



**NEW STUDENT
ENROLLMENT FORM**
DICKENSON COUNTY PUBLIC SCHOOLS
309 Volunteer Street
P. O. Box 1127
Clintwood, Virginia 24228
(276) 926-4643

(FOR OFFICIAL USE ONLY) THE FOLLOWING REQUIRED DOCUMENTATION HAS BEEN OBTAINED FROM THE CHILD'S PARENT(S) OR GUARDIAN(S) AND IS IN COMPLIANCE IN ACCORDANCE TO DICKENSON COUNTY SCHOOL REGULATIONS:

- ☐ BIRTH CERTIFICATE
- ☐ SOCIAL SECURITY CARD--Optional
- ☐ COMPLETED QUESTIONNAIRE
- ☐ IMMUNIZATION RECORDS
- ☐ PHYSICAL EXAMINATION RECORD
- ☐ PROOF OF LEGAL GUARDIANSHIP
(If other than parent or if any custody order are in effect)

DATE CUSTODY ORDERS WERE PRESENTED TO SCHOOL

☐
ENROLLING SCHOOL: _____

ENROLLMENT DATE: _____

ENROLLER'S SIGNATURE: _____

COPY TO: SCHOOL RECORD FILE

Homeroom: _____ **Grade:** _____

Enrollment Date: _____ **Entry Code:** _____

TEMS Number: _____ **VDOE Number:** _____

STUDENT INFORMATION

NAME: _____
Last First Middle

What name does the child go by? _____

Date of Birth _____ / _____ / _____ **Gender** _____ **Male** _____ **Female** _____
Month Day Year

Child's Place of Birth _____
City County State Country

Child's Birth Certificate Number: _____ **Social Security Number:** (optional) _____

Home Telephone #: _____ (Unlisted __Yes __No) **Cell Phone Number** _____

ADDRESS: (Mailing) _____

ADDRESS: (911 Address/Residence) _____

Community where child lives: _____ **County in which child lives:** _____

Is student in Foster Care?: __YES__NO **If yes, from what county?** _____

Will child ride a bus: __Yes__No **BUS #:** _____ **Driver:** _____ **Miles to School:** _____

What is the primary language used in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Has the student previously attended a school in Dickenson County? Yes No

If Yes, please list school attended _____

Did your child attend preschool? _____ **Pre_K** _____ **Headstart** _____ **Daycare** _____

If so, where _____

Is student receiving special education services? _____ **Yes** _____ **No** _____ **If so, please list disability** _____
Is child receiving services from a 504 Plan? _____ **Yes** _____ **No** _____

Student Ethnic Status: Due to new Federal Guidelines, please answer the two following questions on ethnicity and race:

Part A. Is the student Hispanic/Latino? (Choose only one)

- ☐ No, not Hispanic/Latino
☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South of Central American or other Spanish culture or origin, regardless of race.)

Part B. What is the student's race? (Choose one or more)

- ☐ American Indian or Alaskan 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.)

Does your child stay in any of the places listed below? If so, please check the appropriate box; if not leave this section blank.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> in a shelter | <input type="checkbox"/> in a motel/hotel | <input type="checkbox"/> in a car | <input type="checkbox"/> temporarily with more than one |
| <input type="checkbox"/> at a campsite | <input type="checkbox"/> other | <input type="checkbox"/> in another location that is not appropriate for people | family in a house, mobile home or apartment, because the family does not have a place of its own |

Does your child have an acute or chronic illness? _____ Yes _____ No If yes, please describe _____

Is your child using any medication? _____ Yes _____ No If yes, please list medications: _____

Does your child have a handicapping condition? _____ Yes _____ No If yes, please describe _____

Physician's Name _____ Phone _____

Medical Alert 1: _____

Medical Alert 2: _____

Student resides with: _____ Mother/Father _____ Mother _____ Father _____ Grandparents _____ Other

If Other, please give name and relationship: _____

Do you have court documents pertaining to the custody of this child? _____ Yes _____ No
(If yes, documents are required to be on file in student's record at the school.)

PARENT/GUARDIAN(S) INFORMATION

Parent/Guardian #1

Full Name _____ Relationship _____ DOB _____

Address _____

Highest level of education completed _____ Occupation _____ Employer _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

Parent/Guardian #2

Full Name _____ **Relationship** _____ **DOB** _____

Address _____

Highest level of education completed _____ **Occupation** _____ **Employer** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

E-Mail _____

Please list other children in the household:

<u>Name</u>	<u>Gender</u>	<u>Date of Birth</u>

Emergency contact information:
(In the event parent/guardian cannot be reached the individual(s) listed below have authorization to pick up my child.)

Full Name	Relationship	Phone
_____	_____	_____
Full Name	Relationship	Phone
_____	_____	_____
Full Name	Relationship	Phone
_____	_____	_____

(The following individuals may not pick up or checkout my child.)

Full Name	Relationship	Phone
_____	_____	_____
Full Name	Relationship	Phone
_____	_____	_____
Full Name	Relationship	Phone
_____	_____	_____

Please list most recent school attended:

School Name _____ **District** _____

School Address _____ **School Phone** _____

Parent/Guardian Signature _____ **Date** _____

Notice of Non-Discrimination

The Dickenson County School Board is an equal opportunity employer, committed to nondiscrimination in recruitment, selection, hiring, pay, promotion, retention or other personnel actions affecting employees or candidates for employment. Therefore, discrimination in employment against any person on the basis of race, color, creed, religion, national origin, ancestry, political affiliation, sex, sexual orientation, gender, gender identity, age, pregnancy, childbirth or related medical conditions, marital status, status as a veteran, genetic information or disability is prohibited. Equal educational opportunities shall be available for all students, without regard to sex, sexual orientation, race, creed, color, national origin, gender, gender identity ethnicity, religion, disability, ancestry, marital or parental status or any other unlawful basis. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Mr. Mike Setser Director of Compliance PO Box 1127 Clintwood, Virginia 24228 (276) 926-4643 msetser@dcps.k12.va.us Mrs. Denechia Edwards Director of Special Education PO Box 1127 Clintwood, Virginia 24228 (276) 926-4643 dedwards@dcps.k12.va.us



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 <http://www.vdh.virginia.gov/Epidemiology/Immunization/acip.htm>).

Diphtheria, Tetanus, & Pertussis (DTaP, DTP, or Tdap). A minimum of 4 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 July 1, 2006, a booster dose of Tdap vaccine is required for all children entering the 6th grade, if at least five years have passed since the last dose of tetanus-containing vaccine.

Haemophilus Influenza 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.

Hepatitis B Vaccine. A complete series of 3 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.

Human Papillomavirus Vaccine (HPV). Effective October 1, 2008, a complete series of 3 doses of HPV vaccine is required for females. The first dose shall be administered before the child enters the 6th grade. After reviewing educational materials approved by the Board of Health, the parent or guardian, at the parent's or guardian's sole discretion, may elect for the child not to receive the HPV vaccine.

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.

Pneumococcal (PCV) Vaccine. This vaccine is required ONLY for children less than two years of age. Two to four doses, dependent on age at first dose, of pneumococcal 7-valent conjugate vaccine are required.

Polio Vaccine. A minimum of 4 doses of polio vaccine. One dose must be administered on or after the fourth birthday.

Varicella (Chickenpox) Vaccine. All susceptible 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 administered prior to entering kindergarten but can be administered at any time after the minimum interval between dose 1 and dose 2.

Beginning with the 2010-2011 school year, four new immunization requirements and/or changes will be in place for students attending Virginia public schools:

- A second dose of varicella vaccine is required before entering kindergarten.
- A second dose of mumps vaccine is required before entering kindergarten.
- Four (4) doses of polio vaccine are required, with one (1) dose being administered after the 4th birthday, for all new children enrolling in your schools (kindergarten-12th grade).
- Four (4) doses of DTaP vaccine are required, with one (1) dose being administered after the 4th birthday, for all new children enrolling in your schools (kindergarten-12th grade).

Parents are responsible for providing documentation that all required immunizations are up-to-date, completed, or that a medical or religious exemption has been obtained. Immunization requirements for a child to enroll or attend public school in Virginia are outlined in the Virginia Department of Health's School & Day Care Minimum Immunization Requirements.

For further information, please call the Division of Immunization at 1-800-568-1929 (in state only) or 804-864-8055.

AFFIDAVIT
ABSENCE OF CERTIFIED BIRTH CERTIFICATE

Commonwealth of Virginia/County of Dickenson, to wit:

_____, being first duly sworn upon oath, based upon his/her personal knowledge, answers the following questions as noted in his/her hand-writing, which are propounded by duly authorized officials of the Dickenson County Public Schools (Division) concerning a pupil's identity and age requesting enrollment as a pupil within the Division in accordance with Section 22.1-3.1 of the Code of Virginia.

1. What is your name? _____
2. Have you been advised by an official of the Division, and do you understand that you are required to answer the questions contained in this Affidavit as a condition to the enrollment and admission of a pupil into the Division because of your inability to supply the Division with a certified copy of the pupil's birth record? _____
3. Do you understand that giving a false or otherwise untrue answer to any of the questions in this Affidavit could result in a criminal charge of perjury being brought against you? _____
4. Do you understand that when a question in this Affidavit asks if you have knowledge of or if you know of an instance or situation, it means that you are expected to relate any information received from other people, and to relate the source of your knowledge and information? _____
5. What is the full name of the pupil you wish to enroll in the Division?

6. What is the age, date of birth, and place of birth of the pupil being enrolled in this Division?

7. Who are the parents, parents by legal adoption, or person serving in loco parentis and responsible for the care of the pupil desired to be enrolled? _____
Provide the address of residence of the person(s) listed above:

8. Do you have legal custody imposed by a court order or have you been designated court appointed guardian for the pupil desired to be enrolled? _____
If so, what court entered such an order and what type of case was it (i.e. custody hearing, etc.)?

9. Why are you unable to present a certified copy of the birth record of the enrolling student?

10. What documentary (written) proof can be or is offered of the pupil's identity and age? (Attach copy of document presented.)

11. To the best of your knowledge has this pupil ever been reported to any law enforcement agency as a missing child?

If response to question #11 is yes, identify by name and address, the law enforcement agency and date of report.

AFFIANT

Sworn to and subscribed before me this ____ day of _____, 20____.

My Commission expires: _____

Witness my hand and official seal.

NOTARY PUBLIC

DICKENSON COUNTY PUBLIC SCHOOLS

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. This document shall be maintained as a part of the student's scholastic record.

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.

Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor.

AFFIRMATION

I, _____, hereby swear or affirm that _____
(Parent/Guardian) (Child)

has/has not been expelled from school attendance from a private school or a public school in Virginia
(Circle one)
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 DICKENSON

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

My Commission Expires: _____

(Notary Public)