

Thank you for your interest in the NNPS Virtual Connection, an exciting fully-online learning program for K-8 students in Newport News. This registration packet will guide you through the process of enrolling your child in Newport News Public Schools to take advantage of this opportunity. Please read the guidelines below carefully.

The registration window for the NNPS Virtual Connection opens June 8<sup>th</sup>, 2016 and closes August 4<sup>th</sup>, 2016. Applications will only be accepted in person at the NNPS Administration Building beginning at 8am on June 8<sup>th</sup> and ending at 430pm on August 4<sup>th</sup>. No applications will be accepted before or after the window. *Remember that students that join the Virtual Connection do not attend their zoned schools at all – all instruction is done online – and so all registration information should be processed at the Administration Building.*

*If your child has never been enrolled in Newport News Public Schools:*

Please fill out all pages of this packet and then return them to Julie Herber at the NNPS Administration Building at 12465 Warwick Blvd., Newport News, VA 23606 during the registration window. Questions about the packet can be sent to James Maxlow at james.maxlow@nn.k12.va.us or can be called in at 757-283-7850 x10225. We will take steps to complete the enrollment in the Virtual Connection online school once the registration window opens.

*If your child has been enrolled in Newport News Public Schools previously but was not enrolled as of May 2016 for any reason:*

Please call James Maxlow at 757-283-7850 x10225. We will take steps to re-activate your existing records, provide you with an opportunity to update any changed information, and complete the enrollment in the Virtual Connection online school once the registration window opens.

*If your child was enrolled in Newport News Public Schools as of May 2016 and has not been withdrawn since:*

Please call James Maxlow at 757-283-7850 x10225. We will take steps to transition your child from the zoned school to the Virtual Connection online school once the registration window opens. You will not need to visit your previous school to inform them of this change.

Thank you again for your interest, and please contact us with any questions you may have.

# 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 bills - Must show name, current date and address  
(Ex. -Electric/Gas/Water/Sanitation)
- Military Housing Acceptance Letter

**Documentation Not Accepted** - (Ex. - Driver License, Personal Check, Telephone 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, United States Code, §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 guardian or have legal custody of the child or acting in loco parentis pursuant to placement of the child for adoption. (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.  
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)

- ✓ **IF APPLICABLE - Individual Educational Plan** - Most recent IEP.

# Student Registration/Emergency Data Form

Basic Student Enrollment Information

**Registering for**  
**Grade** \_\_\_\_\_ **Pupil No.** \_\_\_\_\_

**Student Information**

\_\_\_\_\_  
(Legal Last) (Legal First) (Legal Middle) Suffix \_\_\_\_\_

Nick Name \_\_\_\_\_ **Gender**  Male  Female

\_\_\_\_\_  
(Office use only) (Office use only)

**Birth Date** \_\_\_\_\_ **Birth Verification** \_\_\_\_\_ **Birth Cert. #** \_\_\_\_\_  
(MM-DD-YYYY) 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**

What language did the child first learn to speak? (**Language First Learn**) \_\_\_\_\_

What language does the child most often speak now? \_\_\_\_\_

What language is most often spoken in the home? (**Home Language**) \_\_\_\_\_

In what language would you like to receive school information? (**Language to Home**) \_\_\_\_\_

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


**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)

**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.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Release to?  Yes  No

2.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Release to?  Yes  No

3.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Release to?  Yes  No

4.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

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

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

Check 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 week 30 or more hours per week
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**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 \_\_\_\_\_



**AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF INFORMATION**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECT: Records Request**

I hereby request and authorize that the following information

- |   |  |
|---|--|
| <input type="checkbox"/> <b>STUDENT EDUCATIONAL RECORDS</b><br>(Withdrawal Grades/Transcripts/Report Cards) | <input type="checkbox"/> <b>IEP (IF APPLICABLE)</b>          |
| <input type="checkbox"/> <b>STATE/LOCAL TEST SCORES</b>   | <input type="checkbox"/> <b>ELIGIBILITY MINUTES</b>          |
| <input type="checkbox"/> <b>HEALTH/IMMUNIZATION</b>   | <input type="checkbox"/> <b>PSYCHOLOGICAL REPORTS</b>        |
| <input type="checkbox"/> <b>DISCIPLINE</b>  | <input type="checkbox"/> <b>SOCIOLOGICAL HISTORY REPORTS</b> |
| <input type="checkbox"/> <b>ATTENDANCE</b>  | <input type="checkbox"/> <b>EDUCATIONAL REPORTS</b>          |
|   | <input type="checkbox"/> <b>OTHER:</b> _____                 |

Be released on

\_\_\_\_\_ (Name of Student) \_\_\_\_\_ (Date of Birth)

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

**Julie Herber, Curriculum and Development, Newport News Public Schools**

Sent to the address indicated below:

**Newport News Public Schools**

**12465 Warwick Blvd.**

**Newport News, VA 23606**

**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).

**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: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Mother or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Father or Legal Guardian: \_\_\_\_\_ 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, 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				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Tdap booster (6 <sup>th</sup> grade entry)					
*Poliomyelitis (IPV, OPV)					
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age					
*Pneumococcal (PCV conjugate) *only for children <2 years of age					
Measles, Mumps, Rubella (MMR vaccine)					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine					
Meningococcal Vaccine					
Human Papillomavirus Vaccine					
Other					
Other					

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* (Minimum requirements are listed in 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](http://www.vahealth.org/schoolhealth)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

<b>Health Assessment</b>	<b>Date of Assessment:</b> ____/____/____ Weight: _____ lbs. Height: _____ ft. _____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided <b>TB Risk Assessment:</b> <input type="checkbox"/> No Risk <input type="checkbox"/> Positive/Referred Mantoux results: _____ mm	<b>Physical Examination</b> 1 = Within normal    2 = Abnormal finding    3 = Referred for evaluation or treatment  <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> </tr> <tr> <td>HEENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Urinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>EPSDT Screens Required for Head Start – include specific results and date:</b> Blood Lead: _____ Hct/Hgb _____																																																		

<b>Developmental Screen</b>	<b>Assessed for:</b>	<b>Assessment Method:</b>	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

<b>Hearing Screen</b>	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> <b>Unable to test – needs rescreen</b>  <input type="checkbox"/> Permanent Hearing Loss Previously identified: ___Left ___Right  <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R				
	L				
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

<b>Vision Screen</b>	<input type="checkbox"/> With Corrective Lenses (check if yes)				
	Stereopsis	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Not tested	
	Distance	Both	R	L	Test used:
		20/	20/	20/	
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> <b>Unable to test – needs rescreen</b>					

<b>Dental Screen</b>	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
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<b>Recommendations to (Pre) School, Child Care, or Early Intervention Personnel</b>	<b>Summary of Findings</b> (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____ _____ _____ _____
	___ <b>Allergy</b> <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction    Response required: <input type="checkbox"/> none <input type="checkbox"/> epi pen <input type="checkbox"/> other: _____
	___ <b>Individualized Health Care Plan needed</b> (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)
	___ <b>Restricted Activity</b> Specify: _____
	___ <b>Developmental Evaluation</b> <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____
	___ <b>Medication.</b> Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.
	___ <b>Special Diet</b> Specify: _____
	___ <b>Special Needs</b> Specify: _____
	___ <b>Other Comments:</b> _____

<b>Health Care Professional's Certification</b> (Write legibly or stamp):			
Name : _____	Signature: _____	Date: ____/____/____	
Practice/Clinic Name: _____	Address: _____		
Phone: _____	Fax: _____	Email: _____	



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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