seq.) of Chapter 7 of Title 18.2;
2. Homicide, pursuant to Article 1 (§ 18.2-30 et seq.) of Chapter 4 of Title 18.2;
3. Felonious assault and bodily wounding, pursuant to Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title 18.2;
4. Criminal sexual assault, pursuant to Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2;
5. 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;
6. Manufacture, sale or distribution of marijuana or synthetic cannabinoids pursuant to Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2;
7. Arson and related crimes, pursuant to Article 1 (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2;
8. Burglary and related offenses, pursuant to §§ 18.2-89 through 18.2-93;
9. Robbery pursuant to § 18.2-58;
10. Prohibited criminal street gang activity pursuant to § 18.2-46.2;
11. Recruitment of other juveniles for a criminal street gang activity pursuant to § 18.2-46.3; or
12. An act of violence by a mob pursuant to § 18.2-42.1.

The failure to provide information regarding the school in which the student who is the subject of the petition may be enrolled shall not be grounds for refusing to file a petition.

The information provided to a division superintendent pursuant to this section may be disclosed only as provided in § 16.1-305.2.

Affirmation Relating to Expulsion

As of July 1, 1993 Virginia law requires that prior to admission to any public school, the parent, guardian, or other person in control or charge of a child of school age must provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance from a private school or a public school division in Virginia, or in another state for an offense in violation of School Board policies relating to weapons, alcohol or drugs, or for willful infliction of injury to another person.

This sworn statement becomes part of the student's scholastic record. Anyone making false statements of this affirmation shall be guilty of a Class 3 misdemeanor.

I, _____, the parent, guardian of _____
(Name of parent / guardian) (Name of student being enrolled)

do hereby swear that _____, has/has not been expelled
(Name of student being enrolled) (Circle one)

from school attendance from a private school or a public school in Virginia 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.

(Signature of parent / guardian)

(Date)

STATE OF VIRGINIA
COUNTY OF TAZEWELL

The foregoing was sworn or affirmed before me this _____ day of _____, 20____

My Commission Expires: _____

Notary Public

Tazewell County Public Schools
Enrollment of Children in Kinship Care

RE: Virginia General Assembly

Amended Virginia Code §22.1-3.A based on SB 960 (effective until June 30, 2016)

TCPS Policy JEC School Admission

Definition: Va. Code §63.2-100 defines kinship as “the full-time care, nurturing, and protection of children by relatives.” **(full-time care-taking arrangement provided by relatives)**

{t}he public schools in each school division shall be free to each person of school age who resides within the school division. Every person of school age shall be deemed to reside in a school division... **(schools provide a free education to students who reside within the geographical boundaries of the school division)**

{w}hen the parents of such person are unable to care for the person and the person is living, not solely for school purposes, with another person who resides in the school division and is...an adult relative providing temporary kinship care as that term is defined in {Va. Code} §63.2-100.

Note: The statutory amendment applies only when the parents of the child are unable to care for the child.

Documentation required by both parents and/or kinship care providers to enroll a student.

- 1) signed, notarized *affidavits explaining why the parents are unable to care for the child
(the affidavits must be signed by BOTH parents and the adult relative providing kinship care)
and
(details/circumstances of the kinship care arrangement -including a time frame for kinship care)
and
(an agreement that the kinship care provider will notify the school
within 30 days of the end of the kinship arrangement)
- 2) a power of attorney **authorizing the adult relative to make educational decisions** regarding the child
- 3) written verification from each department of social services (DSS **where the parent resides** and DSS **where the kinship provider resides** which would be Tazewell County DSS) that the kinship care arrangement serves a legitimate purpose other than school enrollment **(there must be legitimate reasons for the request)**
- 4) continued verification, on a yearly basis, if the kinship care arrangement lasts more than one year
(if the arrangement lasts more than a year, Tazewell County Public Schools **MUST** receive continued verification directly from BOTH Departments of Social Services that both parents are unable to care for the student and that the kinship care arrangement serves as a legitimate reason other than school enrollment).

ALL four (4) documents listed above must be received to determine enrollment of a student in kinship care.

****It is a class 4 misdemeanor to make false statements in affidavits.***