

Welcome to Tappahannock Elementary School



We Rock!

Home of the Rockfish!

Dear Kindergarten Parents:

WELCOME ABOARD! We can't wait for our new Kindergarten students to start school in September. Tappahannock Elementary School prides itself in providing a top notch elementary education program while surrounding students with love and understanding.

All of our kindergarten teachers are experienced, veteran teachers who understand the needs of students as they transition to the school setting. They are hardworking, passionate and caring individuals who work hard to ensure the success of each child.

As your child continues to grow and develop, there are simple things you can do at home to encourage learning. Your child will begin to ask questions. Take the time to have conversations with your child and explain the answers to their questions. Use as many words as you can around your child. The more words your child hears, the more words they will learn. Point out letters and numbers to your child. Talk about the sounds letters make and count the items around you. Most importantly, read to your child. Reading to your child once per day will enhance the skills needed to learn to read.

Once again, we are so excited to meet you and your kindergarten student.

**Make sure you Like us on
Facebook at:
Tappahannock Elementary
School**

Sincerely,

Angela Garland Gross

Principal

Student Health and Medical Information

Health: Excellent Good Fair Poor

Student Allergies: Foods Insect Bites Medications Other

Please provide details for any health condition or allergy: _____

List any serious illness or operation: _____

Name of Student's Doctor: _____ Phone: _____

Student Educational History

Name of Last School Attended: _____

School Address: _____

Reason for Withdrawal: _____

Services Previously Received

IEP (Individualized Educational Plan) or 504 Plan Yes No

ESL (English as a Second Language) services Yes No

Gifted/Talented Identification Yes No Title I services Yes No

Supplemental Educational Services Yes No Other _____

Homeless Tuition Paid Student (County of Residence _____)

List any Honors, Dual Enrollment or Advanced coursework completed:

Discipline Status Certification

I hereby certify that:

1. I am the parent/legal guardian (court appointed) of: _____
(Print full name of student)

is registering to enter Essex County Public Schools.

2. This student _____ has not _____ has
been expelled from school attendance at a private or public school either in the Commonwealth of
Virginia or in another state.

(Printed Name)

(Signature)

(Date)



Essex Home Language Survey

Registrars: This form must be completed for all students registering in Essex Public Schools.

To be Completed by Parent or Guardian

Under provisions of the Civil Rights Act of 1964, each student's dominant language must be identified. This information is essential in order for schools to provide meaningful instruction. Please answer the questions below accurately and completely.

Student Name: _____ Date of Birth _____
Last First Middle Mo. Day Yr.

Date of Entry to U.S. _____ Date of Entry to VA Public School _____
Mo. Day Yr. Mo. Day Yr.

Date of Entry to U.S. school _____
Mo. Day Yr.

Please read: the three questions below meet federal requirements for identifying and assessing language minority students in order to provide appropriate instructional support services for those students found to be English language learners. **If a language other than English is indicated on these questions, the student will be tested for English language proficiency and may qualify for English for Speakers of Other Languages services.** Parents/guardians will be informed of the results of the language proficiency assessment.

1. What is the language that the student first acquired? _____
2. What is the language most often spoken by the student? _____
3. What is the primary language used in the home, regardless of the language spoken by the student? _____

Are you comfortable receiving information in English from the school? YES NO

In which language do you prefer to receive oral communication from the school?

In which language do you prefer to receive written communication from the school?

Parent/Guardian Signature

Date

Residency Form

Student Name _____

Parent Name _____

911 Address _____

Attach Copy of Proof

If you have difficulty in showing proof please see school registrar.

**ESSEX COUNTY PUBLIC SCHOOLS
PUPIL TRANSPORTATION INFORMATION
2018-2019**

Due to the ECPS Transportation protocol of picking one bus in the morning and one in the afternoon, we want to make sure we know exactly where your child is at all times. Please complete the form as soon as possible and send it back to the school. We will update our records and make sure there is a smooth transition for your child's transportation needs.

Thank you very much

New Student (Start Date _____) Bus Change (Start Date _____)

Student Name _____ Grade _____ Teacher _____

911 Address _____

Mother's Name _____ Cell _____

Father's Name _____ Cell _____

My student will be a:

Drop off in the morning at school

Pick up in the afternoon from school

Bus Rider as follows:

Morning Location/Address of pickup and person responsible (Bus # _____)

Afternoon Location/Address of drop off and person responsible (Bus # _____)

Signature: _____ Date: _____

**Please allow a minimum of 48 hours for processing this request.
Transportation may take longer to arrange in some circumstances.**