



Mecklenburg County Public Schools
175 Mayfield Drive, P.O. Box 190
Boynton, VA 23917

AFFIDAVIT OF RESIDENCY FORM

THIS DOCUMENT WILL NOT BE ACCEPTED IF NOT COMPLETELY FILLED OUT

I, _____, am the legal parent/guardian of the minor child,
_____, DOB: _____, a student enrolled in the
Mecklenburg County Public School System.

I hereby certify that I reside at the following street address _____,
town _____ zip code _____, in Mecklenburg County, Virginia; that I am a resident of
Mecklenburg County, Virginia; and that the above-named child resides with me and will continue to reside with me at the
address indicated above for the foreseeable future. I have physical custody of this child.

I understand that enrollment of my child is based on my certification and that if this certification is false I may be liable for
payment of tuition. I also agree to notify the school principal of any change in residency of the above named child within
three (3) days. I understand that a home inspection may be made to verify residency. **I understand that I can be charged
with a Class 4 misdemeanor for knowingly making a false statement concerning the residency of a child in a particular
school division or school zone.**

PROOF OF RESIDENCY: This form must be accompanied by A) a current driver's license or DMV ID, B) a Deed or Lease
agreement, and C) One of the following: Current Utility Bill issued within the last 3 months, Voter Registration, Auto
Registration, Payroll stub current within the last 3 months, or Personal Property Tax receipt. **These documents must have
the address you are currently claiming as your residence.**

If you have lived at this residence for less than 30 days, you will be given temporary enrollment at the time of registration
and will have **30 days** to provide the remainder of required information. **A Deed, Lease Agreement, Mortgage Statement,
Sales Agreement, Tax Bill, or Residence Manager letter are required immediately.** **Failure to provide required
documentation will result in the withdrawal of your child from school.**

By signing below, I affirm that the information above is true and accurate under penalty of Section 22.1-3.2 of the Code of
Virginia.

PARENT/GUARDIAN SIGNATURE

DATE



MECKLENBURG COUNTY PUBLIC SCHOOLS
175 Mayfield Drive, P.O. Box 190
Boydton, VA 23917
REGISTRATION/EMERGENCY DATA FORM

STUDENT INFORMATION

Student's Full Legal Name: (Last) (First) (Middle)

Grade: Male Female Birthdate: Student Age:

Student's 911 Address (City) (State) (Zip)

Student's Mailing Address (City) (State) (Zip)

Student Lives With: (Relation)

Primary Phone: Cell Phone: School Messenger:

Student Ethnicity (Check One) Hispanic or Latino: Yes No
(Persons of Cuban, Mexican, Puerto Rican, South or Central American or Spanish culture or origin, regardless of race)

Student Race (Check all that apply)
American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

All Parent(s)/Legal Guardian(s) (If Guardianship/Custody: Please provide legal documentation)

(Last, First, MI) (Relation)

Parent Address: City State Zip

Primary Phone: Cell Phone: Email:

Custody Yes No Educ. Rights Yes No Contact Allowed Yes No

Place of Employment: Phone:

(Last, First, MI) (Relation)

Parent Address: City State Zip

Primary Phone: Cell Phone: Email:

Custody Yes No Educ. Rights Yes No Contact Allowed Yes No

Place of Employment: Phone:

Does minor student have a court restriction regarding parent/guardian contact? No Yes

(Please provide copy of court documents, if yes)

Students will be released to parent/guardian during school hours unless a court order specifically prohibits contact or release with parent/guardian. Parent/guardian is responsible for providing current copies of all court orders.

List 2 persons who are authorized to pick-up, sign-out and assume temporary care of your child, if necessary (additional names may be provided on the back of this form). State valid photo ID required for pick-up.

Name: Phone #:

Name: Phone #:

All the information is true and accurate to the best of my knowledge.

Parent/Guardian Signature Date

Student ID #
Date Enrolled
AM
PM
Bus Number
Proof or Residency
Homeroom Teacher

Names of other children living in household:

Name	Gender	Relation	Birth Date	School

Does the student have an active 504 plan? No Yes (If yes, please provide copy of 504)

Does the student have an active IEP? No Yes (If yes, please provide IEP)

Will the student ride an MCPS School Bus to/from School? No Yes

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

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

What is the language that the student first acquired? _____

What language should school information be sent home in? _____

Name of last school attended: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Has the student previously attended school in Mecklenburg County? No Yes

MCPS School: _____ When? _____

Has the student ever been retained? No Yes Grade: _____

Identified for a gifted and talented program? No Yes Program: _____

Parent/Guardian Military Connection (Check one) Military Information (active duty personnel only)

Not government nor military connected Rate/Ranking _____

Gov't connection-not active duty military (i.e. Contractor) _____

Active Duty; Student is a dependent of a member of the Active Duty Forces

Reserve; Student is a dependent of a member of the National Guard or Reserve Forces

Information Concerning Discipline or Criminal/Delinquent Acts

Virginia Code § 22.1-3.2, as amended, requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, independent student, legal guardian or other person having control or charge of a school aged child to provide, upon registration, a sworn statement or affirmation concerning the below listed information. Any person making a materially false statement or affirmation shall be guilty of a Class 3 Misdemeanor upon conviction. The registration document shall be maintained as part of the student's scholastic record.

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW:

- Has the student 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 involving weapons, alcohol or drugs, or for the willful infliction of injury to another person? No Yes
- Has the student been found guilty of or adjudicated delinquent for any offense listed below, or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories?
 - A firearm or related offense pursuant to Virginia Code § 18.2-279 through 18.2-309, as amended;
 - Homicide, pursuant to Virginia Code §18.2-30 et seq., as amended;
 - Felonious assault and bodily wounding, pursuant to Virginia Code §18.2-51 et seq., as amended;
 - Criminal sexual assault, pursuant to Virginia Code §18.2-61 et seq., as amended;
 - Manufacture, sale, gift, distribution or possession of Schedule I or II controlled substances, pursuant to Virginia Code §18.2-247 et seq., as amended;
 - Manufacture, sale gift, distribution or possession of marijuana pursuant to Virginia Code §18.2-247 et seq., as amended;
 - Arson and related crimes, pursuant to Virginia Code §18.2-77 et seq., as amended;
 - Burglary and related offenses, pursuant to Virginia Code §18.2-89 through 18.2-93, as amended;
 - Robbery pursuant to Virginia Code §18.2-58, as amended;
 - Prohibited street gang participation, activity or recruitment pursuant to Virginia Code §18.2-46.2 & 18.2-46.3, as amended;
 - An act of violence by a mob pursuant to Virginia Code §18.2-42.1, as amended.

I hereby swear or affirm that the above information concerning (student) _____ is true and accurate.

 Signature of Parent, Independent Student, Legal Guardian or Person Having Charge of Student Date

STUDENT INFORMATION (continued)

<p>Internet Access for Remote Learning (Please Circle One)</p>	<ol style="list-style-type: none"> 1. Internet access at home allows for live streaming, classroom instruction, real time interaction with teachers and classmates. 2. Internet access at home is available but too slow for live streaming or real time interaction. 3. Public connection NOT at home (coffee shop, fast food restaurant, recreation center, ect.). 4. Other 5. No internet connection available. 6. Unknown
<p>Device Access for Remote Learning (Please Circle One)</p>	<ol style="list-style-type: none"> 1. School Provided (Desktop, Laptop, Chromebook, Tablet). 2. Personal (Desktop, Laptop, Chromebook, Tablet). 3. Shared with family members (Desktop, Laptop, Chromebook, Tablet). 4. Smartphone Only 5. Any public device (library, community center, etc.). 6. No device access. 7. Unknown

Note: The following information is required by state and federal law.

Is the Student an immigrant? No Yes

Immigrant – Individuals who are aged 3 through 21; were not born in any State of the United States of America; and have not been attending one or more schools in any one or more States for more than three(3) full academic years.

Is the student a refugee? No Yes Country Represented: _____

Refugee – An individual who is outside his/her country and is unable or unwilling to return to the country because of a well-founded fear that he/she will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group. This definition excludes persons displaced by natural disasters or persons who, although displaced, have not crossed an international border. Also excluded are persons commonly known as “economic migrants,” whose primary reason for flight has been a desire for personal betterment rather than persecution per se. Specifically, the U.S. Citizenship and Immigration Services has issued a refugee an I-94 card that is stamped “Refugee” and which contains an alien number.

Is the student a migrant? No Yes

Migrant – A ‘migratory child’ means a child who is or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker, or a migratory fisher, and who, in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain, temporary or seasonal employment in agricultural or fishing work – (A) has moved from one school district to another; (B) in a State that is comprised of a single school district, has moved from one administrative area to another within such district; or (C) resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Is child neglected? No Yes

Is child delinquent? No Yes

***Neglected or delinquent children** – A child placed by an agency or court in a local institution for neglected or delinquent children and youth or attending a community day program for such children.

Is the child in foster care?

Does the student reside in a foster home? No Yes

Name of placing agency (IE, DSS, UMFS): _____

(If yes and agency listed – please provide documents and send to Mary Hodges)

(Last Name) _____

(First Name) _____

(Middle Name) _____

(Student #) _____

20 _____ - 20 _____

AUTHORIZATION & ACKNOWLEDGEMENTS

- I understand it is a Class 4 misdemeanor charge for knowingly making a false statement concerning the residency of a person in a particular school division or school attendance zone for the purposes of avoiding tuition charges or enrollment in a school outside the attendance zone or division in which the student resides. Violation of this law is punishable up to a \$250 fine.
- I give my permission for my minor child or myself to attend all school-authorized field trips and after-school programs if offered. I understand that all normal precautions will be taken for safety and students/parents will be advised in advance of all field trips and after-school programs. I may withdraw permission for my child or myself to attend a specific field trip or after-school program by providing written notice to the school.
- I assume liability for all damages or loss of school property caused by myself or the minor student being registered.
- I agree to explain all student absences and tardiness in writing upon student re-entry into school.
- I understand information that is classified as "directory information" may be disclosed under the guidelines noted in School Board Policy JO – Student Records and in accordance with the state and federal law and that I may prevent disclosure of such information by providing written notice to the school.
- If the school is unable to contact parent/guardian/emergency contact, I give permission for the school to contact my child or my physician for clarification of any medical needs.
- I give school authorities permission, in an emergency, to secure necessary aid and transportation for the preservation of my or my child's health, at my expense.
- **I will notify the school with any changes to the information on this form.**

SIGNATURE OF PARENT, INDEPENDENT STUDENT, LEGAL GUARDIAN OR PERSON HAVING CHARGE OF STUDENT

DATE

Thank you for providing your school with this important information.

Mr. Paul C. Nichols, III, Division Superintendent
Mecklenburg County Public Schools
175 Mayfield Drive, P.O. Box 190, Boydton, VA 23917

www.mcpsweb.org



MECKLENBURG COUNTY PUBLIC SCHOOLS TRANSFER FORM

Department of Student Services

SPECIAL EDUCATION STUDENT

504 STUDENT

STUDENT'S FULL NAME		DOB:		
STUDENT ID #:				
GENDER (circle) M F		RACE (circle) B W M HISPANIC OTHER		
MCPS SCHOOL			GRADE:	
HAS STUDENT PREVIOUSLY ATTENDED MECKLENBURG COUNTY PUBLIC SCHOOLS? IF YES, WHERE				<input type="checkbox"/> YES <input type="checkbox"/> NO
MCPS SPED CASE MANAGER				
DATE OF INITIAL CONTACT WITH SCHOOL			DATE TRANSFER PACKET COMPLETED	
DATE RIGHTS GIVEN TO PARENTS			DATE OF ENROLLMENT	
PARENT/GUARDIAN				
ADDRESS			HOME PHONE	
SCHOOL STUDENT TRANSFERRED FROM				
SCHOOL ADDRESS				
TELEPHONE NUMBER:				
DATE OF MOST RECENT ELIGIBILITY			DATE OF MOST RECENT IEP/504 PLAN	
SPED Primary Disability (write out)				
SPED Secondary Disability (write out)				
SPED Tertiary Disability (write out)				
Does IEP/504 Include:	<input type="checkbox"/> Speech	<input type="checkbox"/> 1:1 Para	<input type="checkbox"/> Adapted PE	<input type="checkbox"/> Special Transportation
	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Adult Supervision	<input type="checkbox"/> Counseling	<input type="checkbox"/> ESY
	<input type="checkbox"/> Physical Therapy			

PRINCIPAL / DESIGNEE SIGNATURE

CHECKLIST OF ITEMS TO INCLUDE

- STUDENT INFORMATION
- CONSENT FOR SPED OR 504 SERVICES
- COPY OF TRANSFER RECORDS OR OTHER DOCUMENTATION OF PRIOR SPECIAL EDUCATION OR 504 SERVICES, IF AVAILABLE

TRANSFER FORM PROCEDURES

A disabled child shall be placed with consent of the parent in a program consistent with the current IEP/504 during the process of determination of eligibility for special education or 504 upon transfer from another LEA or another state.

- A. At the time a transfer student enrolls, the principal or his/her designee shall determine if the student's most recent education placement has been in a special education program or if student received 504 services.
- B. If it is determined that the student is eligible for placement in a special education program or received 504 services, a ValEP trouble tickets must be completed immediately.
- C. The Transfer Form is to be completed and forwarded to the Department of Student Services IMMEDIATELY. If there is an unavoidable delay in developing the IEP or 504 Plan, the Transfer Form should NOT be held but should be forwarded immediately to the Department of Student Services without the IEP or 504 attached.
- D. The principal will assign the student to the appropriate class/program.
- E. A new IEP / 504 Plan is to be developed within 30 calendar days of the transfer student's enrollment.

MECKLENBURG COUNTY PUBLIC SCHOOLS TRANSFER FORM

Department of Student Services

RECOMMENDATION

It is our understanding that your child received special education or 504 services in the school he/she most recently attended. Therefore, based on all available information, the school division will implement the current IEP or 504 Plan. An IEP or 504 meeting will be held within 30 calendar days of your child's enrollment and, at that time, the 504 Committee will determine if your child will need a reevaluation.

PARENT/ADULT STUDENT CONSENT

For Medicaid or FAMIS (Family Access to Medical Insurance Securities) Insured Only

CONSENT TO RELEASE INFORMATION: I consent for Mecklenburg County Public Schools to release information about my child's participation in services to participating physicians, other health care providers, the Department of Medical Assistance Services (DMAS), any DMAS billing agents, and any LEA billing agent as necessary, to process claims for reimbursement by DMAS for covered health-related services, evaluations for these services and transportation on the day the student receives any health-related services which are outlined in the child's IEP.

PROCEDURAL SAFEGUARD: I understand my right to refuse consent for the school system to access my child's Medicaid or FAMIS coverage to seek reimbursement for the health-related services. I understand that any refusal will not affect delivery of these services to my child and delivery of such services will be at no cost. I understand that my permission is voluntary and may be revoked at any time. I also understand that I have the right to request a copy of the records disclosed.

PARENTAL CONSENT FOR BILLING PUBLIC INSURANCE (IEP OR IEP AMENDMENT ONLY)

- I GIVE CONSENT for claims to be submitted to the Virginia Department of Medical Assistance Services (DMAS), as described above, for the health-related services outlined in the Individualized Education Program (IEP), including duration and frequency and/or evaluations for IEP services.
- I DO NOT give consent for the school system to access my child's Medicaid or FAMIS coverage.
- Not Applicable At This Time

If your child is now or later becomes eligible for Medicaid or FAMIS and he or she receives health-related services written in an Individual Education Program (IEP), the federal government can help the public school division pay for these health-related services, such as, but not limited to physical, occupational or speech therapy; audiology, nursing, psychological or personal care services and health screening associated with Early Periodic Screening Diagnosis and Treatment (EPSDT). Parent/Guardian consent is required before the public school system can bill Medicaid or FAMIS. Additional information about the one-time parental consent, the parental consent form and the procedural safeguards can be found at http://www.doe.virginia.gov/support/health_medical/medicaid/index.shtml. If prior consent has been given, no further action is required.

Indicate your response by checking the appropriate space and sign below.

- I give permission for this IEP or 504 Plan and the placement decision to be implemented within MCPS. I have been informed of my rights. I have received a copy of my Parental Rights.
- I give permission for this IEP or 504 Plan and the placement decision to be implemented within MCPS with the following exceptions noted below. I have been informed of my rights. I have received a copy of Parental Rights.

EXCEPTION:

THE FOLLOWING SERVICES WILL NOT BE IMPLEMENTED WITHIN THE IEP UNTIL AN IEP MEETING CAN BE HELD TO DISCUSS OR ARRANGE FOR THOSE SERVICES:

- I do not give permission for this IEP or 504 Plan and the placement decision. I have been informed of my rights. I have received a copy of Parental Rights.

Parent / Guardian Signature

Adult Student Signature

Date

Date

PRIOR NOTICE

(To be completed for students with an IEP only.)

This form shall be given to the parent(s) of a child with a disability (or to the student when of legal age) in a reasonable time period:

- before Mecklenburg County Public Schools (MCPS) proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of Free and Appropriate Public Education (FAPE) to the child - notice shall be given at the same time parental consent is requested;
- before MCPS refuses to initiate to change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child.

CONTENT

1. A description of the action proposed or refused by the school division:
THE STUDENT WILL CONTINUE TO RECEIVE THE SERVICES INDICATED ON THE IEP FROM THEIR PREVIOUS LEA UNTIL A MCPS IEP IS WRITTEN WITHIN 30 DAYS OF ENROLLMENT.

2. An explanation of why the school division proposes or refuses to take the action:
THE STUDENT IS ENTITLED TO RECEIVE A FREE AND APPROPRIATE EDUCATION WHICH REQUIRES BEING PROVIDED SERVICES IMPLEMENTED THROUGH AN IEP. A MCPS IEP WILL BE DEVELOPED WITHIN 30 DAYS OF ENROLLMENT WHICH WILL ALLOW TIME TO REVIEW ALL RECORDS IN DETAIL AND DEVELOP AN IEP THAT IS APPROPRIATE FOR THE STUDENT IN THE MCPS SETTING.

3. A description of any other options that the agency considered and the reasons why these options were rejected:
NO OPTIONS CONSIDERED WERE REJECTED.

4. A description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action:
REVIEW OF TRANSFER RECORDS; PHONE CALLS WITH PREVIOUS LEA.

5. A description of any other relevant factors to the school division's proposal or refusal:
NO OTHER FACTORS WERE RELEVANT TO THE PROPOSAL.

6. Resources for the parent to contact for help in understanding the Individual with Disabilities Improvement Act (IDEA) and the Related federal and Virginia Regulations:
Should you wish to obtain a copy of the Procedural Safeguards, need assistance understanding your rights, or have questions please call the Department of Student Services at 434-738-6111 or your child's principal. You may also access information relating to special education via the internet at www.doe.virginia.gov.

7. Indicate below how the parent/guardian was provided a copy of the procedural safeguards:
 HANDED A COPY AT THE IEP MEETING MAILED A COPY TO THE PARENT OFFERED A COPY TO THE PARENT AT THE IEP MEETING

You have protections under the Procedural Safeguards of the Individuals with Disabilities Act (IDEA) and may appeal this decision.

DATE

PRINCIPAL / DESIGNEE SIGNATURE



MECKLENBURG COUNTY PUBLIC SCHOOLS
175 Mayfield Drive, P.O. Box 190
Boydton, VA 23917

PARENT PORTAL FORM

CONTACT NAME: _____
(Last) *(First)*

STUDENT INFORMATION:

Current School	Student ID #	Student Name	DOB	Homeroom

OTHER CHILDREN ATTENDING MCPS:

Current School	Student ID #	Student Name	DOB	Homeroom

****** FOR SECURITY PURPOSES, ACCESS TO PARENT PORTAL WILL ONLY BE PROVIDED UPON THE COMPLETION AND SUBMISSION OF THIS FORM.**

Parent/Guardian Signature

Date

Once the division has verified and updated the information provided, a sealed packet containing your username and password will be sent home with your youngest child within 2-3 business weeks.