



# 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. Circle 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?
2. Has the student spent three or more consecutive months in a foreign country in the last five years?
3. Has the student been exposed or had contact with a person with active TB in the last year?
4. Was the student homeless/incarcerated or did he/she live in a shelter during the last two years?
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?
6. Is the student currently taking oral steroid medications (other than inhalers), or cancer treating drugs?
7. Has the student ever had a positive TB skin test or taken any treatment for TB disease or a positive TB test?
8. Does the student have any of the following medical conditions?
a. Diabetes No Yes
b. Malnutrition No Yes
c. Cancer No Yes
d. Chronic renal failure No Yes
e. Congenital or acquired Immunodeficiency No Yes
f. Gastrectomy No Yes
g. Silicosis No Yes
h. Blood Disorder 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 circling only **one (1)** of the following descriptions:

Code	Description	Definition
1	Head Start	The preschool classroom for at-risk four-year-olds is funded by the federal Head Start grant in a community-based organization.
2	Public Preschool	A preschool program operated in the public school. This would include VPI, VPI+, Title I, ECSE, and Head Start programs – both in the public school and if the public school is the fiscal agent; and locally funded public preschool program.
3	Private Preschool / Daycare	The student is served by a preschool, child daycare, or other program provided by a private provider. This includes programs for-profit and non-profit providers, including faith-based programs and commercial daycare centers.
4	Department of Defense Child Development Program	A preschool program operated by the Department of Defense on a military installation.
5	Family Home Daycare Provider	The student was served by a preschool or child daycare provided in a home.
6	No Preschool Experience	The student has not had a formal classroom preschool experience. The student was at home with a parent, family member, caregiver, nanny, etc.

*Explore Today, Impact Tomorrow*



School Year: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Caroline County Public Schools  
Clinic Emergency Contact Form**

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 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_

Father or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_

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)**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

***If your child has any medical condition or needs medication while at school, please provide the school nurse with medical orders from your child's physician at the beginning of each school year. This includes medication orders, anaphylaxis action plans, seizure action plans, asthma action plans, diabetes medical management plans, and any other medical condition for which the student may need assistance during the school day. Parents must also provide all medication and supplies to the clinic before care can be provided and as needed throughout the school year.***

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_



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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)

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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