

STUDENT REGISTRATION PROCEDURES

Preschool through 12th Grade Registration Guidelines

A person of school age (i.e. a person who will have reached their fifth birthday (fourth for preschool) on or before September 30 of the school year and who has not reached 20 years of age on or before August 1 of the school year) is eligible for registration. Students new to Danville Public Schools (DPS) will complete the registration process at the appropriate level school which serves their home address, unless a student Transfer Request Application has been approved. In this case, the student will register at the receiving school rather than at the base school. School staff must verify the student's residency, eligibility for registration, and placement after a review of the documentation required for registration.

These individuals are eligible to enroll the student: a parent who is named on the child's birth certificate, an individual listed on the custody agreement if custody does not lie with the parents, or an individual listed on the temporary kinship care agreement (for students in foster care only).

Federal and state laws stipulate that homeless children and youth, and foster care children and youth must be registered in a manner that expedites enrollment and placement in school.

If parents are unsure about which school their child is to attend, they may call the School Board Office. Parents may register one of two ways:

- Online registration (go to the child's school website and click on the REGISTRATION button and create an account)
- Onsite registration (go to the child's school and complete the registration forms)

Documentation Required for Registration

1. DPS Registration Form
2. One proof of residency
3. Original or certified copy of the student's birth certificate. A photocopy of the child's birth certificate does not meet this requirement. If no birth certificate is available, completion of the Birth Certificate Affidavit is required by the parent. If a child was born in Virginia, the parent may go to the DMV or health department to obtain the birth certificate.
4. Documented proof of [required immunizations](#)
5. Comprehensive physical examination performed within 12 months prior to the date the student first enters public school. A student shall be free from contagious or infectious diseases.
6. School Entrance Health Information Form
7. Discipline Affirmation/Registration Statement
8. Legal custody documents (if applicable)
9. Home Language Form
10. Initial Entrant Screening Notification
11. Student Residency Questionnaire
12. Bus Contract
13. Student Race/Ethnicity Identification Form

Registration of Students Not in Their Base School

1. **Students Who Transfer** - Students who register at a different DPS school due to an approved student transfer request must provide proof of approved transfer to the requested school. Exception: Student transfers approved due to acceptance in a specialty school or program will not require re-registration, however, schools may ask parents/guardians to provide updated information in the student information system.
2. **Students Who Move Within the City During the School Year** - Students who change schools within DPS due to a change in residence must request records be sent to the new school, complete a new DPS registration form, and provide proof of residency.

Homeless Students

Danville Public Schools will adhere to the provisions of the McKinney-Vento Homeless Assistance Act of 2001, as reauthorized by the Every Student Succeeds Act, Title IX, Part A, and ensure full and equal educational access to children and youth experiencing homelessness. Children and youth are to be enrolled in school immediately and provided services comparable to those of housed students, including transportation services, educational services, and meals through school meals program.

Foster Care Students

Code of Virginia § 22.1-3.4.

A. Whenever a student has been placed in foster care by a local social services agency and the placing social services agency is unable to produce any of the documents required for enrollment pursuant to § 22.1-3.1, 22.1-270, or 22.1-271.2, the student shall immediately be enrolled; however, the person enrolling the student shall provide a written statement that, to the best of his knowledge, sets forth (i) the student's age, (ii) compliance with the requirements of § 22.1-3.2, and (iii) that the student is in good health and is free from communicable or contagious disease.

B. The sending and receiving school divisions shall cooperate in facilitating the enrollment of any child placed in foster care across jurisdictional lines for the purpose of enhancing continuity of instruction. The child shall be allowed to continue to attend the school in which he was enrolled prior to the most recent foster care placement, upon the joint determination of the placing social services agency and the local school division that such attendance is in the best interest of the child.

C. In the event the student continues to attend the school in which he was enrolled prior to the most recent foster care placement, the receiving school division shall be accorded foster children education payments pursuant to § 22.1-101.1; further, the receiving school division may enter into financial arrangements with the sending school division pursuant to subsection C of § 22.1-5. Under no circumstances shall a child placed in foster care be charged tuition regardless of whether such child is attending the school in which he was enrolled prior to the most recent foster care placement or attending a school in the receiving school division.

Missing Children

Code of Virginia § 52-31.1.

The Superintendent of State Police shall establish a network to implement reports of the disappearance of children by local law-enforcement agencies to local school division superintendents and the State Registrar of Vital Records. The network shall be designed to establish cooperative arrangements between local law-enforcement agencies and local school divisions concerning reports of missing children, whereby law enforcement shall within 24 hours or the next business day, notify the principal of the school where the missing child is or was most recently enrolled and inform the school official of the report, and notices to law-enforcement agencies of requests for copies of the cumulative records and birth certificates of missing children. Upon notification of a request for a marked school record or other information regarding a missing child, the Superintendent shall immediately initiate an investigation into the circumstances surrounding the request, including a search for any record that may exist showing who has legal custody of the child and for any record that may disclose an allegation of child abuse perpetrated against a member of the child's family. The network shall also establish a mechanism for reporting the identities of all missing children to the State Registrar of Vital Records.

Children of Persons on Active Military Duty

No child of a person on active military duty

- who is attending a school free of charge in accordance with this policy shall be charged tuition by the school division upon such child's relocation to military housing located in another school division in the Commonwealth, pursuant to orders received by such child's parent to relocate to base housing. Such children shall be allowed to continue attending school in the school division and shall not be charged tuition for attending such school;
- who is attending a school free of charge in accordance with this policy shall be charged tuition upon such child's relocation pursuant to orders received by such child's parent to relocate to a new duty station or to be deployed. Such children shall be allowed to remain enrolled in the current school division free of tuition through the end of the school year; and
- who is eligible to attend school free of charge in accordance with this policy shall be charged tuition by a school division that will be the child's school division of residence once his service member parent is relocated pursuant to orders received. Such a child shall be allowed to enroll in the school division of the child's intended residence if documentation is provided, at the time of enrollment, of military orders of the service member parent or an official letter from the service member's command indicating such relocation. Documentation indicating a permanent address within the school division shall be provided to the school division within 120 days of a child's enrollment or tuition may be charged, including tuition for the days since the child's enrollment in school. In the event that the child's service member parent is ordered to relocate before the 120th day following the child's enrollment, the school division shall not charge tuition. Students eligible to enroll in the school division in accordance with this policy because they are the children of military personnel on active military duty who will reside in the division may register, remotely or in-person, for courses and other academic programs and participate in the lottery process for charter schools and college partnership laboratory schools in the school division at the same time and in the same manner as students who reside in the division. The assignment of the school such child will attend shall be determined by the school division.

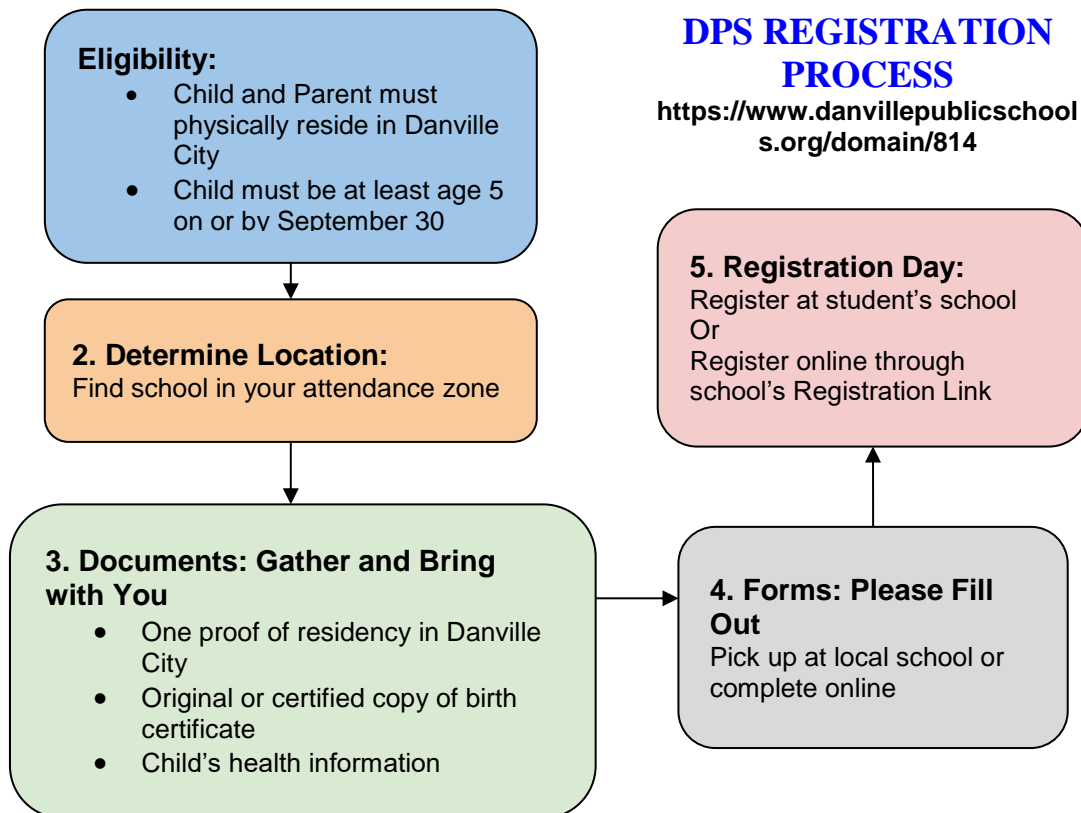
Such children shall be counted in the average daily membership of the school division in which they are enrolled. Further, the school division in which such children are enrolled subsequent to their relocation to base housing shall not be responsible for providing for their transportation to and from school.

Enrollment of Students from Juvenile Detention or Department of Correctional Education Schools

A student re-entering from these facilities must be enrolled into the base school within two business days. The special education department must be notified if the student receives special education services. When a student re-enters from these facilities, the appropriate entry code must be entered into the student information system.

Placement

Students transferring into DPS will be appropriately placed based on the review of their student educational record. If the student's scholastic records are not available when the student enters school, the student may be placed at the grade level recommended by the parent/guardian. After records are received from the sending school, it may be necessary to reassign the student according to grade level indicated on the records from the sending school.



**DANVILLE CITY SCHOOLS
ELEMENTARY REGISTRATION FORM 2023-2024**

SCHOOL NAME _____ **School Coming From** _____

Teacher _____ Grade _____ Entry Date _____

Name of Student _____ Gender ____
(Last) (First) (Middle)

Date of Birth _____ Birth Cert. Number/State _____

Are you Hispanic / Latino? (Choose only one) What is your race? (Choose one or more)

☐ No, not Hispanic /Latino

☐ Yes, Hispanic / Latino

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Home Address/Mailing Address

(Road/Street)

(Town/City)

(Zip)

Home Phone _____ Cell Phone _____

Email Address _____

Mother/Guardian _____ Cell Phone _____

Address _____

Employed By _____ Occupation _____ Work Phone _____

Father/Guardian _____ Cell Phone _____

Address _____

Employed By _____ Occupation _____ Work Phone _____

Mother's Education _____ Father's Education _____

Student Resides with (check one)

- ☐ Mother & Father
☐ Mother & Step-Father
☐ Father & Step-Mother
☐ Mother Only
☐ Father Only
☐ Guardian
☐ Other:

Emergency Contact Names (2)

Name _____

Home Phone _____

Cell Phone _____

Work Phone _____

Relationship _____

Name _____

Home Phone _____

Cell Phone _____

Work Phone _____

Relationship _____

Custody Concerns:

Documentation (with court seal) is necessary to enforce any directives by parent or guardian.

Siblings attending this school:

What languages are spoken in the home? _____

Medical Information

Health Concerns or Medications:

Allergies/Foods:

A physician's statement is required to document dietary substitutions.

Family Doctor _____ Phone Number _____

If emergency treatment and or transportation is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above or transporting the child to a hospital emergency room. Likewise, your signature below is sufficient for the release of confidential information protected by Federal Law.

Parent Signature: _____

Transportation

Transported to/from school by:

Bus Number _____ Car _____ Daycare _____

Elementary School Experience

School last attended _____

Teacher(s) _____

Special Education Services _____ Yes _____ No Classification: _____

Individualized Education Plan _____ Yes _____ No

Pre-Kindergarten Experience (Kindergarten students only)

Did your child attend a pre-kindergarten program as a four year-old? _____ Yes _____ No

If yes, where did they attend? _____
(Name of Preschool or Childcare Provider)

Was the provider a:

_____ Public School

_____ Private School (includes faith-based and/or commercial daycare)

_____ Head Start Program

_____ Licensed Family Home Provider

(Preschool or child daycare in a home where the provider is licensed by the state of Virginia or another state)

Preschool Duration (Check One):

_____ No time in a formal or institutional preschool program

_____ Less than 15 hours per week

_____ 15 hours or more but less than 30 hours per week

_____ 30 or more hours per week

Did your child attend a pre-kindergarten program as a three year-old? _____ Yes _____ No

If yes, where did they attend? _____
(Name of Preschool or Childcare Provider)

Was the provider a:

_____ Public School

_____ Private School (includes faith-based and/or commercial daycare)

_____ Head Start Program

_____ Licensed Family Home Provider

(Preschool or child daycare in a home where the provider is licensed by the state of Virginia or another state)

Preschool Duration (Check One):

_____ No time in a formal or institutional preschool program

_____ Less than 15 hours per week

_____ 15 hours or more but less than 30 hours per week

_____ 30 or more hours per week

Initial Entrant Screening Notification*

All children within sixty (60) administrative working days of initial enrollment in a public school shall be screened in the following areas to determine if formal assessment is indicated:

- 1) Speech, voice and language; and
- 2) Vision and hearing

All children (through grade three), within sixty (60) administrative working days of initial enrollment in public schools, shall be screened for fine and gross motor functions to determine if formal assessment is indicated.

The regulation address above applies to the following students:

- 1) A student enrolling in school for the first time, such as kindergarten or first grade;
- 2) One who has transferred to the public school from a private or parochial school unless a comparable evaluation report is available from the former school;
- 3) One who is transferring from another public school within Virginia unless, through review of records, it is determined that the student has been screened previously;
- 4) One who is transferring from another state.

This is to certify that I have been informed of the information given above.

Signature of Parent, Legal Guardian or
Eligible Student

Date

* To be filed in the student's cumulative folder.

Student Residency Questionnaire

Please return this form to your child's school

Student's Name: _____

Date: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement?

☐ Yes ☐ No

2. Is this temporary living arrangement due to loss of housing or economic hardship?

☐ Yes ☐ No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- ☐ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, cannot afford housing, etc.)
- ☐ In a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations.
- ☐ In emergency or transitional shelters such as domestic violence or homeless shelter or transitional housing shelter or agency
- ☐ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
- ☐ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- ☐ None of the above

3. How long do you anticipate living at this location?

Parent's/Guardian's Signature: _____

Date: _____

School Registrar - Present this form to the school-level counselor to complete the MV Worksheet.

SHARED HOUSING DISCLOSURE

INSTRUCTIONS:

Section I - To be completed by parent(s)/guardian(s) when residing in a shared situation

Section II - Notarized signatures of parent(s)/guardian(s) and homeowner(s)/renter(s) must be provided.

SECTION I

This is to request that the following school-age child(ren) who are residing at the same address below be permitted to enroll in Danville Public Schools.

Name of Parent(s)/Guardian(s) _____

Name(s) of Student(s)	Date of Birth	Grade
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Street Address _____

City _____ State _____ Zip Code _____

It is understood that the above named student(s) will be permitted to attend Danville Public Schools as long as the above stated address is the residence of the student(s) and parent(s)/guardian(s). If a change in the residency occurs, it is the responsibility of the parent(s)/guardian(s) and homeowner(s)/renters(s), to notify the school(s) immediately.

It is understood that the information provided by the undersigned is accurate. Providing false information is fraud and shall result in withdrawal of the student(s).

SECTION II

As the homeowner(s) or renter(s) of the house or apartment at the address listed above, I acknowledge that the above-named individual(s) and their school-aged child(ren) are residing with me/us in good faith and not solely for the purpose of attending school out of their assigned school zone or for avoiding non-resident tuition. I agree to provide a current copy of my property tax bill or current rental lease, and current utility bill.

The undersigned do hereby attest to the accuracy of these statements:

Signature, Homeowner(s)/Renter(s)	Printed Name(s)	Telephone

Signature, Parent(s)/Legal Guardian(s)	Printed Name(s)	Telephone

I hereby certify that on this _____ day of _____, 20____, the above subscribers personally appeared before me and made oath in due form of law that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury.

My commission expires _____/_____/_____ Notary Public

TO BE COMPLETED BY SCHOOL PERSONNEL

Name of School _____

Approved by Principal _____ Date ____/____/____

Home Language Form

School: _____ **Student ID #:** _____

Student's Full Name: _____

Parent's Signature: _____ **Date:** _____

ENGLISH

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

(specify language)

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

(specify language)

3. What is the language the student first acquired? _____

(specify language)

4. In which language do you prefer to receive written information from the school? _____

(specify language)

5. In which language do you prefer to receive oral information from the school? _____

(specify language)

ESPAÑOL (SPANISH)

1. ¿Cuál es idioma principal que se usa en casa, sin importar el idioma que habla el estudiante?

(especifique idioma)

2. ¿Cuál es idioma que habla con más frecuencia el estudiante? _____ (especifique idioma)

3. ¿Cuál es idioma que habla con adquirió el estudiante? _____ (especifique idioma)

4. ¿En qué idioma prefiere recibir informaciones escritas de la escuela? _____ (especifique idioma)

5. ¿En qué idioma prefiere recibir informaciones orales de la escuela? _____ (especifique idioma)

Tiếng Việt (VIETNAMESE)

1. Ngôn ngữ chính được sử dụng tại nhà là gì, bất kể ngôn ngữ mà học sinh nói? _____ (ghi rõ ngôn ngữ)

2. Ngôn ngữ được học sinh sử dụng nhiều nhất là gì? _____ (ghi rõ ngôn ngữ)
3. Ngôn ngữ đầu tiên học sinh học được là gì? _____ (ghi rõ ngôn ngữ)
4. Quý vị muốn nhận thông tin bằng văn bản từ trường bằng ngôn ngữ nào? _____ (ghi rõ ngôn ngữ)
5. Quý vị muốn nhận thông tin bằng lời nói từ trường bằng ngôn ngữ nào? _____ (ghi rõ ngôn ngữ)

The information on this form must be collected on all students who register in Danville Public Schools. All information must be collected from parents and guardians

in their native language if they are unable to read or speak in English. This form meets the requirements of the Equal Educational Opportunity Act 20 USC 1703 for

identification of national origin minority children.

This form must be signed and dated by the parent or guardian. It must be kept in the student's file. This form will be used only for determining whether the student

needs English Learner services and will not be used for immigration matters or reported to immigration authorities. 2021-2022

Chinese (中文)

1. 不论学生说什么语言，家庭使用的主要语言是什么？ _____ (指定语言)
2. 学生最常使用的语言是什么？ _____ (指定语言)
3. 学生首先学习哪种语言？ _____ (指定语言)
4. 您希望以哪种语言从学校获得书面信息？ _____ (指定语言)
5. 您希望以哪种语言从学校那里获得口头信息？ _____ (指定语言)

Arabic

1. ما اللغة الأساسية المستخدمة في المنزل، بغض النظر عن اللغة التي يتحدث بها الطالب. _____
(حدد اللغة)
2. ما اللغة التي يتحدث بها الطالب في أغلب الأحيان؟ _____
(حدد اللغة)
3. ما اللغة التي اكتسبها الطالب أو لا؟ _____

(حدد اللغة)

4. ما اللغة التي تفضل استخدامها في المعلومات المكتوبة التي تستلمها من المدرسة. _____

(حدد اللغة)

5. ما اللغة التي تفضل استخدامها في المعلومات الشفهية التي تستلمها من المدرسة. _____

(حدد اللغة)

Urdu

1. طالب علم کے ذریعہ بولی جانے والی زبان سے قطع نظر، گھر میں استعمال ہونے والی بنیادی زبان کیا ہے۔ _____

(زبان بیان کریں)

2. طالب علم کے ذریعہ زیادہ کثرت سے بولی جانے والی زبان کیا ہے۔ _____

(زبان بیان کریں)

3. (طلب علم نے سب سے پہلے کون سی زبان سیکھی؟) _____ زبان بیان کریں

4. آپ اسکول سے تحریری معلومات کس زبان میں حاصل کرنے کو ترجیح دیتے ہیں۔ _____

(زبان بیان کریں)

5. آپ اسکول سے زبانی معلومات کس زبان میں حاصل کرنے کو ترجیح دیتے ہیں۔ _____

(زبان بیان کریں)

The information on this form must be collected on all students who register in Danville Public Schools. All information must be collected from parents and guardians

in their native language if they are unable to read or speak in English. This form meets the requirements of the Equal Educational Opportunity Act 20 USC 1703 for

identification of national origin minority children.

This form must be signed and dated by the parent or guardian. It must be kept in the student's file. This form will be used only for determining whether the student

needs English Learner services and will not be used for immigration matters or reported to immigration authorities. 2021-2022

Discipline Affirmation/Registration Statement

Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration:

1. A sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. This document shall be maintained as a part of the student's scholastic record.

2. A sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated delinquent for any offense listed in subsection G of [§ 16.1-260](#) or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. This document shall be maintained as provided in [§ 22.1-288.2](#).

Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor. This registration document shall be maintained as part of the student's scholastic record. (Code Virginia [§ 22.1-3.2](#))

Please complete and check the choice below relevant to the student.

I affirm that:

(Print student's name)Last First Middle Grade

_____ HAS NOT

_____ HAS

been expelled from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date



DANVILLE Public Schools
Transportation Services



Please sign, date and return to your child's school immediately.

Bus Contract

FOR PARENT AND GUARDIAN OF ALL STUDENTS

I have read and understand the regulations for students riding the buses and I agree to comply with the regulations. I understand that the school bus is an extension of the school and classroom. Students choosing to follow unacceptable or unsafe behavior will face a temporary or permanent loss of bus riding privileges. All policies, rules, and regulations which apply to students in school also apply on the school bus. I understand that public school transportation is ***not a right, but a privilege*** which is provided to my child as long as the provided rules and regulations are followed.

SIGNATURE OF PARENT OR GUARDIAN

DATE

FOR STUDENTS

I have read and understand the regulations for students riding the school buses and agree, as a passenger, to abide by said rules and regulations. I understand that the school bus is an extension of the school and classroom. Students choosing to follow unacceptable or unsafe behavior will face a temporary or permanent loss of bus riding privileges. All policies, rules, and regulations which apply to students in school also apply on the school bus. I understand that public school transportation is ***not a right, but a privilege*** which is provided to my child as long as the provided rules and regulations are followed.

SIGNATURE OF STUDENT

SCHOOL

Student Race/Ethnicity Identification Form

Directions for Parent or Guardian:

Please complete the information below for your child. The information that you provide is protected by the Family Educational Rights and Privacy Act (FERPA). Danville Public Schools will not release information about your student without your express consent. The information that you provide will not impact your student's status and will not be used to check his or her immigration status.

Student's Name: _____ **Date of Birth:** _____

Both Part A and Part B must be answered to determine your child's Federal Race/Ethnicity Category

Part A: Is this student Hispanic/Latino? (Choose only one)

- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B: What is the student's race? (Choose one or more)

- ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa or Caribbean Islands, including Bahamas, Barbados, Haiti, Jamaica, Tobago, Trinidad, and West Indies.)
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

I verify the information on this form is accurate.

I refuse to identify the race and ethnicity of this student.

Signature, Parent/Guardian

Date

Signature, Parent/Guardian

Date

**Students with Special Dietary Needs
Diet Prescription**

Student's Name: _____

Age: _____

School: _____

Grade: _____

Disability/Life Threatening Food Allergy: _____

Or Medical Condition/Food Allergy: _____

Diet Prescription (Check all that apply):

- ☐ **Diabetic**
- ☐ **Allergy - Omit Food**
- ☐ **Altered calorie needs - Amount:** _____
- ☐ **Texture Modification - Type:** _____
- ☐ **Other:** _____

Notes:

Physician/Licensed Health Professional Signature

Date

Physician/Licensed Health Professional Name (print)

Parent/Guardian Signature

Date

NON-PRESCRIPTION MEDICATION FORM

Name of Student: _____ **School Year:** _____

School: _____

Address: _____ **Zip Code:** _____

Name of Non-prescription Medicine: _____

Present Condition: _____

Dosage: _____

Possible Side Effects of Which the Teacher Should be Aware: _____

I request that the school permit the above medication to be taken by my child for no more than five consecutive days. The medicine must be in the original container and delivered to the principal or school nurse by the parent.

Parent/Guardian Signature

Date

Home Phone Number

Work Phone Number

PRESCRIPTION MEDICATION FORM

Name of Student: _____

School Year: _____

School: _____

Address: _____

Zip Code: _____

Physician to Complete

Name of Medication: _____

Condition Prescribed for: _____

Dosage: _____

Possible Side Effect of Which School Personnel Should Be Aware: _____

Date of Order: _____

Duration of Order: _____

Physician/Licensed Health Professional Signature

Date

Physician/Licensed Health Professional Name (print)

Physician's Phone Number

Parent/Guardian to Complete

I request that the school permit the above medication to be taken by my child as ordered by the physician. The medicine is to be furnished by me in the bottle supplied by the drug store with the label intact.

Parent/Guardian Signature

Date

Home Phone Number

Work Phone Number

SCHOOL HEALTH/EMERGENCY INFORMATION

2023-2024

(return to school nurse)

Name of Student _____ **Date of Birth** _____
(Last) (First) (MI)

Address _____

Home Phone _____ **Cell Phone** _____

Mother's Name _____ **Cell Phone** _____

Employed By _____ **Hours** _____ **Work Phone** _____

Father's Name _____ **Cell Phone** _____

Employed By _____ **Hours** _____ **Work Phone** _____

Emergency Contact Name(s)	Phone Number
_____	_____
_____	_____
_____	_____

HEALTH INFORMATION

Student's Doctor/Clinic _____ **Phone** _____

Any physical condition or diagnosis requiring medical attention? (Diabetes, Asthma, Heart Condition, Seizures, ADHD)

No _____ **Yes** _____ **Diagnosis** _____

Any known allergies? (Food, Drug, Bee Sting, Other)

No _____ **Yes** _____ **Allergy** _____

*****Does your child have allergies to any antibiotics?** _____

Does your child take medication or have medical treatments on a continuing basis?

No _____ **Yes** _____ **If yes, please specify** _____

INSURANCE

No _____ **Yes** _____ **Provider** _____ **Policy/ID No.** _____

PARENT INFORMATION

1. I understand it is my responsibility to keep the school informed of any changes in contact information, especially in the event my child becomes ill or injured at school.
2. School authorities have my permission to secure necessary aid and transportation for the preservation of my child's health in the event of an emergency.
3. I give my permission for _____ to apply antibiotic ointment as needed for first aid treatment.
(Name of School)

Parent/Guardian Signature

Date

PARENTAL CONSENT FOR BILLING PUBLIC INSURANCE

For Medicaid, Medicaid Expansion
or FAMIS (Family Access to Medical Insurance Securities) Insured only

Consent to Release Information:

I consent for _____ (LEA) to release information from my child's education record about my child's participation in services from 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 and evaluations for these services.

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. 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.

- ☐ I give consent for claims to be submitted to the Virginia Department of Medical Assistance Services (DMAS), as described above.
- ☐ I do not give consent for the school system to access my child's Medicaid or FAMIS coverage.

Child's Name _____

Begin Date _____

Parent/Guardian Signature _____

Date _____

Family Educational Rights and Privacy Act (FERPA) Information Disclosure Consent

Name of Student

Date of Birth

Student ID

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records and requires the consent of the parent/guardian prior to the disclosure of personally identifiable student records unless the disclosure is specifically authorized by one or more provisions of FERPA. If the student is aged 18 or older or is attending a postsecondary school, the student should complete this consent form instead of the parent/guardian. Please visit <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> for additional information regarding the exceptions under FERPA which authorize school divisions to release student records and information to certain parties under specified conditions without prior written consent.

DPS organizes the student educational record into the categories set forth in the following list. If you wish DPS to provide access to the student's entire student educational record to the person or organization you identify below, please select "All of the Above." If you wish to provide access to only certain portions of the student's student educational record, please select any of the specific categories listed above that choice and the disclosure will be limited only to records in the category or categories selected. If you wish to specify a record or records that are not listed in the categories provided, please select the "Other" option and clearly identify the record or records you wish to be disclosed.

- | | |
|---|---|
| <ul style="list-style-type: none"> ● Cumulative ● Transcript Only ● Test Scores ● Attendance Records Only ● Clinic/Health ● Behavior/Discipline | <ul style="list-style-type: none"> ● Gifted Education ● Special Education/Intervention ● English Language Learner ● Other: (please specify) _____ ● All of the above |
|---|---|

Please list any persons or organizations to whom you grant permission for DPS to disclose the records you have selected above. If you wish to authorize additional disclosures, you may submit additional forms.

Name	Phone	Email	Purpose

By signing this document, I am confirming: (1) that I am authorized to provide consent to disclosure the student's records because I am the student's parent or legal guardian or because I am the student and I am aged 18 or older or I am attending a postsecondary school; (2) that I am giving my consent for DPS to disclose the student records I have identified above to the persons or organizations I have identified above. I understand that by granting this consent, I am also authorizing DPS to discuss the contents of these records with the persons or organizations I have identified; (3) that this consent will continue unless or until I notify the DPS in writing that I revoke my consent. I also understand that I may revoke my consent at any time; and (4) I acknowledge the retention/disposition notice highlighted below.

Parent/Guardian or Eligible Student Signature (required)

Date

Opt-Out of Release of Directory Information to the Public (optional)

Under federal law, certain information in a student's scholastic record is classified as directory information. Items designated as directory information are set out by the School Board Policy JO "Student Records". As the parent/guardian or eligible student, you have the right to choose whether your student's directory information can be released to the public or not. Selecting to opt-out of any release of your directory information in Parts A, B, and C below will only be for the school year in which this Opt-Out Form is signed. If your student graduates or withdraws during the school year in which this form is signed, Danville Public Schools will continue to honor the last opt-out selection you made while your student was still enrolled in DPS unless you notify the Division that your opt-out decision is rescinded.

A parent/guardian or eligible student who wishes to prevent disclosure of directory information to the entities listed below may instruct their student's school in writing by completing this form and returning it to the student's school within 30 days of receipt.

Upon receipt of this request, please do not release such directory information on:

_____ (Print student's name)	_____ Last	_____ First	_____ Middle	_____ Grade
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A. Please sign below only if you **do not** wish for your student's directory information to be released to higher education institutions and scholarship providers.

Parent/Guardian Signature

Date

If you desire to make an exception to the above opt-out selection, please list the organization(s) to which the school or DPS may release your student's directory information:

B. Please sign below if you **do not** wish for your student's name, address, and telephone listing to be released to military recruiters.

Parent/Guardian Signature

Date

Your signature means that student's information will not be released to any military recruiter without your prior written parental consent.

C. Please sign below if you **do not** wish for any photographs or videos of your student to be released to external organizations.

Parent/Guardian Signature

Date

If you desire to make an exception to the above opt-out selection, please list the organization(s) to which the school or DPS may release any photograph(s) or video of your student:

Acceptable Computer System Use Acknowledgment Form

Part I: Instructions

1. Please read all the information below.
2. Complete the applicable sections and sign the form.
3. This form will be maintained on file with the students' school.

Part II: Acceptable Computer System Use

Computer System Use-Terms and Conditions:

1. **Acceptable Use:** Access to the Division's computer system shall be (1) for the purposes of education or research and be consistent with the educational objectives of the Division or (2) for legitimate school business.
2. **Privilege:** The use of the Division's computer system is a privilege, not a right.
3. **Unacceptable Use:** Each user is responsible for his or her actions on the computer system. Prohibited conduct includes but is not limited to:
 - using the network for any illegal or unauthorized activity, including violation of copyright or contracts, or transmitting any material in violation of any federal, state, or local law.
 - sending, receiving, viewing, or downloading illegal material via the computer system.
 - unauthorized downloading of software.
 - using the computer system for private financial or commercial purposes.
 - wastefully using resources, such as file space.
 - gaining unauthorized access to resources or entities.
 - posting material created by another without his or her consent.
 - submitting, posting, publishing, or displaying any obscene, profane, threatening, illegal, or other inappropriate material.
 - using the computer system while access privileges are suspended or revoked.
 - vandalizing the computer system, including destroying data by creating or spreading viruses or by other means.
 - intimidating, harassing, bullying, or coercing others.
 - threatening illegal or immoral acts.
4. **Network Etiquette:** Each user is expected to abide by generally accepted rules of etiquette, including the following:
 - be polite.
 - users shall not forge, intercept or interfere with electronic mail messages.
 - use appropriate language. The use of obscene, lewd, profane, threatening, or disrespectful language is prohibited.
 - users shall not post personal information other than directory information as defined in Policy JO Student Records about themselves or others.
 - users shall respect the computer system's resource limits.
 - users shall not post chain letters or download large files.
 - users shall not use the computer system to disrupt others.
 - users shall not modify or delete data owned by others.
5. **Liability:** The School Board makes no warranties for the computer system it provides. The School Board shall not be responsible for any damages to the user from the use of the computer system, including loss of data, non-delivery or missed delivery of information, or service interruptions. The School Division denies any responsibility for the accuracy or quality of information obtained through the

computer system. The user agrees to indemnify the School Board for any losses, costs, or damages incurred by the School Board relating to or arising out of any violation of these procedures.

6. **Security:** Computer system security is a high priority for the school division. If any user identifies a security problem, the user shall notify the building principal or system administrator immediately. All users shall keep their passwords confidential and shall follow computer virus protection procedures.
7. **Vandalism:** Intentional destruction of or interference with any part of the computer system through creating or downloading computer viruses or by any other means is prohibited. The user agrees to indemnify the School Board for any losses, costs, or damages incurred by the School Board relating to or arising out of any violation of these procedures.
8. **Charges:** The School Division assumes no responsibility for any unauthorized charges or fees as a result of using the computer system, including telephone, data, or long-distance charges.
9. **Electronic Mail:** The School Division's electronic mail system is owned and controlled by the School Division. The School Division may provide electronic mail to aid students and staff in fulfilling their duties and as an education tool. Electronic mail is not private. Students' electronic mail will be monitored. The electronic mail of staff may be monitored and accessed by the School Division. All electronic mail may be archived. Unauthorized access to an electronic mail account by any student or employee is prohibited. Users may be held responsible and personally liable for the content of any electronic message they create or that is created under their account or password. Downloading any file attached to an electronic message is prohibited unless the user is certain of that message's authenticity and the nature of the file.
10. **Enforcement:** Software will be installed on the division's computers having Internet access to filter or block internet access through such computers to child pornography and obscenity. The online activities of users may also be monitored manually. Any violation of these regulations shall result in loss of computer system privileges and may also result in appropriate disciplinary action, as determined by School Board policy, or legal action.

Part III: User Acknowledgement and Signature

I, the undersigned, acknowledge and understand what is considered acceptable and unacceptable use of computer systems. I understand and agree that this acceptable use form applies to any and all computer systems/data I have been granted access to and they are considered CONFIDENTIAL. Under no circumstances will such information available to me be disclosed by me, unless required in the performance of my duties. I understand that failure to comply with these requirements and unauthorized use of information systems can result in disciplinary penalties as severe as termination and/or criminal prosecution.

Printed Student Name: _____

Students Signature: _____

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Chromebook Care Commitment (Student)

Student Responsibilities

You are being provided a Chromebook and charger as an important tool to enhance your learning opportunities. It is very important that you care for your device and bring it to school, fully charged, when school is in session. In accepting this device you agree that you will:

- Abide by the DPS Acceptable Use Policy
- Be responsible in accessing internet content that is appropriate for learning
- Use only your DPS provided account (@mail.dps.k12.va.us) to login to your device
- Not remove the affixed DPS asset tag or service tag
- Protect the device, allowing for reasonable wear and tear. Keep the device away from extreme temperatures, liquids, etc.
- Not attempt to alter or change the configuration of software/hardware nor remove any programs, media, or web history
- Return the device when requested by school or IT staff
- Not personalize or decorate their device in any permanent way (removable stickers are OK)
- Remove any temporary personalization/decorations prior to return.

Parent/Guardian Responsibilities

Your student's DPS provided Chromebook is filtered and monitored for content even when not on the DPS network. Even so, you bear a joint responsibility in ensuring that your student is using his or her device in an appropriate manner.

Student Code of Conduct

Violation of the Acceptable Use Policy or intentional/repeated damage to your Chromebook is a violation of the Student Code of Conduct and will be treated as such. While we understand the importance of this tool to your education, if you intentionally or repeatedly damage your device, it may not be replaced.

Device Recovery

While we understand that occasionally, devices are lost or stolen, we will make every effort to recover the device assigned to you. Each device is assigned to a student using an Asset Management System. Each device also provides specific tracking information when connected to the internet including; the username/email address of the person signed in, IP address, and SSID of the Wi-Fi network it is connected to. In the event of loss or theft, we will share this information with our security team and law enforcement in an attempt to recover.

Student Name & Signature: _____

Parent/Guardian Name & Signature: _____

Date: _____

DANVILLE PUBLIC SCHOOLS REGISTRATION FORM 2023-2024

SCHOOL NAME _____

GRADE _____

Student's Legal Name: _____
Legal Last Name Legal First Name Legal Middle Name

Home/Street Address: _____ **Zip** _____

(if you are a current returning student and your address has changed since last year, you must submit a new Residency Questionnaire form)

Birth Date: _____ **Current Grade** _____ **Gender:** ☐ Male ☐ Female ☐ Non-binary **Last Grade COMPLETED:** _____

Are you Hispanic/Latino? (Choose only one) ☐ No, not Hispanic/Latino ☐ Yes, Hispanic/Latino

What is your race? (Choose one or more) ☐ American Indian ☐ Alaska Native ☐ Asian ☐ Black or African American

☐ Hawaiian or Other Pacific Islander ☐ White

Ethnic Code (Choose One) ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Multi-racial ☐ Other

Telephone Number for Power Announcements/Emergency Contact _____

Student lives with:

Name(s) _____

Relationship to Student: ☐ Mother & Father ☐ Mother & Stepfather ☐ Mother Only ☐ Legal Guardian
☐ Father & Stepmother ☐ Father Only ☐ Other: _____

School-Age siblings:

Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____

Does your child have an ☐ IEP ☐ 504 Plan? ☐ Yes ☐ No Is your child in the Academically Gifted Program? Yes ☐ No ☐

Does your child have any health problems? ☐ Yes ☐ No If yes, please specify: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian: Name _____ **Relationship to Child:** ☐ Mother ☐ Step-Mother ☐ Grandmother ☐ Legal Guardian

Home Telephone _____ **Cell phone** _____ **Home Address** _____

Employer _____ **Work Address** _____ **Work Telephone** _____

Father/Guardian: Name _____ Relationship to Child: ☐ Father ☐ Step-Father ☐ Grandfather ☐ Legal Guardian
Home Telephone _____ Cell phone _____ Home Address _____
Employer _____ Work Address _____ Work Telephone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: If we cannot reach the parent, we should call: Name _____ Relationship to Student _____
Phone number _____
If the above person cannot be reached, please call: Name _____ Relationship to Student _____
Phone number _____

CHILD PICK-UP INFORMATION

Please list anyone who has permission to check out your child from school: This person must have a valid driver's license. _____

Is anyone **denied** contact with your child due to court restraints? If yes, please **identify and provide** court documentation: _____

Permission to Communicate via Email

Student: _____ Parent/Guardian _____
Parent/Guardian Email _____

For Office Use Only:

_____ RECORDS REQUESTED FROM PREVIOUS SCHOOL Initial & Date Request sent _____
_____ COPY OF ORIGINAL BIRTH CERTIFICATE (initial & date copy)
_____ COPY OF IMMUNIZATION RECORDS
_____ SCHOOL ENTRANCE HEALTH FORM
_____ HOME LANGUAGE SURVEY
_____ PROOF OF GUARDIANSHIP (if applicable)
_____ PROOF OF RESIDENCE
_____ BUS CONTRACT
_____ DISCIPLINE AFFIRMATION STATEMENT



Entry of Transfer for Special Education Student

This section is to be completed by the parent or guardian:

My son/daughter, _____, was enrolled in a special education program at the school he/she last attended in the city and state of _____.

I, give **do not give** consent that he/she continues in the program as described in his/her IEP for students with _____ (e.g. SLD, OHI, ID, etc.) while in the Danville Public Schools until appropriate reports are received and reviewed.

I have been assured that the records of my son/daughter will be maintained in a confidential manner. I have received a copy of Parental Rights and Procedural Safeguards.

Parent(s)/Surrogate/Guardian or Eligible Student

Date

This section to be completed by the principal:

Name of school last attended: _____

Address: _____

Telephone: _____ Fax: _____

Name of Informant (Previous school official verifying information): _____

It was stated by the informant on ____/____/____ that a current IEP/504 dated from ____/____/____ to ____/____/____ has been developed for the above named student, indicating the following disability.

- | | | |
|-----------------------------|----------------------------------|----------------------------|
| () Autism | () Multiple Disabilities | () Traumatic Brain Injury |
| () Developmental Delay | () Orthopedic Impairments | () Visual Impairment |
| () Emotional Disability | () Other Health Impairments | () 504 Disability |
| () Hearing Impairment | () Specific Learning Disability | |
| () Intellectual Disability | () Speech/Language Disability | |

DANVILLE



Public Schools
Innovative Learning Community

The IEP specifies provision of special education services and related services to children with disabilities for: () **Level I** 49% or less of the instrumental day OR () **Level II** 50% or more of the instructional day.

The date of the most recent Eligibility Committee Meeting: _____

Principal's Signature _____ Date _____

Please forward this completed form immediately to the assigned EC Teacher and forward a copy to Sharon Bohannon at the SBO. Coordinator of Special Education Services.

Person contacted at the OEC: _____ Date _____

(EC) Teacher/504 Coordinator: _____ Date received _____

Updated- 10/2020