

Amelia County Public Schools

John "Jack" McKinley
Division Superintendent



8701 Otterburn Road, Suite 101
Amelia Court House, Virginia 23002

REGISTRATION FORM

Has your child ever been enrolled in, or received services from, Amelia County Public Schools?

- Yes, when? _____
 No

For Office Use Only Grade: _____ Counselor: _____	Entry Code: _____
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STUDENT INFORMATION

Last Name	First Name	Middle
Social Security Number:	Birth Date: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Physical Address:		City, State, Zip:
Mailing Address:		Home phone number: ()
City:	State:	Zip Code:
Students resides with: (Select all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Legal Guardian		

Ethnic Group and Race Categories The federal government **requires** that **both** these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are **required** to make selections for both.

1. Is this student Hispanic or Latino? (choose only one)

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

2. What is the student's race? (select ALL that apply)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America and Mexico.)
 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, North Africa, or the Middle East.)

PARENT / GUARDIAN INFORMATION

(Please indicate one) Father Step-Father Legal Guardian Other _____ (Specify)

Father's Name:	<input type="checkbox"/> Same Address	Home phone #:	Cell Phone #:
	<input type="checkbox"/> Different Address	()	()

Father's Employer:	Work phone #: ()
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Father's Email Address:	Address if different:
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(Please indicate one) Mother Step-Mother Legal Guardian Other _____ (Specify)

Mother's Name	<input type="checkbox"/> Same Address	Home phone #:	Cell Phone #:
	<input type="checkbox"/> Different Address	()	()

Mother's Employer:	Work phone #: ()
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Mother's E-mail Address:	Address if different:
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EMERGENCY CONTACT (NOT PARENTS)

Emergency Contact #1:	Relationship to student:	Home phone #:
		()

Work phone #: ()	Cell phone #: ()
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Emergency Contact #2:	Relationship to student:	Home phone #:
		()

Work phone #: ()	Cell phone #: ()
------------------------	------------------------

Emergency Contact #3:	Relationship to student:	Home phone #:
		()

Work phone #: ()	Cell phone #: ()
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SIBLING INFORMATION

Name:	Grade:	School:
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Name:	Grade:	School:
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Name:	Grade:	School:
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MEDICAL INFORMATION

I realize that I, as the Parent/Guardian, *am responsible for notifying the school of any changes of the above information* (including change of address, new phone numbers, medical problems, etc). I hereby authorize the school and/or hospital to provide medical care for my child according to their best judgment, and agree to pay expenses so incurred, including ambulance transportation if necessary.
 Furthermore, to ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. This will be done on a "need to know basis", in a confidential manner. I agree that the school nurse may consult with my child's family physician about his/her medical condition.

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

Student's Doctor:
 Telephone #: ()

Hospital Preference:

Is your child currently on any medication: Yes No
 If so, please list names and doses:

Allergies:

In the event of an emergency, the parent or guardian gives the principal, or his/her designee, the authorization to contact the student's doctor, rescue squad, or take the student to a hospital emergency room. Yes No

- Asthma
- Seizures
- Diabetes
- Heart Problems
- Vision Problems
- Hearing Loss
- Other _____

Parent/Guardian Signature: _____

For Kindergarten Registration ONLY:

Circle which preschool program your child went to:

Headstart Evenstart Amerikids ABC

SPED only Love Covenant Amelia Academy

VPI Other: _____

How many hours a week did your child attend Preschool?

Less than 15 hours

15 – 29 hours per week

More than 30 hours a week

GUIDANCE OFFICE USE ONLY

Transferring From: _____ Grade: _____

Child Resides With:
 Parents
 Foster Parent
 Legal Guardian
 Other (Student over 18, married)

Residence: In County Out of County (Tuition of \$600 per semester)

Birth Certificate: Yes No Social Security Yes No

Immunization Record & Physical within a year: Yes No
Out of State: Virginia Physical Yes No
 Medical Problems : Yes No Medication: Yes No

Last Report Card / Transcript: Yes No

Verified Credits:
 Reading Writing Alg I Geometry Alg II
 Earth Science Biology Chemistry Wild ST I
 Wild St II US & VA History

Expelled From Previous School: Yes No

Outstanding Debts (Previous School): Yes No

Special Education: Yes No
 IEP: Yes No
 Program / Handicapping Condition:

Classes in Program:

Speech:

OT / PT:

Vision / Hearing:

G / T:

Transfer Placement Form:
 (Completed / Signed)

Counselor Signature: _____

Date: _____

GUIDANCE OFFICE USE ONLY:**COURSE HISTORY**

School Name:				School Year:		Grade:
Course #	Course Name	Grade	Credit	SOL	Score	V, P, F

School Name:				School Year:		Grade:
Course #	Course Name	Grade	Credit	SOL	Score	V, P, F

School Name:				School Year:		Grade:
Course #	Course Name	Grade	Credit	SOL	Score	V, P, F

School Name:				School Year:		Grade:
Course #	Course Name	Grade	Credit	SOL	Score	V, P, F

GUIDANCE OFFICE USE ONLY:**Course History****School Name:****School Year:****Grade:****Course #****Course Name****Grade****Credit****SOL****Score****V, P, F****School Name:****School Year:****Grade:****Course #****Course Name****Grade****Credit****SOL****Score****V, P, F**

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Date: _____

To Whom It May Concern:

I, _____, am aware of the following statement and verify that everything I have submitted for proof of residency is true.

§ 22.1-264.1. Misdemeanor to make false statements as to school division or attendance zone residency; penalty.

Any person who 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, shall be guilty of a Class 4 misdemeanor.

(2005, c. 178.)

(Parent's Name)

(Parent's Signature)



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Instant Alert Notification

Instant Alert Notification is used by Amelia County Public Schools to alert parents/guardians of school closings, delayed openings, early dismissal reminders, unexpected closure due to weather and general announcements and reminders for the week.

Student's Name: _____

Student's Grade: _____

Student's Birth Date: _____

Parent/Guardian's Name: _____

Phone Number 1: _____

Phone Number 2: _____

Cell phone service provider (if one of the contacts # is a cell):

These numbers may be used by the Amelia County Public School Instant Alert system to reach me.

Parent/Guardian Signature

Date

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PUPIL RECORDS REQUEST

Date

Student's Name

Parent's Signature

School Name

School Phone / Fax

Please send the following information and any other pertinent files as soon as possible!

___ Immunization Record (complete shot record)

___ Virginia Physical (updated)

___ Discipline Records

___ Grades (ALL Report cards!)

___ Attendance Data

___ Custody Papers (if applicable)

___ Transcripts of Grades and Credits Earned

___ Withdrawal Grades

___ SOL Test Scores

___ In-State Student Identification No.#

___ Copy of Driver's Ed. Classroom / Behind the Wheel

___ IEP to include eligibility information (along with Psychological, educational, developmental, sociological history) Please send all former and current IEP's in the mail!

****Please note that Code of Virginia 22.1-289 reads as follows:**

"Whenever a pupil transfers from one school division to another, the scholastic record or a copy of the scholastic record shall be transferred to the school division to which the pupil transfers upon request from such school division. Permission of the parent, guardian, or other person having control or charge of the student shall not be required for transfer of scholastic record to another school or school division within or outside the commonwealth."

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Multimedia Permission

The school system and the media regularly photograph and tape events, activities and success stories at Amelia County Public Schools. If you do not want your child's image used in publications or other media, you must notify the principal in writing within 15 days of enrollment.

I have read this statement and will act upon it if I feel it necessary.

Parent/Guardian Signature

Date

MEDIA RELATIONS

Legal Refs.: Code of Virginia, 1950, as amended, §§ 22.1-70, 22.1-253.13:7.B.4., 22.1-293, 22.1-287, 22.1-287.1.

Media releases by the schools are encouraged as a means of informing the public of programs, activities, and accomplishments. Staff members are encouraged to participate in activities that inform the public about school programs and activities.

News and information concerning school events, personnel, students, and programs shall be released to the press only with the approval of the principal and in accordance with State and federal laws regarding confidentiality. All other matters representing the official position of the Board prepared for publication by any of its employees shall be approved by the superintendent or his/her designee prior to release to the press.



AMELIA COUNTY PUBLIC SCHOOLS HOME LANGUAGE SURVEY

Registrars: This form must be completed for all students registering in Amelia County Public Schools.

TO BE COMPLETED BY PARENT OR GUARDIAN

Under provisions of the Civil Rights Act of 1964, each student's dominant language must be identified. This information is essential to provide meaningful instruction. Your cooperation in meeting the requirement is appreciated. Please answer the questions below accurately and completely.

Student Name: _____ Date of Birth _____
Last First Middle Month/Day/Year

Birthplace: _____
City State or Province Country

1. Is there anyone in your home whose main language is **not** English? ____ Yes ____ No

2. What date did the student first enroll in a school in the United States? _____
Month/Day/Year

3. What was the first language that this student spoke? _____

4. What is the primary language spoken at home? _____

5. Does the student speak or understand a language other than English? ____ Yes ____ No

Which languages? _____

6. In which language do you prefer to receive oral communication from the school?

7. In which language do you prefer to receive written communication from the school?

Parent/Guardian Signature

Date

This procedure meets federal requirements for identifying and assessing language minority students in order to provide appropriate instructional support services for those students found to be English Language Learners. If another language is indicated on the home language survey, the student will be tested for English language proficiency. Parents or guardians will be informed of the results of the English language proficiency assessment.

Place this form in the Student Cumulative Record Folder



8701 OTTERBURN ROAD, SUITE 101
AMELIA, VIRGINIA 23002

Encuesta de Las Escuelas Públicas de Amelia County

Registrante: Este formulario tiene que ser relleno para todos los estudiantes registrando en Las Escuelas Públicas de Amelia County.

Ser Completado por Padre/Madre o Guardián

Bajo las provisiones del Acto de Los Derechos Civiles de 1964, el idioma dominante de cada estudiante debe ser identificado. Esta información es esencial para que las escuelas proporcionen la instrucción significativa. Su cooperación en completar estos requisitos es agradecido.

Por favor de contestar las siguientes preguntas por abajo completamente y con precisión.

Nombre del Estudiante: _____ **Fecha de Nacimiento** _____
Apellido, Primer Nombre, Segundo Nombre Mes, Día,
Año

Lugar de Nacimiento _____

1. ¿Hay alguien en su casa cuyo idioma principal no es el inglés? _____ Si _____ No

2. ¿En qué fecha el estudiante inscribe por primera vez en una escuela en los Estados Unidos?

Mes día año

3. ¿Cuál fue el primer idioma que este estudiante empezó a hablar?

4. ¿Cuál idioma se habla en casa la mayoría del tiempo? _____

5. ¿Hay otro idioma que el estudiante habla o entiende además que el Inglés? _____ Si _____ No

¿Qué idiomas? _____

6. ¿En qué idioma prefiere recibir la comunicación oral de la escuela? _____

7. ¿En qué idioma prefiere para recibir la comunicación escrita de la escuela? _____

Firma de Padre/Madre o Guardián

Fecha

Estos procedimientos están de acuerdo con los requisitos federales para identificar y valorar el idioma del estudiante en orden de proporcionar servicios instruccionales apropiados para apoyar a los estudiantes que son calificados como Estudiante Aprendiendo el Idioma Inglés. Si otro idioma es indicado en la encuesta de idioma en el hogar, el estudiante será evaluado con respecto al Perfeccionamiento del Idioma Inglés. Los padres o tutores serán informados de los resultados de la evaluación del dominio del idioma Inglés.

Coloque este formulario en la carpeta Registro Acumulativo del Estudiante ACPS revisado 04/04/16