

Thank you for your interest in the NNPS Virtual Connection, an exciting online learning program for K-8 students in Newport News that launched in the fall of 2013. 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 9th, 2014 and closes August 4th, 2014. Applications will only be accepted in person at the NNPS Administration Building beginning at 8am on June 9th and 430pm on August 4th. 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, not at a school.*

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 June 2014 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. Filling out this packet may not be necessary.

If your child was enrolled in Newport News Public Schools as of June 2014 and has not been withdrawn since: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. Filling out this packet will not be necessary.

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

Student's Full Legal Name _____ **Grade** _____ **Pupil No.** _____

(Legal Last)

(Legal First)

(Legal Middle)

Suffix _____

Preferred First _____

Gender Male Female

Office use only

Office use only

Birth Date _____

Proof of Age _____

Birth Cert. # _____

(MM-DD-YYYY)

BC# verified on previous enrollment

Country of birth _____ State of birth _____ City of birth _____

Ethnic Group and 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)

No, not Hispanic or Latino

Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rico, 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.)

Ethnicity/Race Selected by School

Pre-School Experience (Elem. Only)

Make your selection below:

Identify the current or most recent PK program (please circle):

Coordinated Pre-K Classroom

Virginia Preschool Initiative (VPI)

Title I Pre-Kindergarten

Head Start

Coordinated Special Education

Special Education Only

Government – Tuition Charged

Private Provider

Licensed Family Home Daycare Provider

No Formal or Institutional Daycare Provider

Other

No PreK (Pre-School) Program

Circle the time spent each week in the program:

Less than 15 hours per week

15 hours or more but less than 30 hours per week

30 or more hours per week

Primary Contact Information - (Primary Parent/Legal Guardian Living in Household)

Relationship to student _____

Legal Guardian (court appointed)? Yes No (If so, original court documents must be provided to the enrolling school.)

(Primary Contact Legal Last)

(Primary Contact Legal First)

(Primary Contact Middle)

House/Street # _____ **Street Name** _____

Apt. # _____ **Dwelling Type** _____

City _____ **Zip Code** _____ **Proof of Address** _____

Office use only

Alternate mailing address (Only a PO Box is acceptable) _____

Cell # _____ Work # _____

Home # _____ Emergency # _____

Primary E-mail address _____

Additional Contact Information - (Additional Parent/Legal Guardian)

Relationship to student _____ Lives with? Yes No

Legal Guardian (court appointed)? Yes No *(If so, original court documents must be provided to the enrolling school.)*

_____ (Legal Last) _____ (Legal First) _____ (Legal Middle Initial)

House/Street # _____ Street Name _____

Apt. # _____ Complex/Subdivision _____

City _____ Zip Code _____ Can pick up student? Yes No

Cell # _____ Work # _____

Home # _____ Emergency # _____

Primary E-mail address _____



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: _____

Court Order Type: _____

Order Locality: _____

Student educational records and/or student will 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.

Additional Contact Information – (List in Priority Call Order)

1.) _____ (Last Name) _____ (First Name) Relationship _____

Can pick up student? Yes No

Home Phone _____ Cell _____ Work Phone _____

2.) _____ (Last Name) _____ (First Name) Relationship _____

Can pick up student? Yes No

Home Phone _____ Cell _____ Work Phone _____

3.) _____ (Last Name) _____ (First Name) Relationship _____

Can pick up student? Yes No

Home Phone _____ Cell _____ Work Phone _____

4.) _____ (Last Name) _____ (First Name) Relationship _____

Can pick up student? Yes No

Home Phone _____ Cell _____ Work Phone _____

5.) _____ (Last Name) _____ (First Name) Relationship _____

Can pick up student? Yes No

Home Phone _____ Cell _____ Work Phone _____

Primary Language spoken

What is the first (**Primary**) language the student learned to speak? _____

What language does the student most often speak at home (**Home Language**)? _____

What language do other household members most often speak at home? _____

**If any language other than English, complete a primary home language survey form (ESL 6/30/08).
Follow the ESL Welcome Center procedures in your Records Keepers Manual.
(ESL Welcome Center - Fax 757- 597-2877)**

Is the student a U. S. citizen? Yes No

General Enrollment Information

School Divisions are required to collect information on the following categories of people. This information is used in conjunction with the federal “No Child Left Behind Act” and will help our school division provide important services to children and families who may have special needs.

- Is the student an *immigrant*? Yes No
Immigrant - Individuals who are aged 3 through 21; were not born in any State; and have not been attending 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. This definition excludes persons displaced by natural disasters or persons who, although displaced, have not crossed an international border. Also excluded are persons commonly known as “economic migrants,” whose primary reason for flight has been a desire for personal betterment rather than persecution per se. Specifically, the U. S. Immigration and Naturalization Service has issued to refugees an I-94 card that is stamped “Refugee” and which contains an alien number.
- Does the student reside in a foster home? Yes No *(If yes, please provide supporting data)*
- Is the student *homeless or an unaccompanied youth*? Yes No
Homeless – The term “homeless children and youth” (A) means individuals who lack a fixed, regular, and adequate nighttime residence...; and (B) includes (i) children and youths who are sharing housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings... (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting; and (iv) migratory children who qualify as homeless for the purposes of the subtitle because the children are living in circumstances described in clauses (i) through (iii).
- Is the student a *migrant*? Yes No
Migrant – A ‘migratory child’ means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker, or a migratory fisher, and who, 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 – (A) has moved from one school district to another; (B) in a State that is comprised of a single school district, has moved from one administrative area to another within such district; or (C) resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Privacy Status – Release of Information

- I understand information that is classified as “directory information” may be disclosed under the guidelines explained in the Annual Notice to Students/Parents regarding student educational records and directory information in the Parent and Student Handbook published each school year and 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

Physical Education Participation Acknowledgement

- Please check one of the following statements 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.

Transportation Information



Students attending the Newport News Public Schools Virtual Connection program will not receive transportation to or from any school building for any purpose, including after school activities and sports, except in the cases where the student is on a sports team at the zoned school and is therefore transported from the zoned school to sanctioned sporting events and back again.

_____ **Parent/Legal Guardian Initials**

Student Miscellaneous Information

In order to assist Newport News Public Schools in complying with certain state/federal regulations regarding instructional programs, please complete the following:

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)

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW

My child, _____ (circle one) **HAS or HAS NOT** 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.



_____ **Parent, legal guardian or person having control or charge of child**

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

District _____ Name of School Attended _____

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

Previous NNPS Attended Serving School _____

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

If so, what school _____, what school year? _____

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

Does the student have a **504 Plan**? Yes No (If yes, provide copy of most recent **504**)

Is your child currently under the care of a physician/doctor for a **Chronic Medical Condition**? Yes No



_____ **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) Date _____ HRM # _____ Grade _____

Serving School _____ Responsible School _____

Enrollment Code _____ Enrollment Reason _____

Proof of Immunization Yes No Physical Exam Yes No Records Requested Date: _____

Code of Conduct Internet AUP PE Permission Directory Info. Agenda

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

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 th 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

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

Health Assessment	Date of Assessment: ____/____/____ Weight: _____ lbs. Height: _____ ft. _____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided TB Risk Assessment: <input type="checkbox"/> No Risk <input type="checkbox"/> Positive/Referred Mantoux results: _____ mm	Physical Examination 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 style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Neurological</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Skin</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Abdomen</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Genital</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Extremities</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Urinary</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><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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EPSDT Screens Required for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																																																		

Developmental Screen	Assessed for:	Assessment Method:	<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				

Hearing Screen	<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"/> Unable to test – needs rescreen <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					

Vision Screen	<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"/> Unable to test – needs rescreen					

Dental Screen	<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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Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (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): _____ _____ _____ _____
	___ Allergy <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: _____
	___ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)
	___ Restricted Activity Specify: _____
	___ Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____
	___ Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> 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):			
Name : _____	Signature: _____	Date: ____/____/____	
Practice/Clinic Name: _____	Address: _____		
Phone: _____	Fax: _____	Email: _____	



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