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Buckingham County Public Schools

Student Enrollment Packet

School Year: 20____ - 20____

Going into ____ Grade

Child's Name	FIRST	MIDDLE	LAST
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Has your child ever been previously enrolled or received services from BCPS?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (provide dates):

Physical Address			
Mailing Address			
City / State / Zip			
Child's Birthdate	____/____/____	Child's Birthplace	
Child's Gender			
Student is Buckingham resident?	yes no	If not, provide county:	
Any special placements? (mark all)	<input type="checkbox"/> 504 <input type="checkbox"/> IEP <input type="checkbox"/> Gifted (SPED Coordinator Initial: _____)		

Virginia Race Ethnicity Codes: Please answer both parts I and II.			
Part I - Is the student Hispanic? ___Yes ___No			
Part II - Race: Check all that apply. Please select at least one.			
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	No race specified/prefer not to answer

Military Connected Students (Virginia code requires identification of military-connected students.)	
<input type="checkbox"/>	NOT Military Connected
<input type="checkbox"/>	Dependent of a Member of Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard
<input type="checkbox"/>	Dependent of a Member of Reserve Forces Army, Navy, Air Force, Marine Corps, or Coast Guard
<input type="checkbox"/>	Dependent of a Member of the National Guard (and not a dependent of a member of the US Armed Services)

Instant Alerts Rapid Notification Service: The numbers provided here will be notified about absences, school closings, report card dates & other important announcements through our automated calling service.			
Phone Number 1		Cell Number 1	
Phone Number 2		Cell Number 2	

Mother's Name	LAST:	FIRST:			
Circle one:	Mother	Step-Mother	Legal Guardian	Foster Parent	Other:
Circle all that apply:	I have custody	Child Lives With Me	Can Pick Up from School	Receives Mail	
Address (circle one)	Same address as my child	I live at a different address:			
Address if Different					
Mother's Phone #	Home:	Cell	Work		
Mother's Email					
Mother's Employer					

Father's Name	LAST:	FIRST:			
Circle one:	Father	Step-Father	Legal Guardian	Foster Parent	Other:
Circle all that apply:	I have custody	Child Lives With Me	Can Pick Up from School	Receives Mail	
Address (circle one)	Same address as my child	I live at a different address:			
Address if Different					
Father's Phone #	Home:	Cell	Work		
Father's Email					
Father's Employer					

Provide one emergency contact <i>other</i> than Parent	
Contact Name	
Relationship to Child	
Contact's Phone #	
Can Contact Pick Up?	

Provide a <i>second</i> emergency contact <i>other</i> than Parent	
Contact Name	
Relationship to Child	
Contact's Phone #	
Can Contact Pick Up?	

Any Guardian Alerts? (if student should not have contact with any other adult)

Home Language Survey	
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?	
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Has your child attended school in the United States?	yes	no
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If YES, what is the date the child first entered a US school division?	
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Is an interpreter needed when the school contacts you?	yes	no
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In which language would you prefer to receive school messages?	
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In which language would you prefer to hold parent conferences?	
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Bus Information: Please enter your child's bus number or circle car rider.			
AM bus number:		My child will be a car rider in the morning	
PM bus number:		My child will be a car rider in the afternoon	

Allergy Alert: Please list any allergic reactions, especially those with severe effects/consequences.	
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My child is allergic to:	
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Reactions can be:	
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Other medical issues:	
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Medications:	
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NOTE: All medications that need to be administered during school hours must be brought to the office by an adult and received by BCPS personnel. Prescriptions must be sent in their original containers and clearly labeled. No expired medication will be administered. A separate medical disbursement form is required for all medications - this is for each time (and each school year) there is a change of medication, dosage, or time to be disbursed.

Physician's Information	
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In case of accident or sudden illness, I hereby authorize BCPS to call the physician listed here and to follow his/her instructions. If it is impossible to contact the physician, I grant school officials permission to secure necessary medical attention for my child.	
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Doctor's Name	
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Doctor's Phone	
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Name of Doctor's Office and Address	
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Parent Signature:	
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Over-the-Counter Medication Information (please check)	
____ I authorize BCPS staff to use the following items as part of basic first-aid care for my child.	
____ I DO NOT authorize any medication to be administered to my child without my prior knowledge.	

Hydrogen Peroxide	yes	no
First-aid Ointment	yes	no
Anti-Itch lotion/cream	yes	no

NOTE: If items below are authorized, parent will need to provide them.

Cough drops or syrup	yes	no
Ibuprofen (Motrin/Advil)	yes	no
Throat Spray	yes	no
Tooth Drops (Anbesol)	yes	no
Nasal Spray	yes	no
Sterile Eye Drops	yes	no
Antacids	yes	no
Aspirin	yes	no
Acetaminophen (Tylenol)	yes	no
Aleve	yes	no
Other:	yes	no

Do you have internet service at home?	yes	no
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The following forms will each need to be completed and individually signed for your child's registration packet to be complete.

Once all records and required documents are received, information will be entered into our student information system. Your child's school will then be notified and the principal or school designee will reach out to provide your child's teacher/schedule and start date.

- Expulsion Statement
- Photograph/Directory Permission
- Residency Verification Form
- Residency Questionnaire (Confidential) Form
- Request for Records Form

By signing below, I confirm the registration information supplied here is true and accurate.

Parent Signature:

Date:

Verification of Student Residency

Child's Name:	FIRST	MIDDLE	LAST
Child lives at this address:			

The parent or legal guardian of a new student must present one or more of the following verifications to a Buckingham County School administrator/designee as proof of residence in the Buckingham County Public School attendance area:

Received	Initials of BCPS Designee	Item(s) Submitted for Verification
		Deed to Home
		Escrow Papers
		Bank checkbook with name and address imprinted
		Tax receipt (real estate, property or personal property taxes)
		Receipt for deposit with the local utility company
		Receipt for bills paid to local utility company
		Notarized affidavit confirming residency
		Rental agreement
		Other:

NOTE: If address has been modified or changed, then additional evidence will be required.

I certify that I am the parent or legal guardian of this child and understand the consequences of falsifying any documentation relative to residency verification or the enrollment process.

Parent/Legal Guardian Signature:	
Date:	Relationship to Student:

Falsification of any documents or information, either written or verbal, relative to this verification procedure, will result in the immediate revocation of enrollment for the student in Buckingham County Public Schools and may result in a pro-rated bill for tuition charges. Criminal charges may be pursued for forgery as a Class 3 misdemeanor. Furthermore, Code of Virginia, Section 22.1-3.2, of 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 child of school age to report to a . . . public school division of the Commonwealth. . . for any offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Expulsion Statement

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 part of the student’s scholastic record. (Code of Virginia 22.1-3.2)

Child’s Name	FIRST	MIDDLE	LAST
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Complete and sign ONE section below.

I affirm that my child has not been expelled from school attendance at a private 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.
<i>By signing below, I confirm that the information supplied here is true and accurate.</i>
PRINT Parent Name:
Parent Signature:
Relationship to Student:
Date:

I affirm that my child has been expelled from school attendance at a private 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.
<i>By signing below, I confirm that the information supplied here is true and accurate.</i>
PRINT Parent Name:
Parent Signature:
Relationship to Student:
Date:

Student Records Request

Child's Name	FIRST	LAST
Former School		
Former School Fax #		

The above named student has started the enrollment process with BCPS. Please send the following information and any other pertinent files as soon as possible.

	Information/Item Needed
	Immunization Record and Physical
	Birth Certificate
	WIDA/Access Reports (if applicable) and LEP Participation Plan
	Discipline Records
	Grades (Report Cards)
	Attendance Records
	Custody Papers (if applicable)
	Transcripts of Grades and Credits Earned
	Withdrawal Grades
	SOL Test Scores
	In-State Student Identification Number
	Copy of Driver's Ed Classroom & Behind the Wheel
	IEP (include eligibility, psychological & educational evals, developmental & sociological history)
	504 Plan (if applicable)

Parent/Legal Guardian Signature:
Date:

Please send records to Buckingham County School Board Office
 15595 W. James Anderson Highway
 Buckingham, Virginia 23921

Email kathyj@bcpschools.org | Fax # (434)-969-1176 | Phone# (434)-969-6100

Student Directory and Photograph Release

Child's Name	FIRST	LAST
BCPS School		

I. Authorization to Photograph/Videotape Physical Likeness

I grant permission to BCPS to photograph my child and use his/her picture, silhouette, or other reproductions of physical likeness in connection with publications (i.e., yearbooks, newsletters, website, and brochures), videotapes, news releases, or television broadcasts of BCPS.

ALLOW

DON'T ALLOW

II. Directory Information

In accordance with local, state and federal policies on release of student records, the Freedom of Information Act, and the Family Educational Rights and Privacy Act, no personal or confidential information concerning a student will be released without written consent of the parent or guardian.

However, certain types of information about students are considered directory information and can be disclosed by the school district or the student's school. **Parents/Guardians must submit a written non-disclosure request to the student's school to restrict disclosure of the information that is considered directory information. This non-disclosure request must be received by the student's school administration no later than 15 school days from the first day of the school year.** The categories listed below are considered directory information and may be released by the school if the parent has not filed a non-disclosure request. Please place a check in the appropriate box indicating you allow or do not allow BCPS to disclose the following items.

ALLOW	DON'T ALLOW	SCHOOL DIRECTORY ITEM
		Name of student in attendance or no longer in attendance, including a student's age and dates of attendance
		Student height & weight, if he/she is a member of athletic team
		Awards and honors or degrees received by a student
		Yearbook Photographs
		Names, addresses and telephone numbers may be released to military recruiters as permitted by law

My signature indicates that I have read and understand the meaning and effect of parts I and II of this release statement.

Parent/Legal Guardian Signature:

Date:

Student Residency Questionnaire

(CONFIDENTIAL)

School Year:	
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Student's Name	LAST:	FIRST:
Mother's Name	LAST:	FIRST:
Father's Name	LAST:	FIRST:

Birthdate:	____/____/____	Age:	
Gender:		Grade:	
Enrolling in: (circle one)	Primary (K-1-2) Elementary (3-4-5) Middle (6-7-8) High (9-10-11-12)		

This questionnaire is intended to address the McKinney-Vento Act 42 USC 11435. The answers to these questions help determine services your child 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 financial difficulties?	yes	no
3. Is student unaccompanied (living in household where no one is the parent or legal guardian)?	yes	no

If you answered NO, you may stop here and sign in this space provided.

Parent Signature:	

If you answered YES to any questions above, please complete the remainder of this form.

Where is the student presently living?			
	Doubled up with more than one family/relative due to loss of housing, economic hardship or similar reason		
	In a place not designed for ordinary sleeping accommodations such as a car, park or campsite		
	In a shelter		Moving from place to place
	In a motel (lack of adequate alternative)		In housing that is inadequate or substandard

With whom is the student presently living?			
	With parent / legal guardian		
	With stepparent, grandparent, relative or caretaker that is NOT a legal guardian		
	With friend(s) or alone		
	Other - please describe:		

If you are living in shared housing, please check all of the following reasons that apply:			
<input type="checkbox"/>	Loss of housing	<input type="checkbox"/>	Loss of employment
<input type="checkbox"/>	Economic situation	<input type="checkbox"/>	Living with boyfriend or girlfriend
<input type="checkbox"/>	Other – please describe:		

Person living in household responsible for this student:
Name:
Relationship to Child:
Address:
How long have you lived at this address?
Other contact information:
If this student has any siblings, list names and ages:

Do you need assistance with the following health, safety, and basic needs?			
<input type="checkbox"/>	Emergency Housing	<input type="checkbox"/>	Pregnancy/baby supplies
<input type="checkbox"/>	Food	<input type="checkbox"/>	Hygiene Items
<input type="checkbox"/>	School Supplies	<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Clothing	<input type="checkbox"/>	Mental Health Care
<input type="checkbox"/>	Transportation		
<input type="checkbox"/>	Other – please describe:		

McKinney-Vento Educational Rights

Students without fixed, regular, and adequate nighttime residence have these rights:

1. Immediate enrollment in the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2. Continued enrollment in a school of origin if in the student’s best interest and transportation to the school of origin for the regular school day;
3. Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at (434)-969-6100 ext. 22112 or the state coordinator at (757)-221-7776.

<i>By signing below, I acknowledge that I have received and understand the above rights. I have been provided a family brochure that explains these rights.</i>
Signature of Parent/Guardian/Unaccompanied Youth
Date:

Office Use: Please send copy to McKinney-Vento Liaison. Original should be maintained at home school. Contact B. Richardson @ (434)-969-6100 ext. 22112 with questions