

# New Kent County Public Schools

MR. BRIAN J. NICHOLS, SUPERINTENDENT  
POST OFFICE BOX 110  
NEW KENT, VIRGINIA 23124  
(804) 966-9650

## SCHOOL FAX NUMBERS

NKHS – (804) 966-8585

NKMS – (804) 966-8579

NKES – (804) 966-9602

GWES – (804) 932-8459

Dear Parent/Guardian:

We welcome you and your child to the New Kent County Public School System. In order to make the transition smoother, we would appreciate your cooperation by completing the attached forms.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Regulations for official admission to New Kent County Public Schools are as follows:

\_\_\_\_\_ **Registration Form**

\_\_\_\_\_ **Home Language Survey Form**

\_\_\_\_\_ **Proof of Residency:** Must provide current house contract, lease agreement, or mortgage statement AND current (no more than 30 days old) utility bill; plus photo identification (Driver's License, DMV ID or Military ID)

\_\_\_\_\_ **Certified Copy of Birth Certificate** (may be obtained from the Bureau of Vital Statistics from the state of birth) or **Naturalization Certificate** or **U.S. Visa**

\_\_\_\_\_ **Physical Form:** (Elementary Only)

1. Physical exam must be signed by a U.S. licensed physician or health department.
2. Certification of Immunization must be signed by physician or health department.
3. Physical must be dated within 12 months prior to date of registration.

**Students transferring from out of state schools must present, at the time of registration, a copy of their immunization records and current physical dated within 12 months.**

\_\_\_\_\_ **Request for records:** If outside of NKCPSS please provide previous school address and phone number

\_\_\_\_\_ **Immunizations: MINIMUM REQUIREMENTS**

**DTP:** A minimum of 4 doses with at least one dose given on or after the child's fourth birthday. (Exception: if the student has six DTP's before age 4, the school shall accept the DTP as complete. Also, if the student was enrolled in NKCPSS prior to 09/10, then accept 3 doses of DTP as long as the third one was given after the fourth birthday.)

**Polio:** A minimum of 4 doses of polio vaccine. One dose must be administered on or after the fourth birthday. (Exception: if the student's third dose was given on or after the 4<sup>th</sup> birthday and there are six months between the second and third dose, the school shall accept the polio as complete. Also, if the student was enrolled in NKCPSS prior to 09/10, then accept 3 doses of polio as long as the third one was given after the fourth birthday.)

**Measles, Mumps and Rubella (MMR) Vaccine:** A minimum of 2 measles, 2 mumps and 1 rubella. (Most children receive 2 doses in a combination vaccine called MMR.) The first dose must be administered at age twelve months or older. The second dose of vaccine must be administered prior to entering kindergarten and applies to all children who begin kindergarten during the fall of 2010 or after.)

**Hepatitis B:** A complete series of 3 doses of hepatitis B vaccine is required for all children with four weeks between dose 1 and dose 2, eight weeks between dose 2 and dose 3, and sixteen weeks between dose 1 and dose 3.

**Varicella:** A minimum of 1 dose must be given for all children starting kindergarten before fall 2010 and 2 doses must be given for all children starting kindergarten afterward. The first dose must be given on or after the first birthday and the second dose must be given before entering kindergarten. (Exception: the school shall accept medical documentation of the disease.)

**Seventh grade entrance:** All of the above AND:

Tdap: One is required for seventh grade entrance. Schools may accept proof of tetanus if it was given in the past 5 years.

NO CONDITIONAL ENROLLMENTS

Any custody papers based on court decisions must be on file at the school. If you have any questions please call the school at \_\_\_\_\_.

I have received a copy of this form and understand that any missing information must be provided before my child attends school.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

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**REGISTRATION FORM**

School Year \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_\_\_

(Office use only) Birth Certificate # \_\_\_\_\_ State \_\_\_\_\_

Is student a resident of New Kent County? Yes \_\_\_ No \_\_\_ If no, what county? \_\_\_\_\_

Bus # (If known) \_\_\_\_\_

**Has student previously attended any New Kent County school(s)? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please list grade level(s) \_\_\_\_\_**

**Has student ever received any Special Education services in this school division or any other school division? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please list the school division \_\_\_\_\_**

Please list the most recent school the student has attended.

_____	_____	_____
Name of School	City/State	Dates of Attendance

**Caution: A student may attend a public school in New Kent County only if he/she is living in New Kent County with a natural parent, a person having legal custody by court order, or a court-appointed guardian. The student must carry on the normal activities of daily living at the residence of that person (i.e., eating, sleeping, etc.) The student's legal relationship to the person(s) listed must be accurately stated.**

With whom does the student reside? (Circle one) Natural Parent(s) Guardian Foster Parents

If residing with parents who are divorced or separated, who has legal custody? \_\_\_\_\_

If residing in a foster home, please list the name of the locality or agency which has placed the student.

\_\_\_\_\_

1. Parent/Guardian (circle one) Mother Stepmother Grandmother Guardian

Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Place of Employment \_\_\_\_\_

E-mail address \_\_\_\_\_

2. Parent/Guardian (circle one) Father Stepfather Grandfather Guardian

Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Place of Employment \_\_\_\_\_

E-mail address \_\_\_\_\_

*Please answer **BOTH** parts (1) and (2) by checking the boxes that describe your son or daughter best:*

**(1) What is the student's ethnicity? (Choose only one)**

- Hispanic/Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
- Not Hispanic/Latino

*No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your son or daughter's race to be:*

**(2) What is the student's race? (Choose one or more)**

- 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.)

Please list all individuals residing in the same household who attend New Kent County Public Schools.

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**NEW KENT COUNTY PUBLIC SCHOOLS RESERVES THE RIGHT TO EXCLUDE ANY STUDENT IF FALSE INFORMATION IS KNOWINGLY GIVEN ON A FORM USED FOR SCHOOL REGISTRATION OR PLACEMENT IN THE COUNTY SCHOOL PROGRAM.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>EMERGENCY INFORMATION</b></p> <p><b>PLEASE LIST SOMEONE OTHER THAN STUDENT’S PARENTS WHO CAN BE CONTACTED IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED</b></p> <p>Emergency Contact _____</p> <p>Relationship to Student _____ Phone # _____</p> <p>Physician Name _____ Telephone # _____</p> <p>Please note: A separate form is included in your registration packet for use in the school clinic.</p>
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<p><b>Elementary School-aged Students Only</b></p> <p>Please indicate what type of pre-kindergarten learning experience your child has gained.</p> <p>_____ Headstart      _____ Title I Pre-K      _____ VA Preschool Initiative</p> <p>_____ Private Provider      _____ Licensed Family Home Daycare Provider</p> <p>_____ Special Education Facility      _____ No formal instructional PK program</p> <p>_____ Other _____</p> <p>Please indicate the number of hours weekly if in any type of pre-K program.</p> <p>_____ 0-14 hours      _____ 15-29 hours      _____ 30 or more hours</p>
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Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

### MILITARY CONNECTED STUDENTS

The Virginia Department of Education requires local school divisions to identify newly enrolled students who have a parent in the uniformed services. This information will allow local, state, and federal entities to provide statistics for the purpose of becoming eligible for funds and services to meet the needs of uniformed services-connected students residing in the Commonwealth. Information regarding the status of your specific child will not be presented in any reports.

**Please select the appropriate category for the student noted above**

- 1. Student is not military connected
- 2. Active Duty: Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the US Public Health Services)
- 3. Reserve: Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- 4. National Guard: Student is a dependent of a member of the Active or Reserve National Guard

Home Language Survey  
 New Kent County Public Schools

<b>Student Name:</b>	<b>School:</b>	<b>Date:</b>
<b>Grade:</b>	<b>Teacher:</b>	
<b>Relationship of Person Completing Survey:</b>		
<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Other:</b> _____		
<b>1. What is the primary language used in the home, regardless of the language spoken by the student?</b>		
<b>2. What is the language most often spoken by the student?</b>		
<b>3. What is the language that the student first acquired?</b>		
<b>4. In which languages do you prefer to receive communication from the school?</b>		
Verbal: <input type="checkbox"/> English <input type="checkbox"/> Other: _____    Written: <input type="checkbox"/> English <input type="checkbox"/> Other: _____		

*If a parent or guardian responds with any language other than English for one or more of questions 1-3, then the student needs to be referred for English learner screening. In this case, a copy of this form should be sent to the Title III director at the school board office. If the answer to question 4 is anything other than English, then the appropriate accommodations must be made to assist communication with the parents. One copy of this form should be kept in the student's permanent record.*

Name of parent/guardian who completed the form: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only:*

<b>Referred to the Title III Coordinator:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date sent: _____
<b>Home Language Entered in SIS:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**PROOF OF RESIDENCY**

On this day, \_\_\_\_\_, parent/legal guardian  
 produced the following proof of residency in New Kent County.

<b>PARENTS OR LEGAL GUARDIANS MUST SUBMIT AT LEAST <u>ONE</u> DOCUMENT FROM <u>EACH</u> OF THE <u>THREE</u> COLUMNS:</b>		
Column A	Column B	Column C
<ul style="list-style-type: none"> <li>• Current house contract</li> <li>• Current lease agreement</li> <li>• Current mortgage statement</li> </ul>	A current utility bill: <ul style="list-style-type: none"> <li>• Electric bill</li> <li>• Gas/oil bill</li> <li>• Water bill</li> <li>• Home phone bill</li> <li>• Cable bill</li> </ul> <p>“current” is a bill/statement received within the past 30 days.</p>	<ul style="list-style-type: none"> <li>• Valid Driver’s License</li> <li>• Valid DMV ID</li> <li>• Valid Passport</li> <li>• Valid Military ID</li> </ul> <p>A valid ID is used for identification purposes.</p>

\_\_\_\_\_  
 Signature of School Official

\_\_\_\_\_  
 Date

Names/Grades of all Children Enrolled in the New Kent County School Division

Name of Child	Grade

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**TRANSPORTATION DEPARTMENT  
STUDENT INFORMATION SHEET**

Student's Name \_\_\_\_\_  
Last First Middle

School \_\_\_\_\_ Grade \_\_\_\_\_

Physical address where the student is to be picked up in the **AM**

\_\_\_\_\_

Physical address where the student is to be dropped off in the **PM**

\_\_\_\_\_

Date student is to start riding the bus \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name and telephone number of childcare provider (if any) \_\_\_\_\_

\_\_\_\_\_

For School Personnel Use Only  
This student is assigned to  
Bus # \_\_\_\_\_



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**AFFIRMATION OF PRIOR ENROLLMENT**

Virginia law requires that, prior to admission to any public school in the Commonwealth, the School Board shall require the parent, guardian, or other persons having control or charge of a child of school age to provide, upon registration, a sworn statement of affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division in the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol, 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)

**PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW**

I, \_\_\_\_\_, affirm that \_\_\_\_\_  
**has not been expelled** from school attendance at a private school or public school in Virginia or another state for any offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person.

\_\_\_\_\_  
Parent, Guardian, or Person Responsible for Student

\_\_\_\_\_  
Date

**- OR -**

I, \_\_\_\_\_, affirm that \_\_\_\_\_  
**has been expelled** from school attendance at a private school or public school in Virginia or another state for any offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person.

\_\_\_\_\_  
Parent, Guardian, or Person Responsible for Student

\_\_\_\_\_  
Date

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### **POLICY FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Whenever possible, the parent or guardian should make arrangements so that medication can be administered at home, before or after school. However, there may be circumstances when it is necessary for a student to take medication during school hours. If this is necessary, the following will apply:

1. Medications are administered by or under the supervision of the Registered Professional School Nurse. The Registered Professional School Nurse is licensed by the Commonwealth of Virginia and practices under the *Nurse Practice Act of Virginia*. The *Nurse Practice Act* specifically states that medications (prescription or non-prescription) may be administered only if they have been prescribed by a legal licensed practitioner (i.e., physician, dentist, nurse practitioner). For this reason, a medication permission form, signed by the licensed practitioner, is required for all medications administered at school along with written permission from the parent or guardian.
2. If your child has a chronic condition (i.e., headaches, menstrual cramps, orthodontic appliances, seasonal allergies) for which he/she usually takes over-the-counter (OTC) medication (i.e., *Tylenol*, *Advil*, *Benadryl*, etc.), the medication permission form can be obtained from the licensed practitioner prior to the beginning of each school year. The form can be mailed to the practitioner's office, along with a self-addressed, stamped envelope. The form can then be returned to you in the envelope. The completed form should then be brought to school along with the medication in its original container with proper labeling. No medication will be accepted in baggies, envelopes, tissues or plastic wrap.
3. Parents also have the option of having their licensed practitioner fax the medication permission to the school nurse at the appropriate school. Please notify the school nurse when you are sending a fax related to your child's medications. Telephone numbers for schools are as follows: New Kent Elementary School (formerly New Kent Primary School) - 966-9663, G. W. Watkins Elementary School - 966-9660, New Kent Middle School - 966-9655, and New Kent High School - 966-9671.
4. For prescription medicines, please ask the licensed practitioner to request two (2) bottles on the prescription order form (one for the home and one for the school). This will provide both the parent/guardian and the school with properly labeled containers needed to safely dispense medications.
5. Students who have asthma and are prescribed inhalers should request the licensed practitioner order two (2) inhalers on the prescription—one to remain at home and one to remain at school at all times. This will prevent the inhaler not being readily available when needed at school.
6. Please be sure to read your child's student handbook carefully. It contains information regarding the possession of medications (prescription or non-prescription) without written permission of the parent/guardian and licensed medical practitioner. Students found in possession of unauthorized medications are subject to disciplinary actions.

If you have any questions regarding New Kent County Schools' medication administration policy, please feel free to contact your child's school nurse. Medication permission forms can be obtained in all school clinics.

Please see Policy JHCD and Regulation JHCD-R for additional information.

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**MEDICAL INFORMATION – CLINIC RECORD**

Student’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Grade \_\_\_\_\_

**Medical History**

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies (seasonal)                         | <input type="checkbox"/> Hypertension (high blood pressure) |
| <input type="checkbox"/> Allergies (food)                             | <input type="checkbox"/> Mental Health Disorder             |
| <input type="checkbox"/> Allergic Reaction-Bee Sting (Severe)         | <input type="checkbox"/> ADD/ADHD                           |
| <input type="checkbox"/> Allergic Reaction-Bee Sting (Local Reaction) | <input type="checkbox"/> Cardiac Problems                   |
| <input type="checkbox"/> Asthma                                       | <input type="checkbox"/> Hearing Impairment                 |
| <input type="checkbox"/> Diabetes                                     | <input type="checkbox"/> Seizure Disorder                   |
| <input type="checkbox"/> Ear Infections                               | <input type="checkbox"/> Other                              |

Medications taken daily \_\_\_\_\_

Reason for medication \_\_\_\_\_

Special medical instructions \_\_\_\_\_

Please list any health concerns \_\_\_\_\_

**\*\*\*REMINDER: No medication will be given unless provided by the parent in a properly labeled original container accompanied by a prescription form signed by both parent and physician or health care provider.**

*If you do not have health insurance on your child and are interested in obtaining information please check here.*

Physician name \_\_\_\_\_ Telephone # \_\_\_\_\_

Preferred hospital name \_\_\_\_\_

I give permission to contact the physician or health care provider regarding my child’s medical history or treatment \_\_\_\_\_ Yes \_\_\_\_\_ No

In case of emergency, permission is given to transport my child to the doctor or hospital by car or rescue squad \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_