

Essex County Public Schools Student Registration Form

Has the student EVER attended school in Essex County Public Schools?
If yes, which school did he/she attend? _____

Yes No
Dates: _____

Student Name: _____
Last First Middle

Mailing Address: _____

Physical 911 Address: _____

Student's Grade: _____ Gender: _____ Male _____ Female DOB: _____

Student's Ethnicity

Answer BOTH questions:

1. Is this student Hispanic/Latino? _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino

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

- _____ American Indian/Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Parent/Guardian Information

Lives with: _ Both Parents _ Mother only _ Father only _ Other: Please specify relationship: _____

Are there court documents regarding custody? *Yes No *If yes, please provide a copy.

Parent/Guardian(s) Ms. Mr. Mr. & Mrs. Miss

Parent/Guardian(s) Ms. Mr. Mr. & Mrs. Miss

Name: _____
(First) (Last)

Name: _____
(First) (Last)

Employer: _____

Employer: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email _____

Email _____

Will student ride the school bus? Yes No Bus # _____

If enrolling in kindergarten, please circle the prekindergarten experience the student had from the list:

- (20) Coordinated (multi-funded) Kindergarten
- (21) Virginia Preschool Initiative
- (22) Title I Pre-K
- (23) Head Start
- (30) Special Ed Coordinated PreK
- (31) Special Ed PreK Program
- (40) Government-Tuition Charged PreK Program
- (50) Private Provider
- (51) Licensed Pre-School Home Provider
- (60) No Formal Preschool or Institutional PreK Program
- (61) Other

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)

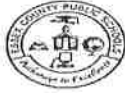
is registering to enter Essex County Public Schools.

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 was the first language that this student spoke? _____

2. Is there a language other than English spoken in the home? _____ Yes _____ No

Which language(s)? _____

3. Does the student speak or understand a language other than English? _____ Yes _____ No

Which language(s)? _____

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
2017-2018**

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.**

Tappahannock Elementary School Kindergarten Supply List 2017-18

- Rest Mat (Kindermat)
- Backpack with Zipper
- 2 Boxes of Crayola Crayons
- 4 pkgs of Pencils (Regular size not mechanical)
- NO PENCIL SHARPENERS
- 1 pair Rounded End Scissors (Fiskar)
- Plastic Crayon Box (Full Size)
- 12 Large or 24 Small Elmer's Glue Sticks
- 4 Folders with 3 Prongs & Pockets (Prefer Plastic Folders)
- Marble Composition Book
- 1 Box of Tissues
- 1 Bottle of Hand Sanitizer
- 2 Large Tubs of Lysol Disinfecting Wipes
- 1 Box of Ziplock Bags
 - Boys - Quart Size
 - Girls - Gallon Size

Change of Clothes LABELED and Season Appropriate in a Large Ziplock Bag

Have an extra box of crayons, glue, scissors and pencils you keep at home for homework.

Please buy extra supplies while the prices are low in the beginning of the year so when we ask for more you will have them on hand.

Please label all supplies, coats/sweaters with student name.

