NEWPORT NEWS PUBLIC SCHOOLS

ENROLLMENT REQUIREMENTS

The following items are required at the time of enrollment.

Immunization Records

No student shall be admitted by a school in the Commonwealth unless at the time of admission the student or his parent or guardian submits documentary proof of immunization to the admitting official of the school. *(Section 22.1-271.2 of the Code of Virginia)*

Certified Birth Certificate

No pupil shall be admitted for the first time to any public school in any school division in this Commonwealth unless the person enrolling the pupil shall present, upon admission, a certified copy of the pupil's birth record. *(Section 22.1-3.1 of the Code of Virginia)*

Proof of Legal Residence

Students will be admitted to school based on their legal residence. *(Section 22.1-4.1 & 22.1-264.1 of the Code of Virginia)*

Items accepted as proof of residence:

- Lease/Contract/Mortgage on legal residence
- Current utility bill – Must show enrolling parent name/address dated within the last 30 days (Electric, Gas, Water, Sanitation)
- Military Housing Acceptance Letter

Documentation **Not** Accepted:

- Driver License
- Personal Check
- Telephone
- Cell Phone or Cable Bill

A minor child of a legal resident of the city of Newport News is a resident student, eligible to attend a school tuition free in the designated zone if the child is living with his/her natural parent(s), or a parent by legal adoption or an individual who is defined as a parent (not solely for school purposes), pursuant to a Special Power of Attorney executed under Title 10, U.S.C., §1044b, by the custodial parent while such custodial parent is deployed within and outside the United States as a member of the Virginia National Guard or as a member of the US Armed Forces.

When a child is living with an adult other than his/her natural parent(s) in those cases, the enrolling adult must be:

- the court appointed legal guardian or has legal custody of the child
- acting in loco parentis pursuant to placement of the child for adoption by an entity authorized to do so
- an adult relative (a person connected to the child biologically or by marriage) providing temporary kinship care which consist of full-time care, nurturing, and protection of the child(ren) by the adult relative

(Section 22.1-3 of the Code of Virginia)

Physical Examination

Students admitted for the first time to any NNPS (Pre K through grade 5), are required to provide a comprehensive physical examination, signed by a licensed physician or nurse practitioner, and performed within twelve months of the initial enrollment date when they first attended any school K – 5.

Students transferring into NNPS K-5, a copy of a physical examination in their cumulative record, which meets the above requirements, will be accepted.

Proof of Academic Achievement

Last report card/transcript or withdrawal grades (if applicable).

Individual Educational Plan

Most recent IEP (if applicable).

NEWPORT NEWS PUBLIC SCHOOLS

Student Registration/Emergency Data Form

Basic Student Enrollment Information

Student Information **Registering for Grade** ____________ **Pupil No.** ____________________

_____________________ (Legal Last) _____________________ (Legal First) _____________________ (Legal Middle) Suffix _____

Nick Name _________________________________ **Gender** ❑ Male ❑ Female

Birth Date ________________ (MM-DD-YYYY) **Birth Verification** ____________ (Office use only) **Birth Cert. #** ____________ (Office use only)

BC# verified on previous enrollment ❑

Birth Place _______________________ **Birth State** ________________ **Birth Country** _______________

Ethnicity Group/Race Categories: The **US Department of Education** 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.

Is the student Hispanic or Latino? (Choose only one.) Ethnicity/Race Selected by School ❑

❑ *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)*

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 who maintains tribal affiliation or community attachments)
❑ **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, other Pacific Islands)
❑ **White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East)

Student's Home Address - False statements of Legal Residency of a person in a particular school division or school attendance zone for the purposes of avoiding tuition charges or enrollment in a school outside the attendance zone or division in which the student resides are in violation of Code of VA § 22.1-3 & § 22.1-264.1.

Street # __________ **Street Name** ________________________________ **Apt. #** _________

(Address entered must be as listed on Proof of Legal Residence.)

City ______________________ **Zip Code** ______________ **Proof of Address** ____________________ **(Office use only)**

Alternate mailing address **(Only a PO Box is acceptable)** ______________________________________

Primary Phone # ___________________________ *Type?* ❑ *Home* ❑ *Cell* *Unlisted?* ❑ *Yes* ❑ *No*

Cell # ____________________ Work # ___________________ Alt Emergency # ____________________

Primary Language Spoken – Home Language

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? ____

If any language other than English, complete a Primary Home Language Survey Form and place the language provided in the Home Language field on the student demographics tab.

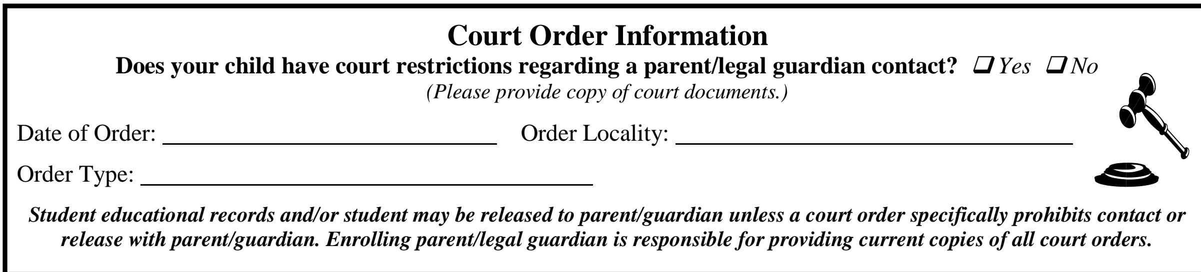
Follow the ESL Welcome Center procedures in your Records Keepers Manual. (ESL Welcome Center – P (757) 283-7823, F (757) 597-2877)

What language would you like to receive school information? **(Parent Preferred Language)**______________________

How would you like to receive this information? ❑ Spoken or ❑ Written

Other Enrollment/Transportation Information

Other Enrollment Information



Court Order Information

Does your child have court restrictions regarding a parent/legal guardian contact? ❑ *Yes* ❑ *No*

(Please provide copy of court documents.)

Date of Order: ________________________ Order Locality: ______________________________

Order Type: __________________________________

Student educational records and/or student may be released to parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Enrolling parent/legal guardian is responsible for providing current copies of all court orders.

Release of Directory Information

- I understand information that is classified as **"directory information"** may be disclosed under the guidelines printed in the ***Rights and Responsibilities Handbook*** and explained in the **Annual Notice to Students/Parents** regarding student educational records and directory information published each school year in accordance with state and federal law, and that I may prevent disclosure of such information by providing written notice to the school.

  _______ **Parent/Legal Guardian Initials**

Parent/Legal Guardian Military Connection - Check one that applies:

❑ Student is not government or military connected

❑ **Active duty;** student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, Coast Guard, the commissioned Corps of the National Oceanic and Atmospheric Administration or the Commissioned Corps of the U.S. Public Health Services)

❑ **Reserve;** student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)

❑ **National Guard, active or reserve;** student is a dependent of a member of the National Guard (and not a dependent of a member of the US Armed Services)

Transportation/Day Care Information

Will the student ride a **NNPS Bus**? ❑ *Yes* ❑ *No* **❑ AM / ❑ PM or ❑ Both AM/PM**

Before School Program? ❑ *Yes* ❑ *No* After School Program? ❑ *Yes* ❑ *No*

Day Care Provider (if applicable)? ______________________________ Day Care Provider's Phone ______________

Special Placement

Is the student ***homeless or an unaccompanied youth***? ❑ *Yes* ❑ *No*

Does the student reside in a ***foster home***? ❑ *Yes* ❑ *No* (If **yes**, provide placement documents.)

Does the student have a ***504 Plan***? ❑ *Yes* ❑ *No* (If **yes**, provide copy of current **504**.)

Does this student have a current ***IEP*** (Special Ed.)? ❑ *Yes* ❑ *No* (If **yes**, provide copy of current **IEP**.)

Is this student currently in the ***Evaluation Process*** for Special Education? ❑ *Yes* ❑ *No*
(Enrolling in the evaluation process **does not guarantee** school placement.)

Is your child currently under the care of a physician/doctor for a ***chronic medical condition***? ❑ *Yes* ❑ *No*

School Divisions are required to collect information on the following categories of people. This information is used in conjunction with the federal "Every Student Succeeds Act" and will help our school division provide important services to children and families who may have special needs.

- Is the student a *migrant*? ❑ *Yes* ❑ *No*

  Migrant – An individual, not older than 21 years of age who is a migratory agricultural worker or a migratory fisher, or has a parent, spouse, or guardian who is a migratory agricultural worker or migratory fisher, and who has moved in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work.

- Is the student an *immigrant*? ❑ *Yes* ❑ *No*

  Immigrant – An individual, aged 3 through 21, not born in any state, and has not attended one or more schools in any one or more states for more than three (3) full academic years.

- Is the student a *refugee*? ❑ *Yes* ❑ *No*

  Refugee – An individual who is outside his/her country and is unable or unwilling to return to that country because of a well-founded fear that she/he will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group. The U. S. Immigration and Naturalization Service has issued refugees an I-94 card that is stamped "Refugee" and contains an alien number.

Original VA Enter Date ___________ US School Entry _____________ US Entry Date _______________
(MM-DD-YYYY) **(MM-DD-YYYY)** **(MM-DD-YYYY)**

Parent-Legal Guardian/Emergency Contacts/ and Sibling Information

Primary Enrolling Parent/Legal Guardian – (Must live in Household with Student)
All custodial parent(s) and/or court appointed legal guardian(s) must provide court documentation to the enrolling school.

Relationship to student: Mother ❑ Father ❑ Legal Guardian ❑ Foster Parent ❑ Other ❑ _______________

_______________ (Legal First) _______________ (Legal Middle Initial) _______________ (Legal Last)

Primary e-mail address _______________ Place of Employment/Job Title _______________

Work on Govt. Property? ❑ *Yes* ❑ *No* **Uniformed Military?** ❑ *Yes* ❑ *No* **Rank?** _______________

Primary Phone # _______________ *Type?* ❑ *Home* ❑ *Cell* Work Phone # _______________

Additional Parent/Legal Guardian Information

Relationship to student: Mother ❑ Father ❑ Legal Guardian ❑ Foster Parent ❑ Other ❑ _______________

_______________ (Legal First) _______________ (Legal Middle Initial) _______________ (Legal Last)

E-mail address _______________

Lives with? ❑ *Yes* ❑ *No* ***(If no, then provide legal address below.)***

Street # ________ **Street Name** _______________ **Apt. #** ________

City _______________ **Zip Code** _______________ Can pick up student? ❑ *Yes* ❑ *No*

Place of Employment/Job Title _______________

Work on Govt. Property? ❑ *Yes* ❑ *No* **Uniformed Military?** ❑ *Yes* ❑ *No* **Rank?** _______________

Primary Phone # _______________ *Type?* ❑ *Home* ❑ *Cell* Work Phone # _______________

Contact allowed: ❑ *Yes* ❑ *No* Ed. Rights: ❑ *Yes* ❑ *No* Custody: ❑ *Yes* ❑ *No*

Mailings Allowed: ❑ *Yes* ❑ *No* Enrolling Parent: ❑ *Yes* ❑ *No* Release to: ❑ *Yes* ❑ *No*

Emergency Contact Information – (List in Priority Call Order)

1.)_______________ (Last Name) _______________ (First Name) Relationship_______________
Home #_______________ Cell #_______________ Release to? ❑ *Yes* ❑ *No*

2.)_______________ (Last Name) _______________ (First Name) Relationship_______________
Home #_______________ Cell #_______________ Release to? ❑ *Yes* ❑ *No*

3.)_______________ (Last Name) _______________ (First Name) Relationship_______________
Home #_______________ Cell #_______________ Release to? ❑ *Yes* ❑ *No*

4.)_______________ (Last Name) _______________ (First Name) Relationship_______________
Home #_______________ Cell #_______________ Release to? ❑ *Yes* ❑ *No*

Sibling Information
Name of other school aged children attending NNPS and/or living in household:

Name(s)	Student ID# / Lunch ID#	Relationship	DOB	NNPS School Attending

Student Miscellaneous Information

Prior School District Information (Last school district attended other than Newport News Public Schools)

District____ Name of School Attended _____________________

School Address ____
(Include Street Address, City, State and Zip Code)

Previous Newport News Public School Attended

Has the student previously attended a **NN Public School**? ❑ *Yes* ❑ *No*

If so, what school? __________________________________ What school year? _________________________

Pre-School Experience –

Make your selection below (PK and K Only):

Identify the current or most recent PK (pre-kindergarten) program enrolled:
(Please circle one)

Head Start	Dept. of Defense Child Development Program
Public Preschool	Family Home Daycare Provider
Private Preschool/Day Care	No Pre-School Experience

Circle the time spent each week in the program:

No time in a formal or institutional PK Program
Less than 15 hours per week
15 hours or more but less than 30 hours per week
30 or more hours per week

Physical Education statements Participation Acknowledgement

- **Please check one of the following in regard to your child's participation in the physical education program offered in the public schools:**

_________ To the best of my knowledge, my child has **NO PHYSICAL CONDITIONS** which prevent him/her from participating in the physical education program offered in the Newport News Public Schools.

_________ My child is **NOT ABLE TO PARTICIPATE** in the regular physical education program and requires activity modifications. A **Doctor's Physical Education Modified Program Form**, available at all schools, must be filled out by a family physician and returned to the school before modifications can begin.

Affirmation for Prior Expulsion

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*)

MUST COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW

My child, ____ **HAS or HAS NOT** (circle one) been expelled or long term suspended 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.

I affirm all that all information provided in this Student Registration/Emergency Data Form is accurate. Furthermore, I acknowledge receipt of student health requirements; opt out options, and discipline/attendance procedures.

► ________________________ ► ____

Date **Parent, Legal Guardian or Person having control or charge of child**

I WILL NOTIFY THE SCHOOL WITH ANY CHANGES TO THE INFORMATION ON THIS FORM.

Admission Information (Office use only)

Enter Date __________________ HRM # _____________ Grade _____________

Serving School ________________________________ Responsible School ______________________________

Enter Code ___________________________________ McKinney Vento ❑ *Yes* ❑ *No*

Proof of Immunization ❑ *Yes* ❑ *No* Physical Exam ❑ *Yes* ❑ *No* Records Requested ❑ Date:____________________

Expulsion Affirmation (Registration Form) signed ❑ PE Permission checked ❑ Directory Information initialed ❑

RR Handbook Issued/Partnership Form signed (AUP) ❑

Enrollment by _________________________________ Data Entered by _________________________________

Health Services Department
12465 Warwick Boulevard, Newport News, VA 23606 Phone: 757-591-4646 Fax: 757-595-2017

STUDENT HEALTH INFORMATION SHEET

Date: _______________ School: ____ Student #: ________________________

Name of Student: ____ DOB: ____________________________

Last Newport News Public School Attended: _______________________________ Year: ____________________________

Does your child have any chronic or medical problems (allergies, asthma, diabetes, migraines, etc.)? If so, please list: ___
____
____

Is he/she under a medical provider's care for these or other medical problems? ____________________________________
____

Does your child take any medications and needs to take them or have available at school (such as asthma inhaler, epi pen, Ritalin)? If so, please list: ____
____
____

For any medication (prescription and/or over the counter) to be given at school, you must provide a current doctor's order. Orders must be renewed at the beginning of every school year. It is important to let your school nurse know what medications your child takes in case of an emergency.

____ ____

Parent Signature **Phone # where you can be reached**

Please contact the school nurse if your child has any medical problems that need attention during school hours or that may impact his/her ability to learn.

SUMMARY OF SCREENING FOR INITIAL ENROLLMENT

Speech/Language/Voice		
DATE:______________________	**TESTING ADMINISTRATOR:**________________________________	
PASS:______________________	**FAIL:**______________________	
Fine Motor/Gross Motor		
LOCATION of TESTING:______________________	**TESTING ADMINISTRATOR:**______________________	
FM - PASS:______________________	**FAIL:**______________________	**DATE:**______________________
GM - PASS:______________________	**FAIL:**______________________	**DATE:**______________________

Additional Health Information available electronically within the Student Information System

• Medication/Treatment Orders • Clinic Logs • Health Screenings

Student Health Cards – phased out 07/01/2014 and maintained in Part I of the Student's Educational Record.

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: ________________________________ Current Grade: ____________

Student's Name: ____
Last First Middle

Student's Date of Birth: _____/_____/_______ Sex: _______ State or Country of Birth: ____________ Main Language Spoken: ____________

Student's Address: ______________________ City: __________ State: __________ Zip: __________

Name of Parent or Legal Guardian 1: ______________________ Phone: ______-______-________ Work or Cell: _____-_____-______

Name of Parent or Legal Guardian 2: ______________________ Phone: ______-______-________ Work or Cell: _____-_____-______

Emergency Contact: ______________________ Phone: ______-______-________ Work or Cell: _____-_____-______

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.):____

____

List all prescription, over-the-counter, and herbal medications your child takes regularly:

____

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: ____ None ____ FAMIS Plus (Medicaid) _____ FAMIS _____ Private/Commercial/Employer sponsored

I, ______________________ (do___) (do not___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it.* ***You may withdraw your authorization at any time by contacting your child's school****. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: ______________________Date: _______/________/ __________

Signature of person completing this form: ______________________Date:______/_______/__________

Signature of Interpreter: ______________________Date: ______/______/_________

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM

Part II - Certification of Immunization

Section I

To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name:______________________________ Date of Birth: |____|____|____|
Last First Middle Mo. Day Yr.

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <60 months of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) ❑ Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official:________________________ Date (*Mo., Day, Yr.*):___/___/____

Student's Name:____Date of Birth: |____ |_ ___|___ _|

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

____

____

____.

DTP/DTaP/Tdap:[___]; DT/Td:[___]; OPV/IPV:[___]; Hib:[___]; Pneum:[___]; Measles:[___]; Rubella:[___]; Mumps:[____]; HBV:[___]; Varicella:[___]

This contraindication is permanent: [__], or temporary [___] and expected to preclude immunizations until: Date (*Mo., Day, Yr*.): |___|___|___|.

Signature of Medical Provider or Health Department Official:________________________ Date (*Mo., Day, Yr*.):|___|___|___|

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on __________________.

Signature of Medical Provider or Health Department Official:________________________ Date (*Mo., Day, Yr*.):|___|___|___|

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at http://www.vdh.virginia.gov/epidemiology/immunization

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: ____ Date of Birth: _____/_____/__________ Sex: ☐ M ☐ F

Health Assessment

Date of Assessment: _____/_____/_______

Weight: ________lbs. Height: _______ ft. ______ in.

Body Mass Index (BMI): ___________ BP____________

❑ Age / gender appropriate history completed

❑ Anticipatory guidance provided

Physical Examination

1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment

	1	2	3		1	2	3		1	2	3
HEENT	□	□	□	Neurological	□	□	□	Skin	□	□	□
Lungs	□	□	□	Abdomen	□	□	□	Genital	□	□	□
Heart	□	□	□	Extremities	□	□	□	Urinary	□	□	□

TB Screening: □ No risk for TB infection identified □ No symptoms compatible with active TB disease
□ Risk for TB infection or symptoms identified
Test for TB Infection: TST IGRA Date:_______ TST Reading _____mm TST/IGRA Result: □ Positive □ Negative
CXR required if positive test for TB infection or TB symptoms. CXR Date: __________ □ Normal □ Abnormal

EPSDT Screens Required for Head Start – include specific results and date:
Blood Lead:____ Hct/Hgb ____

Developmental Screen

Assessed for:	*Assessment Method:*	*Within normal*	*Concern identified:*	*Referred for Evaluation*
Emotional/Social				
Problem Solving				
Language/Communication				
Fine Motor Skills				
Gross Motor Skills				

Hearing Screen

❑ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.

	1000	2000	4000
R			
L			

❑ Screened by OAE (Otoacoustic Emissions): □ Pass □ Refer

□ Referred to Audiologist/ENT □ **Unable to test – needs rescreen**

□ Permanent Hearing Loss Previously identified: ___Left ___Right

□ Hearing aid or other assistive device

Vision Screen

❑ With Corrective Lenses (check if yes)

Stereopsis	❑ Pass	❑ Fail		❑ Not tested
Distance	Both	R	L	Test used:
	20/	20/	20/	

❑ Pass ❑ Referred to eye doctor ❑ **Unable to test – needs rescreen**

Dental Screen

❑ Problem Identified: Referred for treatment

❑ No Problem: Referred for prevention

❑ No Referral: Already receiving dental care

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel

Summary of Findings (check one):
□ **Well child; no conditions identified of concern to school program activities**
□ **Conditions identified that are important to schooling or physical activity** (complete sections below and/or explain here): _______________________
____

___ **Allergy** □ food: ____________________ □ insect: ____________________ □ medicine: ____________________ □ other: ________________
Type of allergic reaction: □ anaphylaxis □ local reaction Response required: □ none □ epinephrine auto-injector □ other: ________________

___**Individualized Health Care Plan needed** (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

___ **Restricted Activity** Specify: ____

___ **Developmental Evaluation** □ Has IEP □ Further evaluation needed for: ____

___ **Medication**. Child takes medicine for specific health condition(s). □ Medication must be given and/or available at school.

___ **Special Diet** Specify: ____

___ **Special Needs** Specify: ____

Other Comments: ____

Health Care Professional's Certification (Write legibly or stamp) □ **By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).**

Name: ___________________________________ **Signature:** ______________________________________ Date: ____/_____/______

Practice/Clinic Name: ____ **Address**: ____

Phone: _______-_______-___________________ **Fax**: _______-_______-_____________ **Email:** ____

NEWPORT NEWS PUBLIC SCHOOLS

AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF INFORMATION

To: ____

____

____

____

SUBJECT: Records Request

I hereby request and authorize that the following information

- ❑ **STUDENT EDUCATIONAL RECORDS** (Withdrawal Grades/Transcripts/Report Cards)
- ❑ **STATE/LOCAL TEST SCORES**
- ❑ **HEALTH/IMMUNIZATION**
- ❑ **DISCIPLINE**
- ❑ **ATTENDANCE**
- ❑ **IEP (IF APPLICABLE)**
- ❑ **ELIGIBILITY MINUTES**
- ❑ **PSYCHOLOGICAL REPORTS**
- ❑ **SOCIOLOGICAL HISTORY REPORTS**
- ❑ **EDUCATIONAL REPORTS**
- ❑ **OTHER:** ________________________

Be released on

____ (Name of Student) ____________________ (Date of Birth)

To release **and/or** exchange records with (Name of person, activity, division, agency, and department):

____

Sent to the address indicated below:

____

____

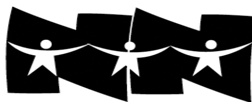
____

Date:__________________Authorized Signature:__________________________________

This authorization is effective for one (1) year from date of signature.

Parental Permission is not required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673).

CR – 04/09

NEWPORT NEWS  PUBLIC SCHOOLS

Student Transportation Childcare Request Form

School: _______________________________ **Grade:** ________ **Pupil No:** _____________

Student's Full Legal Name:

_____________________________ _________________________ ____________________
(Legal Last) (Legal First) (Legal Middle)

Transportation Childcare Rules

In-Zone Childcare

- Check "**School Zone Finder**" on the NNPS website for school zone information: www.nnschools.org/zonefinder
- Childcare address must be within the same school zone the child attends
- Contact your child's school for a list of **in-zone** frequently used childcare facilities
- Childcare AM/PM address **can** be different if located within the same school zone

MAGNET/TAG/ESL

- Childcare address **MUST** be requested from the same AM/PM location (Transportation **cannot** support a different am and pm stop for Magnet/TAG/ESL programs)

General Childcare Guideline

- Approved bus stops will be within 0.3 miles of a daycare provider address. (Often parents and/or child care providers expect door to door service.)
- This is a request only and does not guarantee approval.
- Childcare must be requested **EVERY** school year prior to mid August

Childcare Name: ____

Childcare Address: ____

Childcare Phone Number: ____

Request Start Date: ____

Choose from the selection below:

Childcare **To and From** School: ❑ Childcare **To** School only: ❑ Childcare **From** School only: ❑

___________________________ ____
Date **Parent, Legal Guardian or Person having control or charge of child**

(**Office Use Only**) – Keep until end of current school year and then destroy.
Entered on Transportation website ❑
School Personnel entering data ______________________________ Date entered ______________

Central Records 07/09

12465 Warwick Boulevard, Newport News, VA 23606-3041

AFFIDAVIT
ABSENCE OF CERTIFIED BIRTH CERTIFICATE

Commonwealth of Virginia
City of Newport News, to wit:

____, being first duly sworn upon oath, based upon his/her personal knowledge, answers the following questions as noted in his/her handwriting, which are propounded by duly authorized officials of the Newport News 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 our School Board Policy JF-P says a parent/guardian must produce a certified birth certificate within ninety days from the time of enrollment in order for the child to remain in school, if an affidavit is submitted for school admission purposes?** ____
4. 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? ______
5. 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? ____
6. What is the full name of the pupil you wish to enroll in the Division?

   ____
7. What is the age, date of birth, and place of birth of the pupil being enrolled in the Division?
   AGE: ________________________ **DATE OF BIRTH:** ___________________________
   PLACE OF BIRTH: ____

8. 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:

____

9. 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.)? ____

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

____

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

____

12. To the best of your knowledge has the 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 ________________, _____________. Witness my hand and official seal.

My Commission expires: ____

____

NOTARY PUBLIC

SEAL

Section 22.1-3.1 of the Code of Virginia