

Office Use:

Documentation needed for enrollment:

_____ 2 Proofs of Residency with 911 Address (Must have recent date)

_____ Photo ID of Parent

_____ Birth Certificate (CANNOT be a Mother's OR Hospital Copy)

_____ Physical and Immunization

MECKLENBURG COUNTY PUBLIC SCHOOLS
Boydton, Virginia 23917
2023-2024

KINDERGARTEN REGISTRATION FORM

Registration Date: _____

Name of school community in which you live:

- Chase City Elementary Clarksville Elementary
 LaCrosse Elementary South Hill Elementary

Name of Child _____
(Last) (First) (Middle)

Age _____ Race _____ Sex Male Female

Date of Birth _____ Birth Certificate #: _____

Name of Parent/Guardian: _____

Mailing Address: _____

911 Address at Which Child Lives: _____

Telephone Number of the Parent/Guardian: _____

Parent Email Address: _____

.....

Children who have reached their fifth birthday on or before September 30, 2023 may register to enter kindergarten in the fall of 2023.

Before any child is admitted for the first time to any public kindergarten or any public school, the child must have a comprehensive physical examination by a certified, licensed physician.

Important!

**ALL INFORMATION ON THIS PAGE MUST BE COMPLETED IN ORDER TO REGISTER YOUR CHILD!
PLEASE TURN TO THE BACK OF THIS FORM AND COMPLETE ACCORDINGLY.**

Please check the box indicating the amount of time your child spent weekly in a PreK program.

	PK Weekly Time	Description
<input checked="" type="checkbox"/>		
	0	No time in a formal or institutional PK program.
	1	Less than 15 hours per week
	15	15 hours or more, but less than 30 hours per week
	30	30 or more hours per week

Please complete the back of this form with the help of school personnel.

Please check the box that best describes your child's previous educational experience.

✓	PK Experience	Description
	2 – Virginia Preschool Initiative (VPI)	The classroom is funded by state grants and local matching funds under the VA Preschool Initiative (VPI) for at-risk 4 year-olds, and meets VPI program requirements. The program may be operated by a school division, community agency, or independent contractor. The program does not rely on funds other than state VPI funds and the required local match.
	1 – Head Start	The program meets Head Start program requirements and is funded by Head Start and necessary matching funds or in-kind provisions. Program may be operated by a school division, community agency, or independent contractor, and does not rely on funds coordinated from other pre-k programs.
	4- Government – Tuition Charged	The student is served in a pre-k or child daycare program operated by a government agency, such as a school division or the Department of Defense, in which tuition fees are charged to the parent/legal guardian. This includes programs in which tuition is charged on a sliding scale.
	3 – Private Provider	The student is served by preschool, child daycare, or other program provided by a private provider. Includes programs for-profit or non-profit, including faith-based programs and commercial daycare centers.
	5 – Licensed Family Home Daycare Provider	The student is served by a preschool or child daycare provided in a home where the provider is licensed by the state of Virginia (or other state in which the program operates).
	6 – No Formal or Institutional PK Program	The student was at home with a caregiver or in the home of another caregiver who was not licensed by the state of Virginia (or other state in which the program operates).
	99 – Not Provided	No information was provided regarding the kindergarten student's PK experience.

List all persons living in the household: PLEASE INDICATE IF SCHOOL AGE & SCHOOL

_____	_____
_____	_____
_____	_____



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 of Residency _____
 Homeroom Teacher _____

Internet Access

1. **Internet access at home that allows for live streaming**
2. **Internet access at home but too slow for live streaming**
3. **No internet connection**
4. **Other**
5. **Public connection NOT at home (e.g., coffee shop, etc.)**

Remote Instruction Device Access:

1. **Any Public Device (library, etc.)**
2. **No device access**
3. **Personal (desktop, laptop, tablet, etc.)**
4. **School provided (chromebook, etc.)**
5. **Shared with family member (desktop, laptop, etc.)**
6. **Smartphone only**

Mecklenburg County Public Schools
Home Language Survey

Student Information (The parents or guardians should complete this section)

First Name:.....

Last Name:.....

Date of Birth: (Month/Day/Year).....

Questions for Parents or Guardians	Response
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?	

STUDENT INFORMATION (continued)

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)

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's home unstable? No Yes (If yes, send document to Mary Hodges)

An Unstable home means - (A) individuals who lack a fixed, regular, and adequate nighttime residence...; and (b) includes (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

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)

Vertical form strip on the right side containing fields for (Last Name), (First Name), (Middle Name), (Student #), and a date field with '20' and '-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
 175 Mayfield Drive, P.O. Box 190
 Boydton, VA 23917

*Only one form
 required per
 household.*

PARENT PORTAL FORM

PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM

Student(s) Attending MCPS:

<i>STUDENT ID</i>	<i>STUDENT NAME</i>	<i>DATE OF BIRTH</i>	<i>CURRENT SCHOOL</i>

NAME OF LEGAL PARENT/GUARDIAN WHO IS REQUESTING PARENT PORTAL ACCESS:

<i>NAME of PARENT/GUARDIAN</i>	<i>LEGAL RELATIONSHIP TO STUDENT</i>	<i>PERSONAL EMAIL FOR USER NAME</i>

Signature of Legal Parent/Guardian Authorizing Access

Date

Phone # for Contact Information

***ONCE YOUR ACCOUNT HAS BEEN SET UP YOU WILL RECEIVE INSTRUCTIONS ON
 HOW TO ACTIVATE YOUR ACCOUNT VIA THE EMAIL ADDRESS YOU PROVIDED FOR YOUR USER NAME.***



Clarksville Elementary School

6825 Skipwith Road
Skipwith, Virginia 23968
Telephone: (434) 374-8668
Fax : (434) 500-6070



Dr. Dominique Sturdifen,
Principal

Mrs. Stephanie Neal,
Assistant Principal

Student Name	
Previous School	
City & State	
Phone #	
Fax #	

Information Being Requested:

- Copy of School Physical
- Immunization Record
- Copy of Birth Certificate
- Current Grade Placement
- Cumulative Record of Grades
- Attendance Records
- Current Grades and Report Card
- Standardized Test Scores
- Gifted Placement Information
- Accelerated Reade Records
- ESL Records (if applicable)
- State Assessment Testing Results
- Discipline Records
- 504 Records (if applicable)

Special Education Placement Information (if applicable):

- Medical Records
- Social History
- Educational Evaluation
- Psychological Evaluation
- Speech/Language Evaluation
- Individual Education Plan (IEP)
- Eligibility Records

Any information about disciplinary action IF the student was under suspension at the time of transfer.

I authorize the release of the above information to:

Clarksville Elementary School
Attn: Penni H. Poole, Secretary
6825 Skipwith Road
Skipwith, Virginia 23968
Fax (434) 500-6070

Parent or School Official's Signature: _____

Date: _____

**Parental Permission is no longer required when authorized school personnel requests records.
(Family Education Rights & Privacy Act, Final Rule of Education Records, Federal Register,
June 17, 1976, Vol. 41, No. 118, Page 24673)**