

Tappahannock Elementary School

PO Box 399

205 Elementery School Circle

Tappahannock, VA 22560

Phone (804) 443-5301

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Mrs. Angela Gross
Principal

Ms. Princess Blanding
Assistant Principal

Mrs. Raynell Vesselles
Guidance Counselor

Mrs. Angela Barley
Administrative Assistant

Mrs. Mary Gillis
Bookkeeper

Welcome to Tappahannock Elementary School

New and Returning Student Information Form

Date:

Student name:
(please print)

first

middle

last

Date of Birth:

Social Security number:

School last attended:

School address:

Phone:

Fax number:

Please Provide the following items:

- Birth Certificate
- Social Security Card
- Health/Immunization Form
- Proof of Residency
- Legal Documentations
- Photo Identification

I certify that I am the above named child's parent/legal guardian. I further request that all available school records be forwarded to Tappahannock Elementary School.

Signature:

Date:

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

(40) Government-Tuition Charged PreK Program

(21) Virginia Preschool Initiative

(50) Private Provider

(22) Title I Pre-K

(51) Licensed Pre-School Home Provider

(23) Head Start

(60) No Formal Preschool or Institutional PreK Program

(30) Special Ed Coordinated PreK

(61) Other

(31) Special Ed PreK Program

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 County Public Schools

Home Language Survey

*The information on this form must be collected on **all** students who register in Essex County Public Schools. All information must be collected from parents and guardians in their native language if they are unable to read or speak in English, if possible. This form meets requirements of the Equal Educational Opportunity Act 20 USC 1703 for identification of national origin minority children.*

STUDENT: _____
Last
First
Middle

1. Where was the student born?

- United States (Go to #2) Other country: _____ (Answer A-B)

A. Last grade completed in native country _____
 B. Date student entered U.S. schools. _____

2. Circle all grades completed in U.S. schools:

None Pre-K K 1 2 3 4 5 6 7 8 9 10 11
 Date student entered VA schools _____

3. Has the student ever received ESL or ESOL services? Yes No Not sure

If yes: (Dates _____ School District/State _____)

	English	Spanish	Vietnamese	Russian	Urdu	Other: (Specify)
4. What was the first language the student learned to speak?						
5. What language(s) does the student speak at home?						
6. What language is most often spoken to the student at home?						
7. What language(s) do adults speak at home?						

The law requires that all language minority children be screened to determine English language proficiency for academic success in school. Screening takes approximately one hour or less, and you will be notified of the results.

8. Do you give permission for your child to be screened to determine English language proficiency? Yes No

9. Student is: Immigrant Migrant Refugee Other _____

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Telephone Number

OFFICIAL USE ONLY: TO BE COMPLETED BY SCHOOL OFFICE STAFF (Please Print)

School: **Tappahannock Elementary School** Registrar/Guidance Counselor: _____ Grade: _____

A copy of the Home Language Survey form must be sent to the **Guidance Counselor at Tappahannock Elementary School**, immediately, if the answer to **question # 1** indicates a country other than the United States and/or the answer to **question #3** is yes and/or any language other than English is checked in questions #4-#7. In addition, if **migrant, immigrant, or refugee** is checked in **question #9**.

Residency Form

Student Name _____

Parent Name _____

911 Address _____

Attach or copy proof

If you have difficulty in showing proof please see school registrar