Dear Parents:

We welcome you and your child to the New Kent County Public School System. In order to make the transition smoother, we would appreciate your cooperation by completing the attached forms. Regulations for official admission to New Kent County Public Schools are as follows:

1. Birth Certificate, naturalization certificate, or visa must be provided at the time of registration.
2. Social security number must be provided at the time of registration (where applicable).
3. Immunization records must be presented at the time of registration and must comply with current Virginia Department of Health guidelines. These guidelines may be found at http://www.vdh.virginia.gov/Epidemiology/Immunization/requirements.htm. They are also available on the Virginia Department of Education’s website, and are listed on the Virginia School Health Entrance Form.
4. If you are a separated or divorced parent, you must provide proof of custody at the time of registration.
5. Residency must be verified at the time of registration. An acceptable proof of residency is a copy of a voter registration card, utility bill, rental agreement, or a copy of a contract for the purchase of a home.
6. Transfer students must be officially withdrawn from their previous school and provide proof of withdrawal and, if possible, a copy of their last report card.
7. Students transferring from Virginia schools may be enrolled prior to the receipt of medical records, provided the receiving school can verify that appropriate records exist and will be sent by the previous school within thirty (30) days.
8. Students transferring from out of state schools must present, at the time of registration, a copy of their immunization records. A current physical is also required and must be submitted within thirty (30) days of enrollment. If you have problems obtaining a physical, New Kent County Schools will provide information on obtaining one.

Failure to provide any of the information listed above within the prescribed time periods will result in removal of the student from school rolls.

We look forward to a successful partnership in education as you join the New Kent Community. If you have any questions or concerns, please feel free to share them with your child’s teacher, principal, or with the School Board Office.

Sincerely,

David A. Myers, Ph.D.
Superintendent

Revised 07/01/14
REGISTRATION FORM

School Year ___________ School ___________________________ Grade _____

Full Legal Name ___________________________________________ Nickname ___________

Mailing Address ___________________________________________ City ___________ Zip ______

Physical Address ___________________________________________ City ___________ Zip ______

Home Phone# ___________________________ Social Security Number __________________

Date of Birth ___________ Place of Birth ___________________________ Gender ______

(Office use only) Birth Certificate # ___________________________ State ___________

Is student a resident of New Kent County? Yes ___ No ___ If no, what county? ___________

Bus # (If known) ___________

Caution: A student may attend a public school in New Kent County only if he/she is living in New Kent County with a natural parent, a person having legal custody by court order, or a court-appointed guardian. The student must carry on the normal activities of daily living at the residence of that person (i.e., eating, sleeping, etc.) The student’s legal relationship to the person(s) listed must be accurately stated.

With whom does the student reside? (Circle one) Natural Parent(s) Guardian Foster Parents

If residing with parents who are divorced or separated, who has legal custody? ___________

If residing in a foster home, please list the name of the locality or agency which has placed the student. ___________

1. Parent/Guardian (circle one) Mother Stepmother Grandmother Guardian

Name ___________________________________________

Address (if different from student) ___________________________________________

Home Phone # ___________________________ Work Phone # ___________________________

Cell Phone # ___________________________ Place of Employment ___________________________

E-mail address ___________________________ Occupation ___________________________

Revised 07/01/14
2. Parent/Guardian (circle one) Father  Stepfather  Grandfather  Guardian
Name ___________________________________________________________
Address (if different from student) ______________________________________
Home Phone # __________________ Work Phone # ___________________________
Cell Phone # _______________ Place of Employment __________________________
E-mail address __________________ Occupation ____________________________

Has student previously attended any New Kent County school(s)? Yes ____ No ____
If yes, please list grade level(s) ______
Please list the most recent school the student has attended.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City/State</th>
<th>Dates of Attendance</th>
</tr>
</thead>
</table>

Please answer BOTH parts (1) and (2) by checking the boxes that describe your son or daughter best:

(1) What is the student’s ethnicity? (Choose only one)
- Hispanic/Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
- Not Hispanic/Latino

No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your son or daughter’s race to be:

(2) 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.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
REGISTRATION FORM

Please list all individuals residing in the same household who attend New Kent County Public Schools.

Name __________________________  Grade ___  School __________________

Name __________________________  Grade ___  School __________________

Name __________________________  Grade ___  School __________________

NEW KENT COUNTY PUBLIC SCHOOLS RESERVES THE RIGHT TO EXCLUDE ANY STUDENT IF FALSE INFORMATION IS KNOWINGLY GIVEN ON A FORM USED FOR SCHOOL REGISTRATION OR PLACEMENT IN THE COUNTY SCHOOL PROGRAM.

Parent/Guardian Signature __________________________ Date ______________

EMERGENCY INFORMATION

Please list someone other than student’s parents who can be contacted in case of emergency when parents cannot be reached.

Emergency Contact ________________________________________________

Relationship to Student __________________________ Phone # ______________

Physician Name __________________________ Telephone # ______________

Please note: A separate form is included in your registration packet for use in the school clinic.

Elementary School-aged Students Only

Please indicate what type of pre-kindergarten learning experience your child has gained.

_____ Headstart   _____ Title I Pre-K   _____ VA Preschool Initiative

_____ Private Provider   _____ Licensed Family Home Daycare Provider

_____ Special Education Facility   _____ No formal instructional PK program

_____ Other ______________________________________________________

Please indicate the number of hours weekly if in any type of pre-K program.

_____ 0-14 hours   _____ 15-29 hours   _____ 30 or more hours

FOR OFFICE USE ONLY

ELL Home Language Screening:
Is English the student’s only or primary language? ______
If no, refer to guidance department for ELL Survey.
RELEASE OF INFORMATION

The student listed below has enrolled in the New Kent County Public School System. Please release the information indicated within the prescribed (5) days from receipt of this request.

Student Name ___________________________ Date of Birth ___________________________

_____ Transcript
_____ Standardized Test Scores
_____ SOL Scores (Virginia Schools Only)
_____ State Test ID Number (Virginia Schools Only)
_____ Medical Information including immunizations (Note: immunizations should include month/day/year)
_____ Current physical (signed by physician or health department)
_____ Current year grades (please include date of last marking period)
_____ Grade Distribution (please include list of any weighted courses and weight scale)
_____ Discipline Records
_____ Category II Records (please include IEP and all components or other pertinent information)

According to the Virginia Department of Education Management of Student’s Scholastic Record (VR270-01-0014, Section VII, 8.2), “a LEA may disclose upon Student transfer, information from scholastic records to another LEA without Parent consent, unless prohibited by other applicable law.”

I hereby authorize ___________________________ to release the information indicated above. ___________________________ (Name of School)

_________________________________________ ___________________________
Signature of Parent/Guardian Date

Please send the information to the appropriate school address listed below.

Secondary Schools

New Kent High School
ATTN: Records Clerk
7365 Egypt Road
New Kent, VA 23124

New Kent Middle School
ATTN: Records Clerk
7501 Egypt Road
New Kent, VA 23124

Elementary Schools

New Kent Elementary School
ATTN: Records Clerk
11705 New Kent Highway
New Kent, VA 23124

G.W. Watkins Elementary School
ATTN: Records Clerk
6501 New Kent Hwy.
Quinton, VA 23141

Revised 07/01/14
EVIDENCE OF RESIDENCY

On this day, _________________________________, parent/legal guardian produced the following evidence of residency in New Kent County.

☐ Voter Registration Card
☐ Utility Bill
☐ Copy of Rental Agreement
☐ Copy of Contract for Purchase of Home

_________________________________________
Signature of School Official

_________________________________________
Date

Names/Grades of all Children Enrolled in the New Kent County School Division

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Grade</th>
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</tbody>
</table>

Revised 07/01/14
TRANSPORTATION DEPARTMENT
STUDENT INFORMATION SHEET

Student’s Name

Last ____________ First ____________ Middle ____________

School ____________________________ Grade ____________

Physical address where the student is to be picked up in the AM

___________________________________

Physical address where the student is to be dropped off in the PM

___________________________________

Date student is to start riding the bus ____________________________

Parent’s Name ________________________

Address ______________________________

Phone ________________________________

Name and telephone number of childcare provider (if any) ________________________________

For School Personnel Use Only
This student is assigned to Bus # ____________

Revised 07/01/14
AFFIRMATION OF PRIOR ENROLLMENT

Virginia law requires that, prior to admission to any public school in the Commonwealth, the School Board shall require the parent, guardian, or other persons having control or charge of a child of school age to provide, upon registration, a sworn statement of affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division in the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty, upon conviction, of a Class 3 Misdemeanor. The registration document shall be maintained as a part of the student’s scholastic record. (Code of Virginia 22.1-3-2)

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW

I, ____________________________, affirm that
has not been expelled from school attendance at a private school or public school in Virginia or another state for any offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person.

Parent, Guardian, or Person Responsible for Student  Date

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

Parent, Guardian, or Person Responsible for Student  Date

Revised 07/01/14
POLICY FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Whenever possible, the parent or guardian should make arrangements so that medication can be administered at home, before or after school. However, there may be circumstances when it is necessary for a student to take medication during school hours. If this is necessary, the following will apply:

1. Medications are administered by or under the supervision of the Registered Professional School Nurse. The Registered Professional School Nurse is licensed by the Commonwealth of Virginia and practices under the 
   Nurse Practice Act of Virginia. The Nurse Practice Act specifically states that medications (prescription or non-prescription) may be administered only if they have been prescribed by a legal licensed practitioner (i.e., physician, dentist, nurse practitioner). For this reason, a medication permission form, signed by the licensed 
   practitioner, is required for all medications administered at school along with written permission from the 
   parent or guardian.

2. If your child has a chronic condition (i.e., headaches, menstrual cramps, orthodontic appliances, seasonal 
   allergies) for which he/she usually takes over-the-counter (OTC) medication (i.e., Tylenol, Advil, Benadryl, 
   etc.), the medication permission form can be obtained from the licensed practitioner prior to the beginning of 
   each school year. The form can be mailed to the practitioner’s office, along with a self-addressed, stamped 
   envelope. The form can then be returned to you in the envelope. The completed form should then be brought 
   to school along with the medication in its original container with proper labeling. No medication will be 
   accepted in baggies, envelopes, tissues or plastic wrap.

3. Parents also have the option of having their licensed practitioner fax the medication permission to the school 
   nurse at the appropriate school. Please notify the school nurse when you are sending a fax related to your 
   child’s medications. Telephone numbers for schools are as follows: New Kent Elementary School (formerly 
   New Kent Primary School) - 966-9663, G. W. Watkins Elementary School - 966-9660, New Kent Middle 
   School - 966-9655, and New Kent High School - 966-9671.

4. For prescription medicines, please ask the licensed practitioner to request two (2) bottles on the prescription 
   order form (one for the home and one for the school). This will provide both the parent/guardian and the 
   school with properly labeled containers needed to safely dispense medications.

5. Students who have asthma and are prescribed inhalers should request the licensed practitioner order two (2) 
   inhalers on the prescription—one to remain at home and one to remain at school at all times. This will 
   prevent the inhaler not being readily available when needed at school.

6. Please be sure to read your child’s student handbook carefully. It contains information regarding the 
   possession of medications (prescription or non-prescription) without written permission of the 
   parent/guardian and licensed medical practitioner. Students found in possession of unauthorized medications 
   are subject to disciplinary actions.

If you have any questions regarding New Kent County Schools’ medication administration policy, please feel free 
   to contact your child’s school nurse. Medication permission forms can be obtained in all school clinics.

Please see Policy JHCD and Regulation JHCD-R for additional information.
MEDICAL INFORMATION – CLINIC RECORD

Student’s Name __________________________________________ Date of Birth _______________________
Mailing Address ____________________________________________________________________________
Home Telephone # __________________________________________ Grade _______________________

Medical History

☐ Allergies (seasonal) ☐ Hypertension (high blood pressure)
☐ Allergies (food) ☐ Psychiatric Disorder
☐ Allergic Reaction-Bee Sting (Severe) ☐ ADD/ADHD
☐ Allergic Reaction-Bee Sting (Local Reaction) ☐ Cardiac Problems
☐ Asthma ☐ Hearing Impairment
☐ Diabetes ☐ Seizure Disorder
☐ Ear Infections ☐ Other

Medications taken daily __________________________________________
Reason for medication __________________________________________
Special medical instructions __________________________________________
Please list any health concerns __________________________________________

***REMINDER: No medication will be given unless provided by the parent in a properly labeled original container accompanied by a prescription form signed by both parent and physician or health care provider.

If you do not have health insurance on your child and are interested in obtaining information please check here. ☐

Physician name __________________________ Telephone # __________________
Preferred hospital name __________________________

I give permission to contact the physician or health care provider regarding my child’s medical history or treatment _____ Yes _____ No

In case of emergency, permission is given to transport my child to the doctor or hospital by car or rescue squad _____ Yes _____ No

Signature of parent/guardian __________________________________________ Date ________________

Revised 07/01/14
PERMISSION FOR ENROLLMENT OF SPECIAL TRANSFER STUDENT AND I.E.P. PLACEMENT

Student’s Full Legal Name (no nicknames) __________________________________________
Date of Birth ___________________ Gender _______ Ethnicity _______ Grade _______
Student Social Security # _______________________________ STID # __________________
Receiving School _______________________________________________________________
Previous School ________________________________________________________________
Address of Previous School _______________________________________________________
City/County of Last School __________________ State/Zip ________________
Parent(s) Name ________________________________________________________________
Current Address ________________________________________________________________
Home Phone _______________ Work Phone _______________ Cell Phone ________________
Disability ____________________ Date of IEP __________________
Date of Last Eligibility _________________________________________________________

Students who transfer from any school division where they were eligible for Special Education Services, as indicated by a current IEP, are eligible to be enrolled in a comparable program at their new school. Your permission is needed to place your child in a Special Education Program within this division, according to guidelines of your child’s previous IEP or amendments developed by our IEP team.

Proposed Interim Placement ______________________________________________________

_____ I hereby request special consideration in providing an interim special education placement for my child while awaiting the records and eligibility decision.

_____ I hereby give permission for New Kent County Public Schools to place my child in a Special education Program as described in his/her last IEP with any modifications noted on the addendum form. My rights and responsibilities for my child’s educational program have been explained to me by the school division.

I understand that this interim placement will not exceed 65 days.

Parent/Guardian Signature ___________________________ Date ________________
Authorized School Official ___________________________ Date ________________

A COPY OF THIS FORM ALONG WITH THE STUDENT’S CURRENT IEP MUST BE SENT TO SPECIAL SERVICES.

Revised 07/01/14
Dear Parents,

On behalf of our School Board and our staff, I would like to extend my personal welcome to a new school year. We know that keeping parents informed and involved helps to assure student safety and improve student success and we are committed to providing parents with important information in a timely manner. It is for this purpose that our division utilizes a system called Blackboard Connect.

Blackboard Connect is a tool for notification and communication. As an emergency notification system, within minutes of an emergency school officials can use Blackboard Connect to deliver a single, clear message to students, parents or guardians by telephone, cell phone, e-mail, pager or PDA in any combination. For more routine, school-specific notification purposes, you may also receive notification by these same means based on your individual preferences.

Blackboard Connect is Internet based and allows each family to maintain a secure, password protected online profile. New Kent County Schools and Blackboard Connect will not sell, rent, loan, trade, or lease any personal information for anyone listed in the system. Both Blackboard Connect and New Kent County Schools will use the utmost care in protecting the privacy and security of your information. Included in this letter is an instruction sheet for accessing the system and managing your profile. You can log into your profile at any time to update your contact information. Maintaining the accuracy of your profile will increase the ability of the division to keep you informed. It is important that you understand that updating your profile in Blackboard Connect does not affect the division’s student records. You should always notify your child’s school of any important changes in contact information including changes in e-mail address, work phone or emergency contact information.

Initial information on your child will be uploaded from our student information system. This information includes the student’s legal name, grade and the home area code and telephone number currently on file in our database. The system is ready for your access at https://nkcps.bbcportal.com/. Please follow the instructions on the accompanying page to access your information. We encourage all of you to take advantage of this opportunity. In order to assist those who do not have Internet access in the home and those who need help with the initial contact list setup, please contact the main office at your child’s school.

Sincerely,

David A. Myers, Ph.D.
Superintendent

attachment
**NKCPS Blackboard Connect Portal**

In order to ensure efficient communication between the schools, parents, and staff regarding general announcements and emergencies, New Kent County Public Schools is utilizing a new program called Blackboard Connect. This will allow the schools to quickly send out messages via phone, email, and text messaging. One of the features of this system is the ability for you to identify which contact numbers and emails will be used to contact you via Blackboard Connect. All parents’ home phone numbers and emails are initially entered into the system by the schools. If you would like to adjust your personal settings, this guide will lead you through the steps of setting up your account and making adjustments to best meet your preferences. Our hope is that by providing this service we may strengthen the lines of communication between the schools and the New Kent Community. If you have any problems with your account, you may contact your child’s school secretary for assistance.

**Signing Up!**

1. Go to [https://nkcps.bbportal.com/](https://nkcps.bbportal.com/)
2. Click Sign Me Up!
3. Fill out the information in the given fields and click Continue.
4. A Confirmation email from noreply@blackboard.com will be sent to the email address you have provided. Click the link provided in the email to be redirected to a security page where you select and answer your security questions. These questions will be used in the event you forget your password.

**NOTE:** Your password must include at least 8 characters. You must include at least one number and one capital letter in your password. Spaces and special characters are not permitted.

**Logging In for the First Time**

1. Go to [https://nkcps.bbportal.com/](https://nkcps.bbportal.com/) and provide your email and password.
2. Provide the identification code (your child’s 5-digit student ID number).
3. Include information specific to your child (contact), such as home phone number or address that is on file with the school to associate your portal account to your Blackboard Connect Contact.
4. Once you have associated your portal account with your Blackboard Connect Contact, you will be redirected to your portal account.

- If you have any issues adding a contact to your account please contact your child’s school office to verify current contact data.

- For more details and the full Blackboard Connect manual go to [http://www.newkentschools.org](http://www.newkentschools.org)

Revised 07/01/14