

**BAY VIEW SCHOOL
1434 BAY VIEW BLVD
NORFOLK, VA 23503
531-3030
FAX 531-3025**

MANDATORY ENTRANCE REQUIREMENTS

1. AGE - KINDERGARTEN (5 YEARS OLD BY 9/30)
2. PHYSICAL EXAMINATION (WITHIN 12 MONTHS OF ENTERING KINDERGARTEN)
3. IMMUNIZATION
 - A. DPT - OR DIPHTHERIA, PERTUSSIS, TETANUS
(4 DOSES - ONE DOSE AFTER 4TH BIRTHDAY)
 - B. POLIOMYELITIS (4 DOSES - ONE DOSE AFTER 4TH BIRTHDAY)
 - C. MMR (MUMPS) RUBELLA (GERMAN MEASLES)
RUBEOLA (MEASLES) 2 DOSES
 - D. HEPATITIS B (SERIES OF 3 IMMUNIZATIONS)
 - E. VARICELLA (CHICKEN POX) 2 DOES FOR ALL (PK-5)
 - F. HEP A (2 DOES 180 (6 MONTHS)
4. BIRTH CERTIFICATE (ORIGINAL)
AFFIDAVIT (30 DAY TEMPORARY ENROLLMENT LETTER)
5. COPY OF CUSTODY PAPERWORK IF APPLICABLE
6. VERIFICATION OF ADDRESS (**CURRENT LEASE OR UTILITY BILL** IN YOUR NAME. IF LIVING WITH SOMEONE A STATEMENT OF RESIDENCE THAT IS NOTARIZED. NEEDS TO STATE IF YOU ARE PAYING RENT OR NOT AND HOW MUCH. MUST HAVE A COPY OF THE LEASE AND PHOTO ID OF THE PERSON YOU ARE STAYING WITH.
7. ADDRESS FROM LAST SCHOOL ATTENDED
8. WITHDRAWAL PAPERS AND REPORT CARD FROM LAST SCHOOL ATTENDED.
10. SPECIAL EDUCATION – IEP – (LD, SPEECH, EMR, ETC.)
11. PICTURE ID WITH THE CURRENT ADDRESS ON IT

**ONLY TURN IN ENROLLMENT PACKET IN
WHEN IT IS 100% COMPLETED**



REQUEST FOR SCHOOL RECORD



NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

PHONE _____ FAX _____

THE FOLLOWING STUDENT(S) HAS/HAVE ENROLLED AT BAY VIEW ELEMENTARY

NAME: _____	GRADE _____	D.O.B _____
NAME: _____	GRADE _____	D.O.B _____
NAME: _____	GRADE _____	D.O.B _____

NAME OF PARENTS SIGNATURE (Father, Mother or Guardian)

DATE: _____

PARENTS' INFORMATION:

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER: CELL _____ HOME _____

PLEASE CIRCLE DOCUMENTATION NEED: ATTENDANCE, SPECIAL ED/CONF.(IEP), PSYCHOLOGICAL DEVELOPMENT OF STUDENT, DISCIPLINE, IMMUNIZATIONS, PHYSICAL, STANDARDIZED TEST SCORES, ANY GRADES OBTAINED AND REPORT CARDS.

SIGNATURE _____ DATE _____

MAILING ADDRESS:

BAY VIEW ELEMENTARY
1434 BAYVIEW BLVD.
NORFOLK, VIRGINIA 23503
FAX NUMBER: (757) 531-3025

OR SCAN AND EMAIL

MLUCARIO@NPS.K12.VA.US

THANK YOU,

DATE: _____

MARY LUCARIO

Student Registration Form

Legal Name of Student _____
Last First Middle Suffix

Student's Gender ☐ Male ☐ Female The student ☐ IS/ ☐ IS NOT of Hispanic/Latino origin.
Check all that apply

Date of Birth _____
Month Day Year ☐ American Indian / Alaskan Native

Student's Birthplace _____
City County State ☐ Asian

Birth Country _____ ☐ Black /African American

Birth Verification _____ ☐ Native Hawaiian / Pacific Islander

Birth Verification # _____ ☐ White

Most Recent Educational Environment Information

Last School Attended _____ Withdrawal Date _____
Month Day Year

Grade Level _____

School Address _____
Street Number Street Name City State/Country

School Type (Choose one)

☐ Public (including SECEP) ☐ Private, non-religious ☐ Private, religious
☐ CHKD ☐ Charter ☐ Norfolk Detention Center
☐ Outside US (US dependent school) ☐ Outside US (not US dependent-school) ☐ Home Schooled

Grade Level when last withdrawn _____ Was student retained last year? ☐ Yes ☐ No

To be completed by families in transition without permanent residence (McKinney-Vento Homeless Assistance Improvements Act)

☐ In a motel/hotel ☐ In a shelter ☐ Doubled up (economic hardship)
☐ Unaccompanied youth (abandoned or runaway) ☐ Unsheltered (cars, parks, etc.) ☐ Other

Special Needs

Does the student have a primary language other than English? ☐ Yes ☐ No (If yes, complete LEP enrollment)
Does the student have special needs or require special considerations? ☐ Yes ☐ No
Does the student have a current §504 Plan? ☐ Yes ☐ No Special Considerations
Does the student have a current IEP? ☐ Yes ☐ No

Parent / Guardian Signature _____ (The information provided in this registration package is accurate to the best of my knowledge)

Date _____

Student Registration Form

Parent Active Military: ☐ Mother ☐ Father ☐ None ☐

Please answer if applicable:

Uniformed Services Connected Information

The 2015 Virginia General Assembly passed legislation (HB 2373 and SB 1354) that requires the Department of Education to establish a process for the identification of newly enrolled uniformed services-connected students by local school divisions. Norfolk Public Schools collects this information by requesting that you complete the information below for each parent.

Service Branch

Mother

Father

Active Duty U.S. Army
Active Duty U.S. Navy
Active Duty U.S. Air Force
Active Duty U.S. Marine Corps
Active Duty U.S. Coast Guard
Active Duty National Guard of the United States
Active Duty Commissioned Corps of NOAA
Active Duty Commissioned Corps of U.S. Public Health Services
Reserve U.S. Army
Reserve U.S. Navy
Reserve U.S. Air Force
Reserve U.S. Marine Corps
Reserve U.S. Coast Guard
Reserve National Guard of the United States

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Office Use Only

Enrollment School Registration Date / /

Responsible School Grade Level

Serving School (Complete only if different than enrollment school) Homeroom

Concurrent School (Complete only if different than enrollment school) Serving District

Entry Requirements ☐ Phys ☐ Imm ☐ BC ☐ Address Verification ☐ Met ☐ / ☐ / ☐ NOT MET ☐ / ☐ / ☐

Student ID Enrollment Code Enrollment Date / /

Out of District ☐ DSSS ☐ Spec Ed ☐ Homeless ☐ Non-NPS SECEP Student enrolled in NPS school

☐ Admin ☐ Alternative Ed ☐ School-based Program (IB, EVMS, GM, YS, ...)

Transportation ☐ Regular ☐ Public ☐ Mini-Bus ☐ Lift Bus ☐ Private Carrier ☐ None

☐ Bus #

AUP Status: ☐ Yes ☐ No Staff Initials

Special Education Use Only

Disability IEP Received: ☐ Yes ☐ No Spec Ed Verified ☐

Placed for Services ☐ Yes ☐ No

Office Verification (OFFICE USE ONLY)

Please assist the legal guardian with completing these forms so that the most accurate information can be captured. Make sure the person completing the forms understands the importance of checking the release box on the EMERGENCY CONTACT page. A court order or proof of custody cannot be required of a natural parent for enrollment of a student who is living with him/her. PLEASE do not send a legal guardian to the Central Administration Building (CAB) for verification of legal custody, if it can be taken care of within the school building. (Please contact the Department of Student Support Services at (757)628-3931 for immediate assistance.)

Registration Accepted By: Date: / /

Student/Parent Address Form

Legal Name of Student _____
Last First Middle Suffix

Student ID _____

To be completed by families in transition without permanent residence (McKinney-Vento Homeless Assistance Improvements Act)

☐ In a motel/hotel ☐ In a shelter ☐ Doubled up (economic hardship)
☐ Unaccompanied youth (abandoned or runaway) ☐ Unsheltered (cars, parks, etc.) ☐ Other

Student Address

Street _____ Apt. Lot _____
City County _____ State _____ Zip _____
Area Code _____ Home Phone _____ Area Code _____ Mobile Phone _____
Area Code _____ Work Phone _____

Parent / Guardian Signature (The information provided in this registration package is accurate to the best of my knowledge)

Date ____/____/____

Natural Mother (if known)

Last First Middle Suffix
Street _____ Apt. Lot _____
City County _____ State _____ Zip _____
Area Code _____ Home Phone _____ Area Code _____ Mobile Phone _____
Area Code _____ Work Phone _____ email address _____

Check all that apply

☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Lives With
☐ Mailings Allowed ☐ Enrolling Parent ☐ Release To ☐ Deceased

Natural Father (if known)

Last First Middle Suffix
Street _____ Apt. Lot _____
City _____ State _____ Zip _____
Area Code _____ Home Phone _____ Area Code _____ Mobile Phone _____
Area Code _____ Work Phone _____ email address _____

Check all that apply

☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Lives With
☐ Mailings Allowed ☐ Enrolling Parent ☐ Release To ☐ Deceased

Office Use

Accepted By: _____

Date: ____/____/____

Student/Guardian Address Form

Legal Name of Student

Last First Middle Suffix

Student ID

Student
Address

Street Apt Lot

City County State Zip

Area Code Home Phone Area Code Mobile Phone

Area Code Work Phone

Parent / Guardian Signature

(The information provided in this registration package is accurate to the best of my knowledge)

Date ____/____/____

Legal Guardian

Address
or Same

Last First Middle Suffix

Street Apt Lot

City State Zip

Area Code Home Phone Area Code Mobile Phone

Area Code Work Phone email address

Check all that apply

____ Contact Allowed ____ Educational Rights ____ Has Custody ____ Lives With
____ Mailings Allowed ____ Enrolling Parent ____ Release To

Legal Guardian

Address
Or Same

Last First Middle Suffix

Street Apt Lot

City State Zip

Area Code Home Phone Area Code Mobile Phone

Area Code Work Phone email address

Check all that apply

____ Contact Allowed ____ Educational Rights ____ Has Custody ____ Lives With
____ Mailings Allowed ____ Enrolling Parent ____ Release To

Office Use

Accepted By:

Date: ____/____/____

Emergency Contact Address Form

Legal Name of Student _____
Last First Middle Suffix

Student ID _____

Emergency Contact _____
Last First Middle Suffix

Street _____ Apt/ Lot _____

City _____ State _____ Zip _____

Relationship to Student _____ Area Code _____ Home Phone _____

Area Code _____ Mobile Phone _____ Area Code _____ Work Phone _____

☐ Check here if the student can be released to this contact. If NOT checked, this person CANNOT pick up the student.

Emergency Contact _____
Last First Middle Suffix

Street _____ Apt/ Lot _____

City _____ State _____ Zip _____

Relationship to Student _____ Area Code _____ Home Phone _____

Area Code _____ Mobile Phone _____ Area Code _____ Work Phone _____

☐ Check here if the student can be released to this contact. If NOT checked, this person CANNOT pick up the student.

Emergency Contact _____
Last First Middle Suffix

Street _____ Apt/ Lot _____

City _____ State _____ Zip _____

Relationship to Student _____ Area Code _____ Home Phone _____

Area Code _____ Mobile Phone _____ Area Code _____ Work Phone _____

☐ Check here if the student can be released to this contact. If NOT checked, this person CANNOT pick up the student.

Office Verification (OFFICE USE ONLY)

Please assist the legal guardian with completing these forms so that the most accurate information can be captured. Make sure the person completing the forms understands the importance of checking the release box on the EMERGENCY CONTACT page. A court order or proof of custody cannot be required of a natural parent for enrollment of a student who is living with him/her. PLEASE do not send a legal guardian to the Central Administration Building (CAB) for verification of legal custody, if it can be taken care of within the school building. (Please contact the Department of Student Support Services at (757)628-3931 for immediate assistance.)

Accepted By: _____ Date: ____/____/____

Social Services Address Form

Legal Name of Student _____
Last First Middle Suffix

Student ID _____

Parent / Guardian Signature _____ (The information provided in this registration package is accurate to the best of my knowledge)

Date ____/____/____

Social Services

Address _____
Last First Middle Suffix
Street _____ Apt Lot _____
City _____ State _____ Zip _____
Area Code _____ Home Phone _____ Area Code _____ Mobile Phone _____
Area Code _____ Work Phone _____ Agency (see below) _____

Check all that apply

☐ Contact Allowed ☐ Educational Rights ☐ Has Custody
☐ Mailings Allowed ☐ Enrolling Parent ☐ Release To

Agencies

SS-CHES	Soc Service – Chesapeake	SS-HAMP	Soc Services – Hampton
SS-NN	Soc Services – Newport News	SS-NORF	Soc Services – Norfolk
SS-PORT	Soc Service – Portsmouth	SS-VAB	Soc Services – Virginia Beach
SS-other	Soc Services - other		

Office Use

Accepted By: _____ Date: ____/____/____

Student Birth Record Data

Legal Name of Student

Last First Middle Suffix

Date of Birth

____/____/____
Month Day Year

Certified Birth Record Presented

Birth Number

Date Issued

____/____/____
Month Day Year

Birthplace

Mother's Name

Last First Middle Suffix

Father's Name

Last First Middle Suffix

Affidavit (If Certified Birth Record Not Presented, Affidavit Required)

Date Completed

____/____/____
Month Day Year

School Official

Signature

Title

Date

____/____/____
Month Day Year

**BAY VIEW SCHOOL
1434 BAY VIEW BLVD
NORFOLK, VA 23503**

1. Student's Name _____

2. Current Address _____

Verification of address is required. Please indicate which of the following you have available:

_____ Current Lease
_____ Statement of Residence

_____ Current Utility Bill
_____ Other

3. Telephone number: Home _____ Cell _____

THE SCHOOL MUST HAVE AT LEAST ONE TELEPHONE NUMBER FOR EACH PUPIL. IF YOU DO NOT HAVE A TELEPHONE, PLEASE FURNISH US WITH THE NUMBER OF A NEIGHBOR WHO WILL CONTACT YOU IF WE NEED YOU.

CUSTODY:

Are you the child's natural parent? _____ Yes _____ No

If you answered no, what is your relationship to the child:

Does the child live with both natural parents? _____ Yes _____ No

Are there any custody or guardianship matters pertaining to the child being registered:

_____ Yes _____ No If Yes, please explain: _____

If you have any other children attending Bay View, please list their names.

****PLEASE NOTIFY THE SCHOOL'S OFFICE IF THERE IS ANY CHANGE IN YOUR ADDRESS OR TELEPHONE NUMBERS.**

THEORY OF THE
EARTH AND ITS HISTORY
BY
JOHN W. DEWEY

NEW YORK

THEORY OF THE EARTH AND ITS HISTORY. BY JOHN W. DEWEY. Pp. 384. \$1.50.

THEORY OF THE EARTH AND ITS HISTORY. BY JOHN W. DEWEY. Pp. 384. \$1.50.

THEORY OF THE EARTH AND ITS HISTORY. BY JOHN W. DEWEY. Pp. 384. \$1.50.

NEW YORK

THEORY OF THE EARTH AND ITS HISTORY. BY JOHN W. DEWEY. Pp. 384. \$1.50.

THEORY OF THE EARTH AND ITS HISTORY. BY JOHN W. DEWEY. Pp. 384. \$1.50.

THEORY OF THE EARTH AND ITS HISTORY. BY JOHN W. DEWEY. Pp. 384. \$1.50.

**BAY VIEW SCHOOL
1434 BAY VIEW BLVD
NORFOLK, VA 23503**

1. Student's Name _____

2. Current Address _____

Verification of address is required. Please indicate which of the following you have available:

_____ Current Lease
_____ Statement of Residence

_____ Current Utility Bill
_____ Other

3. Telephone number: Home _____ Cell _____

THE SCHOOL MUST HAVE AT LEAST ONE TELEPHONE NUMBER FOR EACH PUPIL. IF YOU DO NOT HAVE A TELEPHONE, PLEASE FURNISH US WITH THE NUMBER OF A NEIGHBOR WHO WILL CONTACT YOU IF WE NEED YOU.

CUSTODY:

Are you the child's natural parent? _____ Yes _____ No

If you answered no, what is your relationship to the child:

Does the child live with both natural parents? _____ Yes _____ No

Are there any custody or guardianship matters pertaining to the child being registered:

_____ Yes _____ No If Yes, please explain: _____

If you have any other children attending Bay View, please list their names.

****PLEASE NOTIFY THE SCHOOL'S OFFICE IF THERE IS ANY CHANGE IN YOUR ADDRESS OR TELEPHONE NUMBERS.**

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT

1955-1956

1957-1958

1959-1960

1961-1962

1963-1964

1965-1966

1967-1968

1969-1970

1971-1972

1973-1974

1975-1976

1977-1978

1979-1980

1981-1982

1983-1984

1985-1986

1987-1988

1989-1990

1991-1992

1993-1994

Pre-Kindergarten Experience

Legal Name of Student _____
Last First Middle Suffix

Date of Birth _____
Month Day Year

Pre-K Experience

1. Did the student participate in a formal Pre-K program in the past? (If yes, continue with question 2) Yes No
2. Was this program conducted through Norfolk Public Schools? (If no, continue with question 3) Yes No
3. What was the name of the most recent school or Pre-K program in which the student participated?

School Program Name City State

4. How many hours per week did your child attend the Pre-K program?
 _____ Less than 15 hours
 _____ More than 15 hours but less than 30 hours
 _____ 30 or more hours
5. Check all that apply in reference to the child's most recent Pre-K school or program
 _____ Head Start
 _____ Title I
 _____ At-Risk 4-Year Old Program
 _____ Public School Program
 _____ Government Agency – Tuition Charged (School division, Department of Defense, other government agency)
 _____ Private Provider (Includes preschool, faith-based programs, commercial daycare)
 _____ State Licensed Provider (Includes state licensed preschool, state licensed home daycare)
 _____ Other

Special Needs

6. My child only received special education services. (No regular Pre-K or daycare was provided) Yes No
7. My child received special education services in combination with a non-special education program. Yes No

Office Use Only

- | | |
|---|---|
| _____ 20 Coordinated Pre-kindergarten Classroom | _____ 0 No time in formal or institutional PK program |
| _____ 21 Virginia Preschool Initiative (VPI) | _____ 1 Less than 15 hours/wk |
| _____ 22 Title I Pre-kindergarten | _____ 15 15 hours or more but less than 30 hours/wk |
| _____ 23 Head Start | _____ 30 30 or more hours/wk |
| _____ 30 Coordinated Special Education | |
| _____ 31 Special Education Only | |
| _____ 40 Government – Tuition Charged | |
| _____ 50 Private Provider | |
| _____ 51 Licensed Family Home Daycare Provider | |
| _____ 60 No Formal or Institutional PK Program | |
| _____ 61 Other | |
| _____ 99 Not Provided | |

Internet Acceptable Use Procedure-AUP



Norfolk Public Schools (NPS) provides a full range of computer information systems, including internet resources, for students and staff. NPS strongly believes in the educational value of such computer information systems and recognizes their potential in support of our curriculum and student learning goals.

The Norfolk Public Schools Board adopts this Acceptable Use Policy, which outlines uses, ethics, and protocol for the School Board's computer network.

School Board employees and students shall not use the division's computer equipment and communications services for sending, receiving, viewing, downloading, uploading inappropriate and/or illegal material via the internet and World Wide Web.

A. The Superintendent or his/her designee shall select and operate technology that protects against, filters or blocks access through school division computers to visual depictions that are –

- a. Child pornography, as set out in Virginia Code § 18.2-374.1:1 or as defined in 18 U.S.C. § 2256;
- b. Obscenity, as defined in Virginia Code § 18.2-372 or 18 U.S.C. § 1460;
- c. Material the Norfolk Public Schools deems to be harmful to juveniles, as defined in Virginia Code § 18.2-390, material that is harmful to minors, as defined in 47 U.S.C. § 254(h)(7)(G), and material that is otherwise inappropriate for minors;

B. The technology protection measure shall be utilized and enforced during any use of the division's computers by users.

C. The school administration shall monitor online activities of users.

D. The Superintendent or his/her designee shall select and operate technology and take administrative measures to protect the safety and security of users when using electronic mail, chat rooms, and other forms of direct electronic communications.

E. Users shall not obtain unauthorized access including "hacking" and other unlawful activities, while online.

F. The School Board, its employees, agents and students shall not disclose, use, or disseminate personal identification information regarding users.

G. The Superintendent or his/her designee shall ensure that Norfolk Public Schools include a component on internet safety for students that is integrated in the division's instructional program. The program includes appropriate use of social networking websites and cyberbullying awareness and response. (See Social Media Policy, GAZA)

NPS allows users access to electronic information systems while safeguarding them from potential hazard by filtering objectionable sites. Students and staff are allowed access to internet resources with the understanding that some material may be inaccurate or objectionable. The use of inappropriate resources is not permitted. NPS does not endorse and is not responsible for content associated with links outside of the NPS network. Individuals using NPS electronic information systems are subject to monitoring by district personnel.

All use of the division's computer system must be (1) in support of education and/or research or (2) for legitimate school business. This resource, as with any other public resource, demands that those entrusted with the privilege of its use be accountable. Along with rights comes responsibilities, all users of electronic information systems are responsible for obeying rules and policies at all times. Users are held personally accountable for any and all activities logged to their computer identification "userid" and password. Any off campus activities that cause risk of disruption on campus are subject to school disciplinary action. NPS reserves the right to block downloading from specific file extensions and/or specific sites. NPS provides equitable access and encourages the use of electronic information systems, whenever and wherever possible and appropriate, to support the educational program.

- All users are responsible for ensuring that any disclosures of information complies with applicable state and federal statutes and regulations, including but not limited to the Family Education Rights and Privacy Act (FERPA).
- All users authorized to access privileged information must understand and accept all responsibilities of working with confidential data. Responsibilities of protecting the privacy and confidentiality of the data include:
 - Properly storing and securing sensitive data on NPS approved secure mediums
 - Not misrepresenting or falsely manipulating/altering data
 - Not divulging any information to any person or organization without proper authorization.
- No identifiable photographs of students, faculty, or administration taken with NPS technology will be allowed to be published on the internet or used in print without appropriate written consent. Photographs are the property of Norfolk Public Schools and will be used for instructional purposes only. Any photographs taken of students without parental permission will be strictly prohibited.

The failure of any student or staff member to follow the terms of this policy may result in the loss of Norfolk Public Schools' computer network privileges, disciplinary action and/or appropriate legal action.

Adopted July 1, 2015 Legal Reference: Code of Virginia § 22.1-70.s. Acceptable Internet use policies for public and private schools.

Use of the electronic information systems provided by Norfolk Public Schools constitutes agreement to the standards and policies set forth by this document. All users are required to read this policy and sign the agreement statement prior to use. This AUP is in compliance with state and national telecommunications rules and regulations.

Employee Copy

© 2015 Department of Information Technology, Norfolk Public Schools

Internet Acceptable Use Procedure-AUP

Acceptable Use Procedure for Electronic Information Systems

Parent/Guardian (for all students under 18)

I have read the Norfolk Public Schools Acceptable Use Procedure. I understand that access will be used for approved educational purposes. I also recognize that Norfolk Public Schools will make every reasonable attempt to ensure my child will not gain access to controversial or inappropriate materials.

I give permission for my child to access electronic information systems for the duration of my child's enrollment in NPS. I understand that I can deny permission for my child to use electronic information systems by submitting a letter of justification to my child's principal. I certify that the information contained on this form is correct.

Parent/Guardian Name
(Please Print) _____
Last First Middle Suffix

Signature _____

Date _____
Month Day Year

Student/Staff

I have read the Norfolk Public Schools Acceptable Use Procedure. I understand that access will be used for approved educational purposes. I understand and will obey the Norfolk Public Schools Acceptable Use Procedure. I agree to comply with good conduct policies as set forth in this document. Any violation of this policy will result in the suspension of access privileges and may also be grounds for further disciplinary/legal action.

Are you employed by NPS? _____
Yes No

Student/Staff Name
(Please Print) _____
Last First Middle Suffix

Signature _____

Job Title
(Staff Only) _____
(Please specify, i.e. Biology Teacher, 1st Grade Teacher, etc.)

Department/School _____

Date _____
Month Day Year

For Office Use Only (for new or changed employee information)

The employee has read and signed the NPS procedure (AUP) governing the security of NPS electronic systems and data. Please indicate the following information systems to which the employee needs access.

_____ New Account

Faculty/Staff new to the school/department and needs access to the network. Please check all that apply:

_____ Network _____ Email _____ Synergy

*Requests for Munis and Ultimate Data System accounts use separate permissions forms

Internet Acceptable Use Procedure-AUP



Approval Authority

This form must be completed and signed by the Principal, Central Administration Director or Department Head (includes Norfolk Police Department & Juvenile Court Department Heads).

Administrator Name

(Please Print)

Last

First

Middle

Suffix

Administrator Title

Authorizing Signature

Home Language Survey

Legal Name of Student _____
Last First Middle Suffix

School _____

Grade Level _____ Student ID _____

In order to comply with both state and federal regulations, please answer the following questions:

Part A

1. What was the first language the student learned to speak? _____

2. Does the student speak a language other than English? _____
Yes No

Which language(s) _____

3. Is there a language other than English spoken at home? _____
Yes No

Which language(s) _____

4. From what country is the first language derived? _____

5. Can the student read in a language other than English? _____
Yes No

6. Can the student write in a language other than English? _____
Yes No

Part B

7. In what country was the student born? _____

8. Student Status (see back for definitions. Check those applicable):
____ US Citizen ____ Immigrant ____ Refugee ____ Migrant ____ Resident Alien ____ Other

If other, please specify) _____ US Entry Date ____/____/____

9. Years of school in: a. Home Country ____ b. United States ____

US School Name(s) _____

Grade(s) _____ City/State _____

10. Was the student receiving English language support services (ESL, ESOL) at a previous school? _____
Yes No

If yes, which school(s)? _____

11. Additional services received by the student ____ Gifted ____ Special Education

If the answer to questions 1-3 (Part A) is a language other than English, then the student must be screened to determine if he/she is Limited English Proficient and eligible for English as a Second Language (ESL) services.

Parent/Guardian Signature _____ Date ____/____/____

For more information, contact the Office of Foreign Language & ESL at (757) 852-4630.

Home Language Survey Definitions

Limited English Proficient:

The term “limited English proficient” when used with respect to an individual, means an individual –

- A. Who is aged 3 through 21;
- B. Who is enrolled in an elementary school or secondary school;
- C. Who was not born in the United States or whose native language is a language other than English;
 - a. Who is a Native American or Alaskan Native, or a native resident of the outlying areas and who comes from an environment where a language other than English has had a significant impact on the individual’s level of English language proficiency; or
 - b. Who is migratory, whose native language is a language other than English and who comes from an environment where a language other than English is dominant; and
- D. Whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual -
 - a. The ability to meet the state’s proficient level of achievement on state assessments;
 - b. The ability to successfully achieve in classrooms where the language of instruction is English; or
 - c. The opportunity to participate fully in society.

Immigrant Children and Youth

Eligible “immigrant children and youth” includes those individuals who –

- A. Are aged 3 through 21;
- B. Were not born in the United States; and
- C. Have not attended one or more schools in any one or more states for more than three full academic years.

Refugee Children and Youth

The refugee student is an individual who –

- A. 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.
- B. This **does not** include persons displaced by natural disasters; or
- C. Persons who, although displaced, have not crossed an international border; or
- D. Persons commonly known as “economic migrants” whose primary reason for flight has been a desire for personal betterment rather than persecution.

Migratory Child

The term “migratory child” means a child who –

- A. Is, or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker or a migratory fisher; and
- B. 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 agriculture or fishing work; and
- C. Has moved from one school district to another.

Expulsion Affirmation Registration Form



Norfolk Public Schools
The cornerstone of a proudly diverse community

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 I misdemeanor. The registration documents 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, (complete parent/guardian name) _____,

affirm that (complete student name) _____

has not been expelled 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.

Name of School _____

Signature of School Official _____

Signature of parent, guardian,
Person having control or charge
of child, or student, age 18 or older _____

Date _____ / _____ / _____

I, (complete parent/guardian name) _____,

affirm that (complete student name) _____

has been expelled 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.

Name of School _____

Signature of School Official _____

Signature of parent, guardian,
Person having control or charge
of child, or student, age 18 or older _____

Date _____ / _____ / _____

ANNUAL
NORFOLK PUBLIC SCHOOLS
PARENTAL CONSENT AND MEDICAL RELEASE FORM

TO:

(Teacher)

BAY VIEW SCHOOL

(School)

The undersigned parent(s) or legal guardian(s) of _____,
a student at the above named school, requests that my child be permitted to engage in the
educational activities set forth below as sanctioned by Norfolk Public Schools. I
understand that this generic authorization is applicable for all trips except those requiring
overnight stay. I also understand that any fees paid for field trips are non-refundable.

Description of the Activity

Variety of community outings (i.e., libraries, local school programs, museums, special
events)

Parental Consent and Medical Release

I do hereby acknowledge the intent of this educational program and consent to my child
participating. Should an accident occur necessitating medical treatment for my child, this
document shall serve as my authorization for the emergency care physician to administer
treatment he/she deems appropriate. Further, I acknowledge my financial responsibility
for any treatment rendered in such an emergency.

Signature of Parent

Date

(757)

Emergency Telephone

(757)

Home Telephone



Norfolk Public Schools

The cornerstone of a proudly diverse community

PHOTO RELEASE FORM

Norfolk Public Schools (NPS) welcomes community engagement in the educational process. To that end, the school district frequently shares information about our educational programs with parents, staff and the community. This information is shared in many ways, including but not limited to NPS Websites, video productions, and publications. We love including photographs and videos of our talented students engaging in great teaching and learning experiences. **Please complete this form and return it to your child's school as soon as possible.**

We are the parents and/or guardians of _____, a minor and a student of Norfolk Public Schools (NPS). We recognize that as part of the educational process, officials of NPS may at times wish to interview, photograph or videotape a student, or authorize a community entity to do so, using a student's likeness in various media for the purposes of communicating NPS' educational programs in order to gain community engagement and support.

We therefore, by our signatures below, grant permission to officials of NPS to interview, photograph, audio or videotape or otherwise record our student, or authorize a community entity to do so, and subsequently use our student's name, picture or likeness in any form, in any media and for any non-commercial purposes. We agree that such purposes include but are not limited to the inclusion of our student's name and image in NPS publications, promotional materials, advertisements, programs, presentations, and internet or intranet sites. We hereby waive on our own behalf and on behalf of our student any and all claims, suits, causes, actions or causes of action, whether under common law, constitutional or statutory provision, that might accrue to any one of us against NPS, its officers, employees, agents or volunteers in connection with the actions and usage detailed above.

Note: It is our desire to adhere to the wishes of all parents and guardians. Should you prefer not to allow your student's likeness to be used for any reason, **DO NOT** return this form. Please ensure that you advise your child of your wishes and encourage them to remind teachers and staff that they should not be included when photos and/or video are being taken.

Name of Student: _____

Parent/Guardian: _____

Date: _____

School: _____



Special Education Declaration

Legal Name of Student

Last

First

Middle

Suffix

Date of Birth

_____/_____/_____
Month Day Year

Enrollment Date

_____/_____/_____
Month Day Year

In order to effectively serve your child the following information is necessary:

1. My child received Special Education services:

Yes No

2. My child was being serviced in a Special Education program at the time of withdrawal from previous school?

Yes No

3. If the student was currently being served, in what program was he/she being served (e.g. ED, LD, EMR, OHI, etc.)

4. Do you have a copy of the current IEP?

Yes No

5. Was the student on a §504 plan at the previous school?

Yes No

6. If the student was not being served at previous school, was he/she in the process of being screened for service?

Yes No

Additional Comments: _____

Parent Statement:

As this student's Parent/Legal Guardian, I certify that the above information is true and accurate.

Parent/Guardian Signature

_____/_____/_____
Month Day Year

THE HISTORY OF THE UNITED STATES

OF THE UNITED STATES OF AMERICA

FROM THE FIRST SETTLEMENTS TO THE PRESENT TIME

BY

JOHN F. JOHNSON

OF THE

NEW YORK PUBLIC LIBRARY

ASTOR LENOX AND TILDEN FOUNDATIONS

NEW YORK

1900

THE HISTORY OF THE UNITED STATES

OF THE UNITED STATES OF AMERICA

FROM THE FIRST SETTLEMENTS TO THE PRESENT TIME

BY

JOHN F. JOHNSON

OF THE

NEW YORK PUBLIC LIBRARY

ASTOR LENOX AND TILDEN FOUNDATIONS

NEW YORK

Student Health Information

Legal Name of Student _____
Last First Middle Suffix

Date of Birth _____
Month Day Year

At the direction of the principal, or on her own cognizance, the school's nurse will communicate with parents to obtain information in order to provide necessary school health assistance for the child while in the school situation.

Please complete Student Parent Address form, Student Guardian Address form, and Emergency Contact Address form as necessary to update current information.

1. Child's doctor/clinic? _____
Name Telephone
2. Child's dentist/clinic? _____
Name Telephone
3. Is the pupil under medication or treatment on a continuing basis? _____
Yes No
4. If question 3 is yes, please specify medicine or treatment _____

5. Please list any ALLERGIES (medicine, food, insect bites or other) that your child may have _____

6. Has your child received any immunizations in the past year? _____
Yes No
7. Did student purchase school insurance? _____
Yes No
8. If question 7 is yes, please specify which type: _____
Regular 24 Hour Athletic
9. Is the student covered under a parent or guardian health insurance plan? _____
Yes No
Company Policy Number
10. Is the student covered under a parent or guardian military benefit? _____
Yes No
Parent or Student's Military ID Number

Parent Information:

I understand that it is my responsibility to keep school authorities informed regarding who to contact in the event of my child becoming ill or injured at school. I understand that if I (parent or legal Guardian) cannot be reached in an acute emergency, my child will be taken to the emergency room of the nearest hospital.

Parent Guardian Signature _____
Month Day Year

**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: _____ Last _____ First _____ Middle _____
 Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Parent or Legal Guardian 1: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Name of Parent or Legal Guardian 2: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

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

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

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

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

Please provide the following information:

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

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

I, _____ (do ☐) (do not ☐) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: _____ Date: _____ / _____ / _____

Signature of person completing this form: _____ Date: _____ / _____ / _____

Signature of Interpreter: _____ Date: _____ / _____ / _____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

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

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: _____

Last First Middle Mo. Day Yr.

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

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

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

Student's Name: _____

Date of Birth: ____/____/____

Section II

Conditional Enrollment and Exemptions

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

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

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

This contraindication is permanent: [] , or temporary [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): ____/____/____.

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

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

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

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

Section III

Requirements

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

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

Part III – COMPREHENSIVE PHYSICAL EXAMINATION REPORT

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

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

Health Assessment	Date of Assessment: ____/____/____	Physical Examination											
	Weight: _____ lbs. Height: _____ ft. ____ in.	1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment											
	Body Mass Index (BMI): _____ BP _____	1	2	3	1	2	3	1	2	3			
	<input type="checkbox"/> Age / gender appropriate history completed	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"/>
	<input type="checkbox"/> Anticipatory guidance provided	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"/>
TB Screening: <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified													
Test for TB Infection: TST IGRA Date: _____ TST Reading _____ mm TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal													
EPSDT Screens Required for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____													

Developmental Screen	<i>Assessed for:</i>	<i>Assessment Method:</i>	<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.			
		1000	2000	4000
	R			
	L			
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer				

☐ Referred to Audiologist/ENT ☐ **Unable to test – needs rescreen**
☐ Permanent Hearing Loss Previously identified: __Left __Right
☐ Hearing aid or other assistive device

Vision Screen	<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				

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"/> epinephrine auto-injector <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) ☐ By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).

Name: _____ Signature: _____ Date: ____/____/____

Practice/Clinic Name: _____ Address: _____

Phone: _____ Fax: _____ Email: _____