Welcome to Kindergarten in Alexandria City Public Schools (ACPS)

If your child will be five (5) years old by September 30, 2020, he or she is eligible to start kindergarten in ACPS for the 2020-21 school year. We encourage you to complete the registration process as soon as possible. Families must first register their kindergarten child at their neighborhood school. However, if families speak a primary language other than English in their home, please see the registration location below.

Registration for the 2020-21 school year begins Wednesday, April 15, 2020 from 3 to 7 p.m. at all elementary schools. After that date, call the school to find out what time to visit for registration. If you are not sure which school your child will attend, please use our online Attendance Zone Locator: www.acps.k12.va.us/enroll.

Kindergarten Capacity at Your School
ACPS uses capacity reassignment as a part of the student placement policy to maintain small class sizes. If the enrollment for kindergarten is above its limit at a traditional calendar school by June 15 (or June 1 for Samuel Tucker), all students who completed registration prior to that date will be put in a lottery to determine which students will be capacity reassigned to another ACPS school. If the enrollment limit has not reached capacity, everyone who has completed registration prior to June 15 will be enrolled at the zoned school. Any students registering after that date will be capacity reassigned to another school if kindergarten enrollment limit has been reached. For additional information, see ACPS School Board Policy JC/JCD and JC/JCD-R at www.acps.k12.va.us/board/manual/jc-r.pdf. Please note that registration is NOT on a first-come, first-served basis.

Is a primary language other than English spoken in your home?
If a primary language other than English is spoken in your home, register your child for school at the Office of English Learner (EL) Services at ACPS Central Office, 1340 Braddock Place. All families who need assistance with English may also register at the EL Office. Please call 703-619-8022 for more information.

School Bus Transportation
A student living more than a mile from their authorized kindergarten program elementary school will be provided bus transportation. If your kindergartner will be riding the school bus, ACPS requires an authorized adult to meet the child at his or her stop. Please complete the “Alternate Authorized Persons for Kindergarten/Special Education Release” form, enclosed as part of the registration process. Bus schedules and stops will be mailed to parents the week before the start of school. For more information on bus transportation, please call 703-461-4169.

School Breakfast and Lunch
Schools serve breakfast and lunch daily. Menus are planned by a registered dietitian with a focus on whole grains, fruits and vegetables and foods that are lower in fat. For the 2020-21 school year, elementary school prices are $1.75 for breakfast and $2.85 for lunch. Every child is assigned an account and money may be added to the account in three ways: by cash, check or prepaid online account. Please visit the ACPS School Nutrition website at www.acps.k12.va.us/nutrition for more information about these options. If your child has food allergies, please indicate this on the enclosed “Student Health Information Form” and discuss with your school’s nurse. If your child is on a gluten-free diet or has other food requirements, we welcome you to review these with your school’s cafeteria manager. Please call 703-619-8048 or email food@acps.k12.va.us.

Many students can qualify for free or reduced price meals based on their family’s income. If you would like to determine whether your child qualifies for free or reduced meals, please visit www.acps.k12.va.us/nutrition after July 30. You may also complete the paper application that will be sent home on or after the first day of school.

Student Transfers
The Alexandria City School Board establishes school attendance areas for each school. There are several regulations that define the procedures for administering student transfers. All students must be registered in their neighborhood schools before a request for an administrative transfer can be made. For more information on administrative transfers, please call 703-619-8034 or visit www.acps.k12.va.us/transfer.

For more information:
703-619-8020 • www.acps.k12.va.us/enroll

Revised 2/26/2020 Communications Office dnbm
KINDERGARTEN REGISTRATION CHECKLIST

PLEASE NOTE: If a primary language other than English is spoken in your home, register your child for school at the Office of English Learner (EL) Services at ACPS Central Office, 1340 Braddock Place. Registration hours are 8:30 a.m. to 2 p.m., Monday to Friday. For additional information, please call 703-619-8022.

When you come to school to register your child, please bring ALL of the required documents below:

☐ ORIGINAL BIRTH CERTIFICATE (or a Certified Birth Certificate)

☐ PROOF OF GUARDIANSHIP (Proof that the adult registering the child is the Parent/Legal Guardian)
  Name on birth certificate should match the parent/guardian’s picture ID or court documents of legal custody.

☐ COPY OF REPORT CARD FROM PREVIOUS SCHOOL (If applicable)

☐ PHYSICAL EXAMINATION REPORT (included in this packet)
  - State law (Ref. Code of Virginia § 22.1-270) requires that your child receives a comprehensive physical examination and is immunized in the United States before entering public kindergarten or elementary school. Physical examination must be dated within one year prior to date of entry into kindergarten.
  - Based on the above, students currently participating in an ACPS pre-kindergarten program must provide proof of immunizations and a NEW physical examination prior to entering kindergarten, even if these documents were provided prior to entrance into pre-kindergarten.
  - For the purposes of clarification, “elementary school” above refers to grades one through five.

☐ IMMUNIZATION RECORDS (Documenting month, day and year each was administered)
  - Negative Tuberculosis Risk Assessment, PPD Tuberculin Skin Test, IGRA blood test or negative Chest X-Ray, completed in the United States
    Administered within 12 months prior to child’s first day of school. Required of all children entering ACPS.
  - HEPATITIS B
    A complete series of three doses of Hepatitis B vaccine is required for all children.
  - Diphtheria, Tetanus, Pertussis (Dtap, DTP or Tdap)
    A minimum of 4 doses, with one dose administered on or after the fourth birthday.
  - POLIO (OPV or IPV)
    A minimum of four doses, with one dose administered on or after the fourth birthday.
  - Measles, Mumps, & Rubella (MMR)
    All children must have at least two doses of Measles, two doses of Mumps and one dose of Rubella prior to kindergarten.
    The first dose must be administered at 12 months of age or older.
  - VARICELLA (Chicken Pox)
    All children must have two doses of varicella or medical documentation of having the chicken pox disease.

IMPORTANT IF IMMUNIZATIONS ARE DEFICIENT: If new vaccines have just been administered, a licensed health care provider must advise in writing the date of the next scheduled visit for additional vaccines. Also, proper spacing of doses should be followed. When additional vaccines are received, written documentation needs to be provided to the school nurse. Students who fail to complete immunizations by date assigned will be excluded from school.

☐ PROOF OF RESIDENCY
  See the Residency Verification & Enrollment Form for the “List of Acceptable Residency Verification Documentation.”
Home Language Survey

Parent/Guardian: Federal regulations require school systems to survey all enrolling students regarding the students’ home language and any other languages the students may speak. Based on the information provided below, the student may be assessed for English proficiency as required by federal regulations. Based on the results of the assessment, the student may be eligible for supplemental instruction through the English Learner (EL) program. Parents/guardians will be informed about the assessment results and if the student is eligible for supplemental services, the parents will have the opportunity to accept or refuse the supplemental EL services.

Padre, madre o tutor legal: Las leyes federales requieren que los sistemas escolares encuesten a todos los alumnos sobre el idioma que se habla en el hogar y sobre cualquier otro idioma que puedan hablar los alumnos. Con base en la información proporcionada a continuación, el alumno pudiera ser evaluado para determinar su competencia en el idioma inglés tal como lo exigen las normas federales. Con base en los resultados de la evaluación, el alumno pudiera ser elegible para recibir instrucción suplementaria mediante el programa de Aprendizaje del Idioma Inglés (EL). Se informará a los padres o tutores legales sobre los resultados de la evaluación y si el alumno es elegible para recibir servicios suplementarios, los padres tendrán la oportunidad de aceptar o rechazar los servicios suplementarios de EL.

1. What is the primary language used in the home, regardless of the language spoken by the student?
¿Cuál es el idioma principalmente utilizado en el hogar, independientemente del idioma que el alumno hable?

2. What is the language most often spoken by the student?
¿Cuál es el idioma que el alumno habla con más frecuencia?

3. What is the language that the student first acquired?
¿Cuál es el idioma que el alumno aprendió primero?

Do you prefer to receive communication from the school? □ English □ Español □ اَلعربي □ العربية

In which language do you prefer to receive communication from the school? □ English □ Español □ اَلعربي □ العربية

Other: ______________________

Date of Birth: ____________
Fecha de nacimiento: ____________

Telephone: ________________
Teléfono: ________________

Firma del padre, madre o tutor legal
Firma del padre, madre o tutor legal

Date: ________________
Fecha: ________________

ACPS Staff Members: This form must be completed for all students registering in Alexandria City Public Schools. It should be the first document provided to the parent/guardian during the registration process. Please ensure that all questions are answered completely.

If a language other than, or in addition to, English is listed in response to question 1, 2, or 3, the student should be referred to the Office of English Learner Services (EL Office) for registration and assessment. Families and staff can contact the EL Office at 703-619-8022 with any questions.
STUDENT REGISTRATION FORM • Alexandria City Public Schools

STUDENT INFORMATION

Student’s Last Name: ___________________________ First Name: ___________________________ Middle Name: ___________________________

Student and Primary Parent/Guardian Address: Street ___________________________ Apt # __________

City ___________________________ State ___________________________ Zip __________

Date of Birth: Month: ___________ Day: ___________ Year: ___________ Country of Birth: ___________________________ Grade: ___________

Gender: □ Male □ Female

Gender Identity: □ Male □ Female □ Other □ Preferred Name: ___________________________

Is this student Hispanic or Latino? (choose only one) □ No, not Hispanic or Latino □ Yes, Hispanic or Latino (person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish culture or origin, regardless of race)

What is the student’s race? (choose one or more) □ American Indian/Alaskan □ Black or African American □ Asian □ Native Hawaiian or Other Pacific Islander □ White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Last School Attended: ___________________________________________ □ Public □ Private

Address: ___________________________________________ City ___________________________ State ___________________________ Zip __________

If not an Alexandria City school, has student EVER attended Alexandria City Public Schools? □ Yes □ No

If Yes, please provide the following: School: ___________________________________________ Year: ___________ Grade: ___________

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian: This is the parent/legal guardian with whom the student lives most of the week, and the main contact regarding the student.

Do you live/reside in the City of Alexandria? □ Yes □ No If No, has an exception to policy been approved? □ Yes □ No

Last Name: ___________________________ First Name: ___________________________ □ Male □ Female

□ Father □ Stepfather □ Legal Guardian
□ Mother □ Stepmother □ Foster Parent

Employer: ___________________________

Work Address: ___________________________

Work Phone: (____) ____ - ________ Ext: ______

Other (please indicate relationship): ___________________________

Home Phone: (____) ____ - ________ Is your home phone a cell phone? □ Yes □ No

Cell Phone: (____) ____ - ________

Email Address: ___________________________

Parent/Guardian’s preferred language of communication? □ English □ Spanish □ Amharic □ Arabic □ Other (please specify) ___________________________

Parent/Guardian #2:

Last Name: ___________________________ First Name: ___________________________ □ Male □ Female

□ Father □ Stepfather □ Legal Guardian
□ Mother □ Stepmother □ Foster Parent

Employer: ___________________________

Work Address: ___________________________

Work Phone: (____) ____ - ________ Ext: ______

Other (please indicate relationship): ___________________________

Address: □ Address is the same as student and primary parent/guardian’s address above

Street ___________________________ Apt # __________

City ___________________________ State ___________________________ Zip __________

Home Phone: (____) ____ - ________ Is your home phone a cell phone? □ Yes □ No

Cell Phone: (____) ____ - ________

Email Address: ___________________________

Revised 2/12/2020 Communications Office dnbm
**STUDENT REGISTRATION FORM**

**STUDENT BACKGROUND**

Does your child have a current IEP for Special Education services or 504 Plan?  
☐ Yes  ☐ No

If Yes, has documentation been provided to the school?  
☐ Yes  ☐ No

Has your child been expelled from attending school at a private 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?  
☐ Yes  ☐ No

**STUDENT’S SIBLINGS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Sex</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>5.</td>
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</table>

**EMERGENCY CONTACTS**

Please list at least two people we may call to make emergency decisions and/or pick up your child from school if the parent(s)/guardian(s) cannot be reached in the event of an emergency:

**Emergency Contact #1 (Other than Parent/Guardian):**

Name: ____________________________________________

Address: Street __________________________ Apt # __________

City __________________________ State _______ Zip ________

Home Phone: __________________________ Cell Phone:____________________

Work Phone: __________________________ Relationship to student: __________

**Emergency Contact #2 (Other than Parent/Guardian):**

Name: ____________________________________________

Address: Street __________________________ Apt # __________

City __________________________ State _______ Zip ________

Home Phone: __________________________ Cell Phone:____________________

Work Phone: __________________________ Relationship to student: __________

**Emergency Contact #3 (Other than Parent/Guardian):**

Name: ____________________________________________

Address: Street __________________________ Apt # __________

City __________________________ State _______ Zip ________

Home Phone: __________________________ Cell Phone:____________________

Work Phone: __________________________ Relationship to student: __________

By signing this form I am verifying that the information contained herein is correct.

Parent/Guardian Signature: __________________________ Date: __________

**PRE-KINDERGARTEN EXPERIENCE**

Only for students enrolling into kindergarten

During the year before kindergarten, my child attended (choose one):

- Virginia Preschool Initiative (VPI) 4-year-old program at:
  - ☐ Alexandria City Public Schools (ACPS)
  - ☐ Campagna Center
  - ☐ Child and Family Network Center (CFNC)
  - ☐ ALIVE! Child Development Center
  - ☐ Creative Play School

Another pre-K program:

- ☐ Early Childhood Special Education
- ☐ Preschoolers Learning Together (PLT)
- ☐ Head Start
- ☐ Full-day Private Preschool/Daycare
- ☐ Half-day Private Preschool
- ☐ Licensed Family Home Daycare Provider
- ☐ Department of Defense Child Development Program

Other:

- ☐ Parent/Relative
- ☐ Child care provider in my home (nanny, au pair, etc.)
- ☐ Other: Specify: _______ (________)

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Student ID</th>
<th>School ID</th>
<th>Sch/Res</th>
<th>Att/Permit Code</th>
<th>Address/Transfer Permit Verified</th>
<th>Grade</th>
<th>Entry Code</th>
<th>Entry Date</th>
<th>Office Verification/Signature</th>
</tr>
</thead>
</table>

Revised 2/12/2020 Communications Office dnbm
Residency Verification & Enrollment Form

Part I: Student/Family Information

Please complete A, B or C.

A. I am the Parent who is enrolling ________________________________ in school.

B. I am the Legal Guardian/Primary Caregiver enrolling ________________________________ in school (must provide official documentation).

C. I am the adult student (18 years or older) enrolling myself, ________________________________ in school.

I, the parent/legal guardian/caregiver and/or adult student, affirm that I/we reside at the following domicile*:

Full Address:

__________________________________________________________

Street name Apt. # City State Zip Code Phone Number

Part II: Parent/Guardian/Caregiver or Adult Student Sworn Statement

I understand that enrollment of the student in Alexandria City Public Schools is based on my affirmation that I am (Part I) the parent/legal guardian of the student and a resident of the City of Alexandria, (Part II) this sworn statement of City of Alexandria residency and (Part III) my presentation of residency verification documentation (see page 3 - category A, B, or C). I affirm I reside with the student at the address noted in this document. If this sworn statement is false, I understand that I may be liable for payment of retro-tuition for the student, and that the student will be withdrawn from Alexandria City Public Schools. Please be advised that according to the Code of Virginia § 22.1-264.1, it is a Class 4 misdemeanor to knowingly misrepresent residency for the purpose of enrollment in a school outside the attendance zone in which the student resides. I hereby waive my rights to confidentiality of information relative to my residence and understand that the Alexandria City Public Schools will use whatever legal means it has at its disposal to verify my residence. I also agree to notify the school of any change of residence for myself and/or the student with in three (3) business days of such change.

__________________________________________________________

Printed Name of Parent/Legal Guardian/Caregiver or Adult Student

__________________________________________________________

Signature of Parent/Legal Guardian/Caregiver or Adult Student Date

* A bona fide residence/domicile is defined as where a person lays their head each night. Owning or renting a property is not enough to claim residency in the City of Alexandria. The student and legal guardian must sleep in the City of Alexandria nightly.

*** ACPS STAFF OFFICAL USE ONLY - DO NOT COMPLETE BELOW THIS LINE***

July, 2018
### Part III: Residency Verification

Registering adult must provide photo identification, student birth certificate & the following three (3) documents: All documents must be the original copy (current-within the past 60 days) & clearly notes the parent/legal guardian or adult student name & Alexandria City address. See reverse for further explanation of documents.

**Category A – one (1) document:**
- Lease Agreement
- Deed (with copy of property tax)
- Mortgage contract

**Category B - two (2) supporting documents:**
- Utility bill (water, gas, electric, cable, and/or landline phone)
- Current personal Alexandria City property tax bill/receipt
- Mailed letter from a government agency (TANIF, HUD, ARHA, IRS, etc.)
- Current pay stub (noting Alexandria address & Virginia tax withholding)
- 2 consecutive bank statements (mailed)
- Latest federal/state income tax return noting the city of Alexandria address
- Current homeowner or renter's insurance policy noting the City of Alexandria address
- Family is new (less than 30 days) to the City of Alexandria.

**Category C:**
- Lack of Housing
- DSS/Foster Care Services

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**Shared Housing Residents:** If the parent/guardian is living in a shared housing a notarized A/B form will be required with a copy of the homeowner’s mortgage, Deed or a copy of the lease with whom the student and parent are living. Additionally, you will be required to provide two supporting documents (in the parent/legal guardian’s name) as listed above. A home visit maybe completed in cases of questionable residency. **A/B FORM EXPIRATION:** [Registrar - enter date into PowerSchool].

I certify that I personally reviewed all the documents presented and affirm that the information represented above is true and factual to the best of my knowledge, information, and belief. I also affirm that copies of all required documentation will be attached to this document and placed in the student’s file.

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School Official Name (Print)  School Official (Signature)  Date
List of Acceptable Residency Verification Documentation

All documents must note the registering parent/legal guardian or adult student’s full name and Alexandria City address.

<table>
<thead>
<tr>
<th>Category A: (One document from this list to verify residency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Lease or Rental Agreement: The original lease must be current (not expired) indicating the dates, names and property address for the parent/legal guardian who is enrolling the student. If the lease is a private generated agreement with the landlord the lease must be notarized.</td>
</tr>
<tr>
<td>☐ Deed: The property deed must be accompanied by a copy of the owner’s personal property tax. This may be obtained (free of charge) at <a href="http://realestate.alexandriava.gov/index.php?action=address">http://realestate.alexandriava.gov/index.php?action=address</a>. The deed must be in the parent/legal guardian name.</td>
</tr>
<tr>
<td>☐ Mortgage: The resident may present a mortgage bill prepared by the lender (including date, Alexandria address and lender name) within 60 days of registration or the initial mortgage contract with current copy of the owner’s property tax. This may be obtained for free at <a href="http://realestate.alexandriava.gov/index.php?action=address">http://realestate.alexandriava.gov/index.php?action=address</a>.</td>
</tr>
<tr>
<td>☐ I am living in shared housing and the lease/deed or mortgage is not in my name. Please complete a Shared Housing (A/B) Form and attach the lease/deed or mortgage of the person with whom you reside.</td>
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</table>

AND

<table>
<thead>
<tr>
<th>Category B: (Two documents from this list to verify residency)</th>
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<tbody>
<tr>
<td>☐ Utility bill (water, gas, electric, cable and/or landline phone bill). The bill must be dated within the past 30 days. If all utilities are covered in your leasing contract and you do not have any other bills please provide a letter from your property manager on company letter head that notes water, gas, sewer, electric are all included in the monthly rent.</td>
</tr>
<tr>
<td>☐ Current Alexandria City Personal Property Tax (vehicle, RV, boat). Please note: Virginia Department of Motor Vehicles requires all personal property must be registered to the current address within 60 days of relocation.</td>
</tr>
<tr>
<td>☐ Mailed letter from a government agency (TANIF, HUD, ARHA, IRS, etc.) The letter must be addressed to the parent/legal guardian or adult student.</td>
</tr>
<tr>
<td>☐ Current pay stub (with Alexandria City address and noting Virginia tax withholding).</td>
</tr>
<tr>
<td>☐ Latest federal/state income tax return noting the Alexandria City address.</td>
</tr>
<tr>
<td>☐ 2 consecutive bank statements mailed to the Alexandria City address.</td>
</tr>
<tr>
<td>☐ Current homeowner or renter’s insurance policy noting an Alexandria City address.</td>
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OR

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<tr>
<th>Category C: Please confer with the school registrar if either of the following apply.</th>
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<tbody>
<tr>
<td>☐ Lack of housing, in transition or are experiencing homelessness.</td>
</tr>
<tr>
<td>☐ Foster Care/DSS: Provide verification that the student is in the custody of the Department of Social Services, in the form of a court order or official documentation from the Department of Social Services.</td>
</tr>
</tbody>
</table>
### STUDENT HEALTH CONDITIONS
Check all boxes that apply to the student.

#### ALLERGIES  □ Yes  □ No

- **Allergy Type:**
  - □ Food  List food(s):
  - □ Medication  List medication(s):
  - □ Bee stings or insect bites
  - □ Other:  

- **Date of last severe reaction:** 

- **Date of last hospital or emergency room visit due to allergies:**  

#### FOOD RESTRICTIONS  □ Yes  □ No

- □ Due to Gastrointestinal (Digestive) distress  List food(s):
- □ Due to religious or other preferences  List food(s):

#### ASTHMA  □ Yes  □ No

- **Currently prescribed medications and treatments for asthma:**
  - □ Daily control (prevention) medication  
  - □ As needed (rescue) medication  

- **Date of last hospital or emergency room visit due to asthma:**  

#### DIABETES  □ Yes  □ No

- **Date of last hospital or emergency room visit due to diabetes:**  

- **Does the student’s diabetes require medication and/or blood testing IN SCHOOL?**
  - □ No  
  - □ Yes  List medication(s):

#### SEIZURE DISORDER  □ Yes  □ No

- **Does the student’s seizure disorder require medication IN SCHOOL?**
  - □ No  
  - □ Yes  List medication(s):

- **Date of last seizure:** 

- **Date of last hospital or emergency room visit due to seizure:**  

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**STUDENT HEALTH INFORMATION FORM** • Alexandria City Public Schools  

**Student’s Last Name:**  

**First Name:**  

**Date of Birth:**  

**Grade:**  

**School Year:**  

**PAGE 1 OF 2**
### OTHER HEALTH CONDITIONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>ADHD</td>
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<tr>
<td>Autism</td>
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<tr>
<td>Cerebral Palsy</td>
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<tr>
<td>Developmental Delay</td>
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<tr>
<td>Vision Conditions</td>
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<tr>
<td>Hearing Conditions</td>
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<tr>
<td>Other physical or mental health conditions:</td>
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</table>

Does the student’s condition require IN SCHOOL USE of the following?

- **Medications**: No
- **Special procedures**: No
- **Special equipment**: No

### VISION CONDITIONS

- Glasses
- Contacts
- Non correctable
- Other: _____________

### HEARING CONDITIONS

- Hearing aid(s)
- Non correctable
- Other: _____________

### STUDENT HEALTH CARE AND HEALTH COVERAGE

**Does the student have health insurance?** No

Name of student’s primary care doctor: ___________________________ Phone: ___________________________

**Does the student have dental insurance?** No

Name of student’s dentist: ___________________________ Phone: ___________________________

### PARENT/GUARDIAN AUTHORIZATION

In the case of an emergency, school staff will call 911. Every attempt will be made to contact a parent, legal guardian or emergency contact. Students will be transported to the nearest Emergency Room unless the parent is on the school premises to assume responsibility for the child.

The parent/guardian is responsible for providing the school with any medication, special food, supplies, or equipment that the student requires during the school day. Check with the school nurse or registrar to obtain correct medication and procedural forms. If an individual school health care plan is indicated, the parent/guardian is responsible for providing the school nurse with necessary medical information, appropriate authorization forms and written consent to exchange information with the child’s physician.

I, ______________________ (do _ ) (do not _ ) authorize my child’s health care provider and designated provider of health care in the school setting to discuss my child’s health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child’s school. When information is released from your child’s record, documentation of the disclosure is maintained in your child’s health or scholastic record.

Parent/Guardian Signature: ___________________________ Date: ___________________________
State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian completes this page (Part I) of the form. The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child’s entry into school.

### Part I – HEALTH INFORMATION FORM

Name of School: ____________________________________________  Current Grade: __________________________

Student’s Name: ____________________________________________ ____________________________________________

Student’s Date of Birth: ____/____/_______  Sex: _______  State or Country of Birth: ________________________  Main Language Spoken: ______________

Student’s Address: __________________________________________ City: ____________________ State: _______________ Zip: _____________

Name of Parent or Legal Guardian 1: __________________________ Phone: ______-______-________  Work or Cell: _____-____-______

Name of Parent or Legal Guardian 2: __________________________ Phone: ______-______-________  Work or Cell: _____-____-______

Emergency Contact: __________________________________________ Phone: ______-______-________  Work or Cell: _____-____-______

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<tr>
<th>Condition</th>
<th>Yes</th>
<th>Comments</th>
<th>Condition</th>
<th>Yes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies (food, insects, drugs, latex)</td>
<td></td>
<td></td>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies (seasonal)</td>
<td></td>
<td></td>
<td>Head injury, concussions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma or breathing problems</td>
<td></td>
<td></td>
<td>Hearing problems or deafness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention-Deficit/Hyperactivity Disorder</td>
<td></td>
<td></td>
<td>Heart problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral problems</td>
<td></td>
<td></td>
<td>Lead poisoning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental problems</td>
<td></td>
<td></td>
<td>Muscle problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder problem</td>
<td></td>
<td></td>
<td>Seizures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding problem</td>
<td></td>
<td></td>
<td>Sickle Cell Disease (not trait)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel problem</td>
<td></td>
<td></td>
<td>Speech problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td></td>
<td></td>
<td>Spinal injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystic fibrosis</td>
<td></td>
<td></td>
<td>Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental problems</td>
<td></td>
<td></td>
<td>Vision problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.):

______________________________________________________________________________________________________________________________________________

List all prescription, over-the-counter, and herbal medications your child takes regularly:

______________________________________________________________________________________________________________________________________________

Check here if you want to discuss confidential information with the school nurse or other school authority.  ☐ Yes  ☐ No

Please provide the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Date of Last Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrician/primary care provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Worker (if applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Child’s Health Insurance:  _____ None  _____ FAMIS Plus (Medicaid)  _____ FAMIS  _____ Private/Commercial/Employer sponsored

I_____________ (do ____ (do not ____) authorize my child’s health care provider and designated provider of health care in the school setting to discuss my child’s health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child’s school. When information is released from your child’s record, documentation of the disclosure is maintained in your child’s health or scholastic record.

Signature of Parent or Legal Guardian: __________________________ Date: _____/_____/______

Signature of person completing this form: __________________________ Date: _____/_____/______

Signature of Interpreter: __________________________ Date: _____/_____/______

MCH 213G reviewed 03/2014
COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM  

Part II - Certification of Immunization  

Section I  
To be completed by a physician or his designee, registered nurse, or health department official.  
See Section II for conditional enrollment and exemptions.  

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.  

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.  

<table>
<thead>
<tr>
<th>IMMUNIZATION</th>
<th>RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Diphtheria, Tetanus, Pertussis (DTP, DTaP)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>*Tdap booster (6th grade entry)</td>
<td>1</td>
</tr>
<tr>
<td>*Poliomyelitis (IPV, OPV)</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>*Haemophilus influenzae Type b (Hib conjugate) *only for children &lt;60 months of age</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>*Pneumococcal (PCV conjugate) *only for children &lt;60 months of age</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR vaccine)</td>
<td>1 2</td>
</tr>
<tr>
<td>*Measles (Rubeola)</td>
<td>1 2 Serological Confirmation of Measles Immunity:</td>
</tr>
<tr>
<td>*Rubella</td>
<td>1 Serological Confirmation of Rubella Immunity:</td>
</tr>
<tr>
<td>*Mumps</td>
<td>1 2</td>
</tr>
</tbody>
</table>
| *Hepatitis B Vaccine (HBV)  
  ❑ Merck adult formulation used | 1 2 3 |
| *Varicella Vaccine | 1 2 Date of Varicella Disease OR Serological Confirmation of Varicella Immunity: |
| Hepatitis A Vaccine | 1 2 |
| Meningococcal Vaccine | 1 |
| Human Papillomavirus Vaccine | 1 2 3 |
| Other | 1 2 3 4 5 |
| Other | 1 2 3 4 5 |

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health’s Regulations for the Immunization of School Children (Reference Section III).  

Signature of Medical Provider or Health Department Official: __________________________ Date (Mo., Day, Yr.):__/__/____
**Section II**

**Conditional Enrollment and Exemptions**

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

**MEDICAL EXEMPTION:** As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student’s health. The vaccine(s) is (are) specifically contraindicated because (please specify):

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

DTP/DTaP/Tdap:[____]; DT/Td:[____]; OPV/IPV:[____]; Hib:[____]; Pneum:[____]; Measles:[____]; Rubella:[____]; Mumps:[____]; HBV:[____]; Varicella:[____]

This contraindication is permanent: [____], or temporary [____] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |___|___|___|

Signature of Medical Provider or Health Department Official: ____________________________ Date (Mo., Day, Yr.): |___|___|___|

**RELIGIOUS EXEMPTION:** The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student’s parent/guardian submits an affidavit to the school’s admitting official stating that the administration of immunizing agents conflicts with the student’s religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent’s office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

**CONDITIONAL ENROLLMENT:** As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on __________________.

Signature of Medical Provider or Health Department Official: ____________________________ Date (Mo., Day, Yr.): |___|___|___|

**Section III**

**Requirements**

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at http://www.vdh.virginia.gov/epidemiology/immunization

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)). (Requirements are subject to change.)

Certification of Immunization 03/2014
Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student’s Name: _____________________________________________ Date of Birth: ____/____/______ Sex: □ M □ F

| Date of Assessment: _____/_____/_______ Physical Examination |
|----------------------|---------------------|-----------------|------------------|
| Weight: _______ lbs. Height: ______ ft. ______ in. | 1 = Within normal | 2 = Abnormal finding | 3 = Referred for evaluation or treatment |
| Body Mass Index (BMI): _______ | 1 | 2 | 3 |
| Age / gender appropriate history completed | 1 | 2 | 3 | 1 | 2 | 3 |
| Anticipatory guidance provided | 1 | 2 | 3 | 1 | 2 | 3 |

Health Assessment

TB Screening: □ No risk for TB infection identified □ No symptoms compatible with active TB disease □ Risk for TB infection or symptoms identified Test for TB Infection: TST IGRA Date: _______ TST Reading _____ mm TST/IGRA Result: □ Positive □ Negative CXR required if positive test for TB infection or TB symptoms. CXR Date: __________ □ Normal □ Abnormal

EPSDT Screens Required for Head Start – include specific results and date:

Blood Lead: _____________________________________________ Hct/Hgb ____________________________________________

Hearing Screen


Screened by OAE (Otoacoustic Emissions): □ No □ Refer

Vision Screen

With Corrective Lenses (check if yes): □ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box. □ Referred to Audiology/ENT □ Unable to test – needs rescreen

<table>
<thead>
<tr>
<th>Test used:</th>
<th>Within normal</th>
<th>Concern identified:</th>
<th>Referred for Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stereopsis</td>
<td>Pass</td>
<td>Fail</td>
<td>Not tested</td>
</tr>
<tr>
<td>Distance Both R L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20'</td>
<td>20'</td>
<td>20'</td>
<td></td>
</tr>
</tbody>
</table>

Dental Screen

□ Problem Identified: Referred for treatment □ No Problem: Referred for prevention □ No Referral: Already receiving dental care

Recommendations to (Pre) School Child, Care, or Early Intervention Personnel

Summary of Findings (check one):

□ Well child; no conditions identified of concern to school program activities

□ Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):

___Allergy □ food: ___________________ □ insect: ___________________ □ medicine: ___________________ □ other: ___________________

Type of allergic reaction: □ anaphylaxis □ local reaction Response required: □ none □ epinephrine auto-injector □ other: ___________________

□ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

□ Restricted Activity Specify: ___________________

□ Developmental Evaluation □ Has IEP □ Further evaluation needed for: ___________________

□ Medication. Child takes medicine for specific health condition(s). □ Medication must be given and/or available at school. ___________________

□ Special Diet Specif: ________________

□ Special Needs Specify: ___________________

Other Comments: ___________________

Health Care Professional’s Certification (Write legibly or stamp) □ By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).

Name: _____________________________ Signature: _____________________________ Date: ____/____/______

Practice/Clinic Name: _____________________________ Address: _____________________________

Phone: _____________________________ Fax: _____________________________ Email: _____________________________

MCH 213G reviewed 03/2014
Alexandria City Public Schools  
Transportation Department

Alternate Authorized Persons for Kindergarten/Special Education Release

Date: _____________

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address:</th>
<th>Apt:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian Name(s):  
Language Spoken by Parent/Guardian:  

<table>
<thead>
<tr>
<th>Phone Numbers:</th>
<th>Home:</th>
<th>Work:</th>
<th>Cell:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

School:  

Authorized Persons for Pick Up (other than legal guardians). Only 3 authorized names allowed.

<table>
<thead>
<tr>
<th>Name of Authorized Persons</th>
<th>Relationship</th>
<th>Telephone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian Signature:  
Date: _____________

Principal Signature:  

For Office Use Only:
Received by: ___________________ Date: ___________________ Time: ___________________

Please note: This form must be submitted by 12 p.m. in order to be effective immediately. If submitted after 12 p.m., change will go into effect the following school day. Principals MUST approve in order to be processed.
ACPS may receive federal grant funds for enrolling students who are federally connected. If no parent or guardian in your household lives or works on federal property, please complete Section 1 and sign and date at the bottom of the form.

### Section 1: STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Number &amp; Street</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Name of School</td>
<td>Grade</td>
<td>Birth Date</td>
<td>Home Phone</td>
<td></td>
</tr>
</tbody>
</table>

If the above property is federal property, please enter the name of the property

### Section 2 – EMPLOYMENT INFORMATION: CIVILIANS ONLY working on federal property

<table>
<thead>
<tr>
<th>Parent/Guardian Name: Last</th>
<th>First</th>
<th>MI</th>
<th>Employer Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Address (Physical Location)</td>
<td>Building Number &amp; Street</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Federal Property Name (see back side for list of eligible federal properties)

| Federal Property Address | Number & Street | City | State | Zip Code |

### Section 3 – PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES PARENT/GUARDIAN

Enter information in this section if either parent/guardian was on active duty in the Uniformed Services of the United States on the survey date. (If both parents in the household are in the military at the time of the survey date, please fill out a second form).

- [ ] Student is not military connected – (Do not complete any further in Section 3)

**Branch of Active Service:**
- [ ] Air Force
- [ ] Army
- [ ] Coast Guard
- [ ] Marine Corps
- [ ] Navy
- [ ] The Commissioned Corps of the National Oceanic and Atmospheric Administration – NOAA
- [ ] The Commissioned Corps of the of the U.S. Public Health Services – USPHS
- [ ] National Guard or Reserves mobilized by Presidential Executive Order 13223 of 9/14/2001 and Title 10 USC (Attach Copy of Activation Orders)

<table>
<thead>
<tr>
<th>Parent/Guardian Name (Last, First and MI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military Rank/Grade</td>
</tr>
</tbody>
</table>

* National Guard; Reserve

- [ ] Reserve; Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps or Coast Guard).

### Section 4 – PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section if either parent/guardian was on active duty on the survey date. If not, skip this section.

<table>
<thead>
<tr>
<th>Parent/Guardian Name (Last, First and MI)</th>
<th>Foreign Government Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military Rank/Grade</td>
<td>Branch of Service</td>
</tr>
</tbody>
</table>

This information is used to support our request for federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Act). This information may be provided to the U.S. Department of Education if our application for federal funds is audited. This form must be signed and dated for ACPS to receive its fair share of federal funds.

**By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.**

**Signature of Parent/Guardian**

**Date [mm/dd/yyyy]**
Eligible Federal Properties

- Albert V Bryan Federal Courthouse, 401 Courthouse Sq., Alexandria, VA 22314
- Mt. Weather EOC, 19844 or 19850 Blue Ridge Mountain Rd, Bluemont, VA 20135
- Arlington National Cemetery, Arlington, VA 22211
- MVB Bostetter, Courthouse, 200 S Washington St, Alexandria, VA 22314
- CIA Langley Campus, 1000 Colonial Farm Rd, McLean, VA 22101
- Naval Surface Warfare Center, 17320 Dahlgren Rd, Dahlgren, VA 22448
- CIA NRO, 14675 Lee Rd, Chantilly, VA 20151
- NOAA NWS, 43858 or 43872 Weather Service Rd, Sterling, VA 20166
- Dulles International Airport, 1 Saarinen Ct, Sterling, VA 20166
- Pentagon [include bldg location in street address], Arlington, VA 22202
- FAA Air Route Traffic Control Center, 825 E Market St, Leesburg, VA 20176
- Ronald Reagan National Airport, 1 Aviation Ct, Arlington, VA 22202
- FAA Potomac TRACON, 3699 Macintosh Dr, Warrenton, VA 20187
- Ronald Reagan National Airport, 2401 Smith Blvd, Arlington, VA 22202
- FBI Academy & Laboratory, 2501 Investigation PW, Quantico, VA 22135
- Steven F Udvar Hazy Ctr, 14390 Air and Space Museum Pkwy, Chantilly, VA 20151
- Fort Belvoir 9910 Tracy Loop, Fort Belvoir, VA 22060
- Turner-Fairbank HRC, 6300 Georgetown Pike, McLean, VA 22101
- Fort Belvoir North (NGA), 7500 Geoint Dr, Springfield, VA 22150
- US Army National Guard, 111 S George Mason Dr, Arlington, VA 22204
- Franconia GSA LOC 6808, 6810, 6999, or 7000 Loisdale Rd, Springfield, VA 22150
- US Army Reserve Center, 6901, or 6978 Telegraph Rd, Alexandria, VA 22310
- George P Schultz NFATC, 4000 Arlington Blvd, Arlington, VA 22204
- US Attorney’s Office (USDOJ), 2100 Jamieson Ave, Alexandria, VA 22314
- George Washington Memorial Parkway, 700 GW Pkwy, VA 22101
- US Coast Guard Radio Station, 7323 Telegraph Rd, Alexandria, VA 22315
- Henderson Hall, 1555 Southgate Rd, Arlington, VA 22214
- US Geological Survey, 12201 Sunrise Valley Dr, Reston, VA 20192
- Humphreys Engineer Center, 7701 Telegraph Rd, Alexandria, VA 22315
- Warrenton Training Center – Site A, 8094 Shipman Rd, Warrenton, VA 20186
- Hybla Valley Office Bldg, 6801 Telegraph Rd, Alexandria, VA 22306
- Warrenton Training Center – Site B, 7471 Bear Wallow Rd, Warrenton, VA 20186
- Joint Base Myer-Henderson Hall, Fort Myer, VA 22211
- Warrenton Training Center – Site C, 7248 Sumderduck Rd, Remington, VA 22734
- Marine Corps Base Quantico, 3250 Catlin Ave, Quantico, VA 22134
- Warrenton Training Center – Site D, 22129 Confederate Rd, Elkwood, VA 22718
- Mark Center Federal Office Bldg, 1897 N Beauregard St, Alexandria, VA 22350
- Wolf Trap Farm Park, 1551 Trap Rd, Vienna, VA 22182
Please review both sides of this form.

Student Name: ___________________________ Grade: ______

School: ____________________________

Parent/Guardian Name: ___________________________ Date Form Completed: __________

Each section below refers to materials cited on this form, in the ACPS Family Handbook (www.acps.k12.va.us/familyhandbook), or in the ACPS Student Code of Conduct (www.acps.k12.va.us/codeofconduct). After signing, please return to the student’s school upon registration or within two weeks of the student’s first day of school in ACPS. This form must be completed each school year.

Section A: Student Code of Conduct

The Student Code of Conduct is made available to every family each school year. By signing this section and returning this form, parent(s)/guardian(s) shall not be deemed to waive, but do expressly reserve, their rights to protect by the Constitution or laws of the United States and/or the Commonwealth of Virginia, and shall have the right to express disagreement with the school division’s policies and or decisions. The Student Code of Conduct, required by law, contains guidelines and rules for Responsible Computer System Use Policy for Students; Compulsory School Attendance; Standards of Student Conduct; Equity and Excellence Policy; Bullying Reporting Form; and Honor Code. Parents/guardians have a duty to assist ACPS schools in enforcing the standards of student conduct and compulsory school attendance. Parents/guardians have a responsibility to understand the Code of Conduct, promote proper student conduct, assist the school with the discipline of the student, and meet with school officials if requested to discuss matters related to discipline and school attendance. The law also requires that parents/guardians sign a statement showing that they know their responsibilities.

Parent/Guardian Signature: ____________________________

Student Signature: ____________________________

Section B1: Student Directory Information (Family Educational Rights and Privacy Act / FERPA)

Directory information includes a student’s name, address, school, photograph, awards and honors, etc. (It does not include the student’s social security number.) The primary use of directory information is to publish student information in school-affiliated publications. A full list of directory information is available in the ACPS Family Handbook. ACPS may disclose directory information without written consent, unless the parent/guardian indicates below that the student’s information may not be released.

_____ Do NOT release the student’s directory information, except as required by state or federal law, from the date this form is signed until September 15, 2021. I understand this means that information about and photographs featuring the student will be excluded from school publications such as yearbooks, honor roll listings, and printed graduation/sports/theatrical programs.

Section B2: PTA Directories and School-Related Organizations

Many school PTAs and school-related organizations produce an annual directory for families. However, according to Virginia law, no school may disclose the address, telephone number, or email address of a student (unless required by law or as described in the ACPS Family Handbook), unless the parent/guardian affirmatively consents in writing.

_____ YES, ACPS may release the student/family telephone number and email address to PTAs, booster organizations, and other school-related organizations from the date this form is signed until September 15, 2021.

Section C: Media Participation

Throughout the school year, the student’s school or ACPS may want to share photographs or videos of the student, pictures of his/her art or classwork, passages from their writings or quotations from class discussions, or educational presentations. This includes images on the ACPS website, in ACPS videos, in social media, in school publications (including yearbooks and programs), or shared with third parties including but not limited to local or national media (television, online and print publications).

_____ Do NOT use the student’s photograph, image, voice, writings, classwork or artwork in any of the ways described above from the date this form is signed until September 15, 2021.
Section D: Responsible Use for Technology and Social Media

The responsible use policies for technology and social media are available in the Student Code of Conduct. Please review these policies and sign below.

Parent/Guardian Signature: __________________________

As a student, I agree to comply with the guidelines on technology and the Internet as written in the Student Code of Conduct.

Student Signature: __________________________

Section E: Student Record Information

(For High School Parents – 11th and 12th Graders ONLY)

Section 9528 of the No Child Left Behind Act of 2001 requires school systems to provide military recruiters and institutions of higher education with secondary students’ names addresses, and telephone listings upon request. However, parents/guardians (or a student if he/she is 18 or a legally emancipated minor) may request that the student’s name, address and telephone listings not be released without prior written consent. ACPS is, by this form, notifying you of your right to request that your child’s information not be released. If you do NOT check any of the options below, the student’s information will be released when requested by a military recruiter, prospective employer or an institution of higher education for school year 2020-21.

Please check any of these groups if you do NOT want them to receive the student’s information:

_____ Do NOT release the student’s information to Military Recruiters

_____ Do NOT release the student’s information to Colleges/Other Educational Institutions

_____ Do NOT release the student’s information to Prospective Employers

Section F: Book Contract

I hereby agree to replace or pay for any or all textbooks or library books that may be retained, destroyed, lost, or misused, as well as pay all damages caused by the extraordinary wear or use, as assessed by the school.

Parent/Guardian Signature: __________________________

Section G: School Bus Regulations

School bus regulations are provided in the ACPS Family Handbook. I have read and understand the regulations for students riding a school bus and agree to assume full responsibility for the student’s conduct on the school bus.

Parent/Guardian Signature: __________________________

I have read and understand the regulations for students riding a school bus and agree, as a passenger, to abide by these regulations.

Student Signature: __________________________

Section H: Family Life Education

ACPS regulations permit a student to opt out of the Family Life Education (FLE) material delivered throughout the course of the school year. Lessons that will be used in the FLE program are available for review in the library media center at each school, and the Charles E. Beatley, Jr., Central Library, located at 5005 Duke Street. All of our high school resources associated with this curriculum are kept at T.C. Williams High School and the T.C. Williams Minnie Howard Campus. To preview any of these resources, please contact the Family Life Education Department. To stay in FLE does not require any action on your part.

Please check below if you do NOT want the student to participate in the FLE material:

_____ Please exempt the student from participation in the Family Life Education material.

Parent/Guardian Signature: __________________________
SAVE THE DATE FOR K-PREP: August 18-21, 2020

The ACPS Kindergarten Preparatory Program (K-Prep) is a free half-day program that helps prepare your child for the first day of school.

Due to the COVID-19 pandemic, no final decision has been made regarding K-Prep but we will share these plans with you as soon as we have them.

How to register:
To participate in K-Prep, you must first complete kindergarten registration. Let your school office know you would like your child to attend K-Prep.

For more information: www.acps.k12.va.us/enroll

RESERVE LA FECHA PARA LA PREPARACIÓN DEL KINDERGARTEN: 18 al 21 de agosto de 2020

El Programa Preparatorio del Kindergarten (K-Prep) de ACPS es un programa gratuito de medio día que ayuda a preparar a su hijo para el primer día de clases.

Debido a la pandemia de COVID-19, no se ha tomado la decisión definitiva con respecto a K-Prep, pero vamos a informar sobre estos planes tan pronto como los tengamos.

Cómo inscribirse:
Para participar en K-Prep, debe primero completar la inscripción de kindergarten. Informe a su oficina escolar su deseo de que su hijo asista a K-Prep.

Para obtener más información: www.acps.k12.va.us/enroll

احفظ التاريخ للمشاركة في برنامج الإعداد لمرحلة رياض الأطفال: 21-18 أغسطس/أب 2020

كيفية التسجيل:
المشاركة في برنامج K-Prep للإعداد لمرحلة رياض الأطفال، يجب عليك أولا إكمال التسجيل في برنامج K-Prep في مدارس ACPS.

أن برنامج K-Prep هو برنامج مجاني لمدة نصف يوم يساعد طفلك على الاستعداد للنهاية الأولى من المدرسة، وننصح بتقديم طلب المشاركة من طرفك.

ولكننا سنشارك هذه الخطط معك بمجرد حصولنا عليها.

www.acps.k12.va.us/enroll
When families are engaged in their children’s education, EVERYBODY WINS!

The ACPS Family and Community Engagement Center (FACE Center) provides meaningful opportunities and resources for families to work with schools by hosting interactive workshops that support academic achievement, championing two-way communication between families and schools, and facilitating volunteerism that promotes student learning. We can’t wait to see your FACE this year!