



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 _____

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

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

Does this child have an Individual Education Plan (IEP)? Yes No

Does this child have a 504 Plan? 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 _____

Where is the student currently living? (Please check one): () Permanent housing () Emergency shelter or transitional housing program () Motel/Hotel due to lack of an adequate alternative () Cars, parks, public places, bus, train, or campsite () Doubled-Up (Temporarily living/staying with another family member/friend/other due to loss of housing or economic hardship)

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 _____

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.)

Part C. Your child identifies as: _____

Please select from 1 of the 5 categories listed above.

Parent/Guardian Signature _____ Date _____



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: _____

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 _____

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)

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



Caroline County Public Schools Home Language Registration Form

To ensure that all students receive the education services they need, the law requires that we ask questions about students' language backgrounds. The answers below will indicate if a student's proficiency in English should be evaluated, and assist in determining appropriate programs for students who need services. The results of the survey will not be used for any other purpose. If a language other than English is your primary language, or a language other than English is indicated on any of the survey questions below, the student will be tested for English Language Proficiency. The results of the English language proficiency assessment will be reported to parents.

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 _____

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

If yes: Dates _____ School District/State _____

3. What is the primary language used in the home, regardless of the language spoken by the student? _____

4. What is the language most often spoken by the student? _____

5. What is the language that the student first acquired? _____

6. Which is your oral language of choice? _____

7. Which is your preferred written language? _____

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.

TO BE COMPLETED BY 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

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Preschool Experience

Child's Name _____
First Middle Last

Please indicate your child's preschool 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