STUDENT ENROLLMENT INFORMATION

Student's Full Name			
LAST:	**FIRST:**	**MIDDLE:**	**SUFFIX:**

Grade Level	Gender: ☐Male ☐Female	①First language the student acquired	②Language most often spoken by the student
Nickname		③Primary language spoken in the home, regardless of the language spoken by the student	
Student's Birthdate		④Does the student speak any language other than English? ☐ YES ☐ NO If yes, what language(s)?	
Birth Certificate No.		⑤Was the student in an ESL (also called ELL/LIEP/ESOL/ENL) program in another school? ☐NO ☐YES - SCHOOL_____ HOW LONG?_____	
Student's Birth City and State OR Country CITY: STATE: COUNTRY:		When did student first enter United States schools? DATE:	

Is student of Hispanic or Latino descent? ☐YES ☐NO

A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

What race code or combination of codes best describes student's background?

Please check **ALL** that apply. More than one code is acceptable

☐ American Indian or Alaskan Native ☐ Asian ☐ White

☐ Black or African American ☐ Native Hawaiian or Pacific Islander

Student's Address ZIP CODE:	Home Telephone No.
Resident of: ☐ Roanoke County ☐ Vinton ☐ Other_____	

☐ Father ☐ Mother ☐ Guardian ☐ Foster Parent ☐ Stepfather ☐ Stepmother NAME:	Home Telephone No.
Address ☐ Same as Student ZIP CODE:	Cell Phone No.
Occupation/Employer	E-mail address
Business Address	Business Telephone ext

☐ Father ☐ Mother ☐ Guardian ☐ Foster Parent ☐ Stepfather ☐ Stepmother NAME:	Home Telephone No.
Address ☐ Same as Student ZIP CODE:	Cell Phone No.
Occupation/Employer	E-mail address
Business Address	Business Telephone ext

Student lives with: (check all that apply)

☐Both parents ☐Father ☐Mother ☐Stepfather ☐Stepmother ☐Grandparents ☐Foster Home
☐Foster Parent ☐Family & Children's Services ☐Other_____

Verification of legal guardianship (court order) Copy required at enrollment in RCPS ☐

*Please provide name and school of all siblings (include half, step) attending a Roanoke County school.

Complete Name	Age	School	Complete Name	Age	School

Date entered public school for the first time	Has student attended preschool or day care? ☐ YES ☐ NO If so, where?
Date entered current school	Has student ever repeated a grade? ☐ YES ☐ NO If so, what grade?

Has student ever attended a Roanoke County school? ☐ YES ☐ NO

If so, what grade? _____ when?_____ where?_____

Has student ever received services from a Roanoke County school? (i.e speech, OT, etc.) ☐ YES ☐ NO

If so, what grade? _____ when?_____ where?_____

Has student participated in any of the following programs?

☐ Gifted ☐Title 1 ☐ Special Education ☐ English Sec. Lang ☐Other_____

List all schools attended by student (in order):

Complete Name of School	City, State	Grade Levels	Years Attended
(1)			
(2)			
(3)			
(4)			
(5)			

Any physical, emotional, or special health problems, such as allergies, which the school should be aware of? ☐ YES ☐ NO

Does student have any known allergies or phobias to dogs? ☐ YES ☐ NO

Name of family doctor	Telephone No.

Do you give the school permission to call the doctor or send the child to the hospital in the event you cannot be located? ☐ YES ☐ NO

Do you assume responsibility for the cost? ☐ YES ☐ NO

I confirm that I have legal custody of this student and that the information is accurate to the best of my knowledge.

_____ _____

Parent's Signature Date

The Code of Va.(§ 22.1-264.1) makes it a misdemeanor to knowingly give false information to schools regarding residence for the purpose of enrolling a child in a school outside their legal attendance area.

The Code of Va (§ 22.1-260) requires that each student present a social security number within ninety days of enrollment. This is used for student verification. The 1986 Federal Tax Act requires that no student be excluded from school for failure to provide a social security number.

RESIDENCY VALIDATION

Enrollment and Change of Address

Roanoke County Public Schools requires all schools to document proof of residency for each student enrolled. As a result, each time a student is being registered or requesting a change of address in Roanoke County Public Schools, it is necessary that the parent or guardian present reasonable proof of residing in our school district. It is understood that deliberate falsification or providing misleading information for school attendance purposes in a Roanoke County Public School will result in your child being immediately withdrawn from the Roanoke County Public Schools.

Please select one:

☐ **My family resides with another Roanoke County homeowner.**
If your family resides with another homeowner, please complete ONLY the information on the other side of this page. The homeowner you reside with will need to be present to provide identification and signature to complete. In addition, form AD.5-108A must be completed by homeowner and notarized.

☐ **My family does not reside with another Roanoke County homeowner.**
If your family is the primary homeowner, please complete ONLY the information requested below.

Residency documentation:

Please provide documentation of residency. Acceptable documentation includes:

- Mortgage documentation or Deed
- Current lease
- Current real estate tax statement

All Residency documentation needs to be of your principal residence in Roanoke County

Va. legal code makes it a class 4 misdemeanor for any person to knowingly make a false statement concerning the residency of a child in a particular school division or school attendance zone for the purpose of avoiding tuition charges or enrollment in a school outside the attendance zone in which the student resides.

I, _____ (Print Parent Name*) am aware of this procedure, which states that if a student is found to have established residency in our attendance area by using false or inaccurate information, the student will be immediately withdrawn from school; according to Virginia High School regulations, the student will lose extracurricular eligibility for 365 days from the date the information is certified as being false (VHSL Regulation 30-5-3.)

Student Name: _____ Grade: _____

Address: _____

*Parent's Signature: _____ Date: _____

Verification documentation presented: _____

Verification documentation copied for student file Date: _____

Verified by: _____ Date: _____

Siblings attending Roanoke County Public Schools? ☐ YES ☐ NO

Complete this section if your family resides with someone else:

Residency documentation:

Please provide documentation of residency. Acceptable documentation includes if you reside with someone else as your principal residence in Roanoke County.

If you reside with someone else and do not have a mortgage, lease, or Roanoke County property tax statement, you must provide the following three (3) documents:

(a) If you are living with someone, the homeowner you are living with must provide one document from the list below:
- their mortgage or deed
- property tax assessment
- updated lease including all members living in the home
- proof of home purchase with mortgage within 30-45 days

(b) Notarized statement provided by the homeowner that you (parent(s) and child) live at the address as your principal residence in Roanoke County.

(c) Parent to provide current valid document from the list of alternate proof of residency listed below:

Each document must be the original document and show name and address of the residence as it appears on the students/parents enrollment forms. The street address must be shown on all acceptable documents. A post office box or business address is not acceptable.
- Payroll check stub issued by an employer within the last two months.
- Original monthly bank statement not more than two months old issued by a bank
- Utility bill, not more than two months old, issued to parent: examples include: gas, electric, sewer, or cable. Cellular phone bills are not accepted. Utility bills must be submitted in full.

Va. legal code makes it a class 4 misdemeanor for any person to knowingly make a false statement concerning the residency of a child in a particular school division or school attendance zone for the purpose of avoiding tuition charges or enrollment in a school outside the attendance zone in which the student resides.

I, _____ (Print Parent Name*) am aware of this procedure, which states that if a student is found to have established residency in our attendance area by using false or inaccurate information, the student will be immediately withdrawn from school; according to Virginia High School regulations, the student will lose extracurricular eligibility for 365 days from the date the information is certified as being false (VHSL Regulation 30-5-3.) **Furthermore, the parents will be required to pay all non-residency fees incurred while the student was enrolled in Roanoke County Public Schools.**

Student Name: _____ Grade: _____

Address: _____

*Parent's Signature: _____ Date: _____

Homeowner's Signature: _____ Date: _____

(Homeowner must be present to complete this section, show ID and provide signature with school staff)

Verification documentation presented: _____

Verification documentation copied for student file Date: _____

Verified by: _____ Date: _____

Siblings attending Roanoke County Public Schools? ☐ YES ☐ NO

VERIFICATION OF RESIDENCY

This is to confirm that _____ and his/her
Student Name

Mother/Father/Guardian, _____ reside with me
Name of Mother/Father/ Guardian

full-time at this address: _____

_____

_____
City State Zip

He/she will reside with me full-time until the end of the school year. If there is any change in residency status, I will immediately notify the school.

I understand that if residency is not valid, the student will be required to withdrawn from school and by the Virginia High School regulations the student will lose extracurricular eligibility for 365 days from the date the information is certified as being false (VHSL Regulation 30-5-3). **Furthermore, the parents will be required to pay all non-residency fees incurred while the student was enrolled in Roanoke County Public Schools.**

_____
Homeowner Name

_____
Homeowner Signature

_____
Relationship to Student

_____
Date

Notary Information

Va. legal code makes it a class 4 misdemeanor for any person to knowingly make a false statement concerning the residency of a child in a particular school division or school attendance zone for the purpose of avoiding tuition charges or enrollment in a school outside the attendance zone in which the student resides.

AFFIRMATION FORM

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

I,_____, affirm that _____

☐ ***has not***

☐ ***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.

_____ _____

Parent, guardian, or person having control or charge of child Date

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: _____
Last First Middle

Student's Date of Birth: ____/____/_____ 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 (6th 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) ❑ 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: ____/____/_____

Weight: _____lbs. Height: _____ ft. _____ in.

Body Mass Index (BMI): _____ BP_____

❑ Age / gender appropriate history completed

❑ Anticipatory guidance provided

Physical Examination

1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment

	1	2	3		1	2	3		1	2	3
HEENT	☐	☐	☐	Neurological	☐	☐	☐	Skin	☐	☐	☐
Lungs	☐	☐	☐	Abdomen	☐	☐	☐	Genital	☐	☐	☐
Heart	☐	☐	☐	Extremities	☐	☐	☐	Urinary	☐	☐	☐

TB Screening: ☐ No risk for TB infection identified ☐ No symptoms compatible with active TB disease
☐ Risk for TB infection or symptoms identified
Test for TB Infection: TST IGRA Date:_____ TST Reading _____mm TST/IGRA Result: ☐ Positive ☐ Negative
CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ ☐ Normal ☐ Abnormal

EPSDT Screens Required for Head Start – include specific results and date:
Blood Lead: _____ Hct/Hgb _____

Developmental Screen

Assessed for:	*Assessment Method:*	*Within normal*	*Concern identified:*	*Referred for Evaluation*
Emotional/Social				
Problem Solving				
Language/Communication				
Fine Motor Skills				
Gross Motor Skills				

Hearing Screen

❑ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.

	1000	2000	4000
R			
L			

❑ Screened by OAE (Otoacoustic Emissions): ☐ Pass ☐ 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

❑ With Corrective Lenses (check if yes)

Stereopsis	❑ Pass	❑ Fail		❑ Not tested
Distance	Both	R	L	Test used:
	20/	20/	20/	

❑ Pass ❑ Referred to eye doctor ❑ **Unable to test – needs rescreen**

Dental Screen

❑ Problem Identified: Referred for treatment

❑ No Problem: Referred for prevention

❑ No Referral: Already receiving dental care

Recommendations to (Pre) School , Child Care, or Early Intervention Personnel

Summary of Findings (check one):
☐ **Well child; no conditions identified of concern to school program activities**
☐ **Conditions identified that are important to schooling or physical activity** (complete sections below and/or explain here): _____

___ **Allergy** ☐ food: _____ ☐ insect: _____ ☐ medicine: _____ ☐ other: _____
Type of allergic reaction: ☐ anaphylaxis ☐ local reaction Response required: ☐ none ☐ epinephrine auto-injector ☐ other: _____

___**Individualized Health Care Plan needed** (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

___ **Restricted Activity** Specify: _____

___ **Developmental Evaluation** ☐ Has IEP ☐ Further evaluation needed for: _____

___ **Medication**. Child takes medicine for specific health condition(s). ☐ 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:** _____