



Caroline County Public Schools

16261 Richmond Turnpike, Bowling Green, VA 22427

Phone: (804) 633-5088 Fax: (804) 633-5563

Caroline High School
(804) 633-9886

Caroline Middle School
(804) 633-6561

Bowling Green Elementary
(804) 596-2391

Lewis and Clark Elementary
(804) 448-0175

Madison Elementary
(804) 448-2171

Student Registration Form

School _____ School Year _____ Student # _____

Student's Full Name _____ Grade _____

First _____ Middle _____ Last _____

Sex _____ Place of Birth _____ B.C.# _____

Date of Birth _____ Home Language _____

Has your child ever been enrolled in Caroline County Public Schools? ___ Yes ___ No

Has your child ever been enrolled in a Virginia public school system? ___ Yes ___ No

If yes, where? _____

Is this child an immigrant? ___ Yes ___ No Is this child a refugee? ___ Yes ___ No

Is this child a foster child? ___ Yes ___ No Is this child homeless? ___ Yes ___ No

Does this child speak a language other than English? ___ Yes ___ No

Mailing Address _____ City _____ State _____ Zip Code _____

911 Address (Road or Route #) _____

Mother's, Stepmother's, or Guardian's Name (circle one) _____

Father's, Stepfather's, or Guardian's Name (circle one) _____

The Child lives with: () Both Parents () Mother () Father () Other _____

Mother's work phone _____ Father's work phone _____

Place of employment _____ Place of employment _____

Cell Phone _____ Cell phone _____

Home Telephone _____ Home Telephone _____

Other Phone _____ Other Phone _____

E-mail address _____ E-mail address _____

Emergency Contact: These individuals may pick up and assume care of my child if I cannot be reached:

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Mode of transportation: () Car () Bus # _____ Other () _____ Miles from School _____

Other children in the family:

Name _____ Age _____ Name _____ Age _____ Name _____ Age _____

In an emergency if I cannot be reached, the school has my permission to take my child to the nearest hospital. The hospital and medical staff have my permission to provide treatment, as deemed necessary by a physician, for the well-being of my child. ___ Yes ___ No

Parent/Guardian Signature _____ Date _____



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Items Required for School Enrollment

- Original or Certified Birth Certificate
- Completed Physical Form
- Immunizations
- Proofs of Residency (2)
- Signed Release of Records (for students transferring from another school)
- Last report card or unofficial transcript (for placement of students transferring from another school)
- Special Needs Paperwork – IEP, 504, ESL, Gifted & Talented (if applicable)
- Custody papers (if applicable)

We will request all school records from previous school.



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Military Connected Students

Student is a dependent of a member of the Active Duty Military Yes No If yes, Branch _____

Students is a dependent of a member of the Military Reserves Yes No

Student is not militarily connected Yes No

Statement of Residency

Please complete the proper section below. In items 1 and 2, you are to initial the correct responses and complete the information requested at the bottom of that section.

1. I am a resident of Caroline County and _____ **do not** live on federally owned property.

_____ **do** live on federally owned property.

Name of Child _____

Signature of Parent or Guardian _____

Date _____

2. Guardianship (check one):

A. _____ I am the natural parent.

B. _____ I have legal custody. ___ Sole or ___ Joint (check one)

(Please provide legal documents as appropriate)

C. _____ I am parent by legal adoption.

D. _____ I certify that I am the foster parent of _____ who is a ward of _____ Department of Social Services.

E. _____ I certify that I am a resident of Caroline County and keep

_____ for his/her parents who are residents of

_____. *Temporary guardianship papers required*

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Date _____

(Photo ID **and** two documents required for residency verification: see attached list)



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Acceptable Proof of Residency

Photo ID **AND** two documents with physical address are required for residency verification. Post office boxes as an address will not be accepted.

Please provide two documents from Column A **OR** one from Column A and one from Column B.

Column A (please check)

Column B (please check)

1) ___ A deed or lease agreement to the residence

1) ___ A US Internal Revenue Service tax reporting W-2 form from the current year

2) ___ A utility bill or new hookup/installation issued within the last 30 days

2) ___ A payroll check stub issued by an employer within the last 30 days

3) ___ A letter from Rappahannock Electric or Dominion Power verifying the address

3) ___ A piece of mail with new forwarding address indicated by the Post Office

Appropriate documents have been reviewed and approved by the enrolling designee:

Signature _____ Date _____



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Racial/Ethnicity Report

Student Name: _____ School: _____ Grade: _____

Parents/Guardians,

Each year, every school district in Virginia is required to report student data by race and ethnicity categories set by the federal government and the Virginia Department of Education. Recently, the categories were expanded to better reflect the multitude of diversity in the human population. Please take this opportunity to update your child's data by completing this form and returning it to your child's school. If the school does not receive a response from you an employee of the district will be required to provide this information based on observation. Please contact your child's principal if you would like more information or to check the student data currently on file. Your timely response is appreciated.

Please answer BOTH Part A and B.

- Part A. Is this student Hispanic/Latino? (Choose **only** one)
- No, not Hispanic/Latino**
 - Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
- Part B. What is the student's race? (More than one category may be selected)
- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America including Central America, and who maintains tribal affiliation or community attachment.)
 - Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
 - Black or African American** (A person having origins in any of the original peoples of the black racial groups of Africa.)
 - Native Hawaiian or Other Pacific Islander** (A person having origins in any of the Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 - White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Parent/Guardian Signature _____ Date _____



Caroline County Public Schools Home Language Registration Form

The information on this form must be collected on all students who register in Caroline 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. 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 Other country: _____ (Answer A-E)
- A. Last grade completed in native country _____
- B. Date student entered U.S. _____
- C. Check all grades completed in U.S. schools:
 None Pre-K K 1 2 3 4 5 6 7 8 9 10 11
- D. Date student entered VA schools _____
- E. Student is: Immigrant Migrant Refugee

2. Has the student ever received ESL or ESOL services? Yes No Not sure
 If yes: (Dates _____ School District/State _____)

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

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

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: _____ Teacher/Guidance Counselor: _____ Grade: _____
 Registrar: A copy of the Home Language Registration Form must be sent/given to your ESOL teacher immediately.

ESL/ESOL TEACHER

Wapt Score _____ ELL Tier _____ ELL Composite Score _____ ELL Literacy Score _____
 ESOL teacher sends copy to the Director of Elementary Education Recurring ESL Service code _____
 1. Receives 2. Does not receive or refused 3. Formerly LEP for two years after exiting



Rappahannock Area Health District
608 Jackson Street
Fredericksburg, VA 22401
Office (540) 899-4797
FAX (540) 899-4599

TUBERCULOSIS RISK ASSESSMENT FOR ALL NEW STUDENTS

NAME: _____ GRADE/SCHOOL: _____

PARENT/GUARDIAN: _____ DATE: _____

The United States Public Health Services and the Center for Disease Control and Prevention recommends that tuberculosis (TB) skin testing be performed on all individuals who may be at increased risk of TB. Please complete the following form.

1. Was the student born in a country outside of the United States?
 No Yes What country? _____
2. Has the student spent three or more consecutive months in a foreign country in the last five years?
 No Yes What country? _____
3. Has the student been exposed or had contact with a person with active TB in the last year?
 No Yes Whom? _____
4. Was the student homeless/incarcerated or did he/she live in a shelter during the last two years?
 No Yes
5. Does the student have any of the following: persistent cough, coughed up blood, fever for more than one week, unexplained weight loss or HIV infection?
 No Yes
6. Is the student currently taking oral steroid medications (other than inhalers), or cancer treating drugs?
 No Yes
7. Has the student ever had a positive TB skin test or taken any treatment for TB disease or a positive TB test?
 No Yes If yes please give results and dates: _____
8. Does the student have any of the following medical conditions?

a. Diabetes	No	Yes	f. Gastrectomy	No	Yes
b. Malnutrition	No	Yes	g. Silicosis	No	Yes
c. Cancer	No	Yes	h. Blood Disorder	No	Yes
d. Chronic renal failure	No	Yes			
e. Congenital or acquired Immunodeficiency	No	Yes			

INSTRUCTIONS FOR THE HEALTH CARE PROVIDER: Please complete the following when the risk assessment contains positive (yes) answers.

Date: _____ Test for TB infection: No: ___ Yes: ___
TST Reading in millimeters: _____ Or IGRA Result: _____
CXR Provided: No ___ Yes ___ Results: _____
Treatment provided: _____

Name of Health Care Provider: _____
Address: _____
Telephone: _____
Signature: _____



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Pre-Kindergarten Experience

Child's Name _____
 First Middle Last

Please indicate your child's pre-kindergarten experience by checking only **one (1)** of the following descriptions:

_____ **Coordinated Pre-kindergarten Classroom (Code 20)** – school based

_____ **Virginia Preschool Initiative (VPI) (Code 21)**

_____ **Title I Pre-kindergarten (Code 22)**

_____ **Head Start (Code 23)**

_____ **Coordinated Special Education (Code 30)** – the student spent part of the day in an ECSE class and part in a pre-kindergarten program for non-disabled peers such as VPI, Title I, Head Start, or child daycare provided by a private provider

_____ **Special Education Only (ECSE) (Code 31)**

_____ **Government – tuition charged (Code 40)**

_____ **Private Provider (Code 50)** – preschool, child daycare, or other program provided by a private provider. This includes program for-profit and non-profit providers, including faith-based programs and commercial day-care centers.

_____ **Licensed Family Home Provider (Code 51)** – preschool or child daycare provided in a home licensed by the state of Virginia

_____ **No Formal or Institutional Pre-K Program (Code 60)** – student was at home with a caregiver or in the home of another caregiver not licensed by the state of Virginia

_____ **Other (Code 61)** – please describe _____

**CAROLINE COUNTY PUBLIC SCHOOLS
STUDENT'S HEALTH HISTORY**

School Year _____ Grade _____ Teacher _____

Dear Parent, We would like for your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. **PLEASE complete both sides of this form and RETURN to the school nurse as soon as possible.**

Name _____ Birth Date _____ Sex: Male _____ Female _____

Address _____

911 Street Address

City

State

Zip Code

Sibling(s) in Caroline County Schools (list student's name and school attending) _____

Mother or Guardian _____ Home Phone _____ Work Phone _____

Address (if different from student's) _____ Cell Phone _____

Employer _____

Father or Guardian _____ Home Phone _____ Work Phone _____

Address (if different from student's) _____ Cell Phone _____

Employer _____

Child is in custody of: Mother _____ Father _____ Both _____ Other _____

(Write name here)

In case of an emergency, if parent/guardian cannot be reached, contact: **(This contact must be able to pick up child from school and match emergency contacts listed on Student Registration Form)**

Name _____ Phone Number _____

Name _____ Phone Number _____

Physician's Name _____ Physician's Phone Number _____

Dentist's Name _____ Dentist's Phone Number _____

Is your child covered by medical insurance? Yes _____ No _____ if yes, check one: Medicaid _____ FAMIS _____ Other private carrier _____

If you do NOT have medical insurance, would you like information on Virginia's Insurance Program for Children? Yes _____ No _____

Would you like information on the Caroline County Dental Health Program? Yes _____ No _____

(OVER)

STUDENT NAME: _____

GRADE: _____

TEACHER: _____

Asthma yes ___ no ___
 Arthritis yes ___ no ___
 Blood Pressure Disorder yes ___ no ___
 Cancer yes ___ no ___
 Cerebral Palsy yes ___ no ___
 Diabetes yes ___ no ___
 Ear Problem/Hearing yes ___ no ___
 Eating Disorder yes ___ no ___
 Eczema yes ___ no ___

Emotional Disorder yes ___ no ___
 Heart Condition yes ___ no ___
 Hyperventilates yes ___ no ___
 Menstrual Disorder yes ___ no ___
 Migraine Headaches yes ___ no ___
 Scoliosis yes ___ no ___
 Seizures/Convulsions yes ___ no ___
 Spina Bifida yes ___ no ___

Environmental Allergies (dust, mold, pollen, etc.) yes ___ no ___
 List other Allergies (food, nuts, bee stings, latex, etc.) _____

My child has the following prescribed:

Epi-pen yes ___ no ___
 Benadryl yes ___ no ___

(Parent must provide all medications)

Date of last tetanus shot _____

Drug Allergies yes ___ no ___ Identify the drug and reaction _____

List any medical conditions not listed _____

Please explain any yes answer to the above and any accommodations you would like considered _____

MEDICATIONS

Is your child taking any prescription or non-prescription medication? Yes _____ No _____

If yes, identify drug and the condition requiring the drug _____

All medication administered by school personnel must be provided by the parent/guardian. The medication must be in the original container.

Prescription medication requires a physician's order and parent/guardian written consent.

Non-prescription medication requires parent/guardian written consent and a physician's order will be required if administered more than five days.

****Please note that this form is for information and does not give staff permission to administer medication. A separate medication request form is to be completed and may be obtained from your school or downloaded from the Caroline County Public Schools School website.***

yes ___ no ___ I give permission to share this information with my child's teacher(s) and other appropriate staff.

yes ___ no ___ I give permission for the school nurse to contact my child's physician when necessary.

yes ___ no ___ In the case of emergency, if I cannot be reached; I give permission for my child to be transported to the nearest hospital. The hospital and medical staff have my permission to provide treatment as deemed necessary by a physician for the well-being of my child.

Preferred Hospital _____

yes ___ no ___ This information is correct to the best of my knowledge.

Parent/Guardian Signature _____

Date _____

RETURN TO THE SCHOOL AS SOON AS POSSIBLE



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Verification of Expulsion Statement

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 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 another person.

Parent, Guardian, or person having control or charge of child

Date



I, _____, affirm that _____
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. Date of expulsion: _____

Parent, Guardian, or person having control or charge of child

Date