

King's Fork High School Guidance Office

Registration

Student registration will be done by appointment only. Please contact the Guidance Office at 757-923-5240 to make an appointment. On the day of the appointment, please arrive 30 minutes early to complete the required paperwork if you have not already done so.

Only the custodial parent or guardian can enroll a student and the parent must be living in Suffolk. No other individual may enroll a student unless he or she has legal custody of the student.

The following documentation is required to be provided on the day of the appointment by the parent or guardian:

- An original birth certificate
- A transcript and withdrawal form from the previous school
- SOL scores if applicable (out of state testing, if applicable)
- Immunization records
- A copy of the student's IEP (Individualized Education Plan) or 504 Plan
- Court custody papers, if applicable

One of the following forms of documentation must also be provided for proof of residency:

- A signed lease in your name and a photo ID
- A current electric, gas or water bill in your name and a photo ID
- A home purchase contract signed by you and a licensed realtor with a closing date or anticipated closing date and a photo ID
- If living with a family member or friend for 30 days or more in the City of Suffolk and you consider this to be your nighttime residence, a driver's license with the new Suffolk address (ask for form PP-137)

Withdrawals

Parents withdrawing their students from King's Fork must contact Mrs. Harris, Guidance Secretary, at least two (2) days before the student's last day. This will allow her to collect grades and prepare the withdrawal documents. All books must be returned the day of withdrawal. Parent must provide their photo ID to withdraw a students.



STUDENT RECORD RELEASE

To the Guidance Department

Of _____

_____, has enrolled in the _____ grade.

Please send us the following information:

- _____ A complete Transcript.
- _____ Immunization and health records.
- _____ Graduation requirement (If Applicable).
- _____ Test data including Literacy Passport and SOL (If Applicable).
- _____ Interpretation of your marking system.
- _____ Record of grades during current year to date of withdrawal.
- _____ Attendance.
- _____ Psychological, sociological and educational evaluations, or any special educational placement and IEP or 504 Plan.
- _____ Driver education information.
- _____ Discipline (Including recommendation for expulsion or alternative settings).
- _____ Child study minutes or eligibility minutes.

Guidance Secretary/Guidance Counselor

Please forward the records to: Guidance Department

I hereby give permission for all school records of my child (named above) to be released to the school above where he/she is presently enrolled.

Date

Parent or Legal Guardian

Student's ID#: _____



Student Registration Form

Date: _____ School: _____

Student's Name: _____
(First) (Middle) (Last) (Generation)

Gender: (circle one) M F Date of Birth: _____ / _____ / _____ Current Grade: _____

Ethnic Code:

1. Is the student (or if you are the student- Are you) Hispanic/Latino? (choose only one)

_____ **No, not Hispanic or Latino**

_____ **Yes, Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

2. What is the student's (or if you are the student - what is your) 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.)

Country of Birth (If not the United States): _____

Last School Attended: _____

Student Lives With (circle one): Mother & Father Mother Only Father Only Guardian Foster Parent

Parent/Guardian Name(s): _____ Relationship: _____

Mailing Address: Apt. Number: _____ P. O. Box: _____

Lot (Street Number): _____ Street Name: _____

City: _____ State: _____ Zip Code: _____

Mother Place of Employment: _____ Work Phone #: _____ Ext.: _____

Father Place of Employment: _____ Work Phone #: _____ Ext.: _____

Mother E-mail: _____ Father E-mail: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Home Phone: _____ Home Phone: _____

Emergency Contact Information (Other than Immediate Family):

Name: _____ Work Phone #: _____ Ext.: _____

Cell Phone: _____ Pager: _____

Home Phone: _____

Other Contact Information (Other than Immediate Family):

Name: _____

Work Phone #: _____ Ext.: _____

Cell Phone _____

Pager _____

Home Phone: _____

Medical:

Physician: _____

Phone #: _____ Ext.: _____

Preferred Hospital: _____

Medical Alerts (Allergies/Med Conditions): 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Date of Last Physical _____

Is This Student Considered To Be: Homeless _____ Migrant _____ Immigrant _____ Refugee _____

Handbook: I choose to receive a paper copy of the student handbook.

I choose to receive an electronic copy of the student handbook.

I certify this information to be true: _____

Parent's/Guardian's Signature

Date

For School Use Only

Student Identification #: _____

Birth Certificate #: _____ Physical Completed & Submitted: Yes No

Special Services Survey Completed and Submitted: Yes No Media Opt Out Form: Yes No

Internet Permission: Yes No Family Life Opt Out: Yes No

Immunizations: Diphtheria _____ Polio _____ Mumps _____ Measles _____ Rubella _____ Tdap _____

Entry Code: _____ Homeroom Assignment: _____



School Discipline Affirmation Form

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, 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. 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 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.

Parent, Guardian or person having control or charge of child.

Date

I, _____, affirm that _____ 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 relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Parent, Guardian or person having control or charge of child.

Date



SPECIAL SERVICES SURVEY

Student's Name: _____ Grade: _____

Last School Attended: _____

Address: _____

Circle one per question.

Circle one per question.

- Yes No Has your child ever attended Suffolk Public Schools? If yes, please list the name of the school and dates attended:
- Yes No Has your child ever received special education services? If yes, please circle: LD, EMR, ED, Speech, Hearing, Vision, Other. If other, please state:
- Yes No Has your child ever been enrolled in any gifted and talented classes? List the type of gifted class: _____
- Yes No Has your child ever had or does he/she currently have a 504 plan?
- Yes No Has your child ever repeated a grade? If so, which one(s)?
- Yes No Are there any court orders (custody papers, protective orders, criminal petitions, etc.) involving this child? If so, please provide us a copy.
- Yes No Are you the custodial parent or the legal guardian of this child?

Please note any additional information that would enable us to work with your child more effectively:

Parent's Signature _____

Date _____

Revised 5/17

Suffolk Public Schools Military Connected Families

Virginia School Divisions are required to identify students who are military dependents. Select the code below that best identifies your student, and return this form to your child's school. If you are not active duty military or reserve no action is necessary.

A form is required for **each** student who is a dependent of a service member.

Student's Name: _____ Building: _____
first, middle, last

Grade: _____ Date of Birth: _____

Select Code	Description of Code
____ NONE (1)	Student is not military connected
____ Active Duty(2)	Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, or, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services)
____ Reserve (3)	Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
____ National Guard (4)	Student is a dependent of a member of the Active Duty or Reserve Forces of the National Guard

Parent/Guardian Signature

Date



EMERGENCY INFORMATION CARD

Bus Route # _____

School _____

Homeroom # _____

If any information included on this card is different from last year, please check this box. PLEASE COMPLETE ALL SECTIONS OF THIS FORM

1. STUDENT INFORMATION (Please Print All Information)

Name _____ Last _____ First _____ Middle _____ Birth date _____

Address _____ Home tel. # _____

2. PARENT/GUARDIAN INFORMATION

Mother's/Guardian's name _____ Home tel. # _____

Work tel. # (with extension) _____ Cell tel. # _____ E-mail _____

Father's/Guardian's name _____ Home tel. # _____

Work tel. # (with extension) _____ Cell tel. # _____ E-mail _____

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are court orders restricting noncustodial parents or others from contact with child. Provide principal with a copy of the order.

3. LOCAL CONTACT INFORMATION

Those designated below are authorized to pick up my child from school in case of an accident, illness or an emergency.

1. Local contact's name _____ Relationship to child _____

Home tel. # _____ Work tel. # (with extension) _____

Cell tel. # _____ E-mail _____

2. Local contact's name _____ Relationship to child _____

Home tel. # _____ Work tel. # (with extension) _____

Cell tel. # _____ E-mail _____

COMPLETE SECTION BELOW

4. MEDICAL/PHYSICIAN INFORMATION

List student's known allergies and medical conditions _____

Doctor's name _____ Tel. # _____

In a medical emergency, I hereby authorize the school division to seek emergency medical assistance for my child if I nor contact persons may be reached.

Parent/Guardian Signature _____ Date _____

Please update your school immediately if any information changes.

Do you have medical insurance? Yes ___ No ___ Would you like to receive information about Family Access to Medical Insurance Security Plan (FAMIS)? Yes ___



**Acceptable Use, Internet Safety Regulation and
Google Apps for Education Notification of Children's Online Privacy Protection Act Form**

Suffolk Public Schools is providing students with Google Apps for Education (GAFE) accounts. GAFE accounts include free, web-based programs including email, document, spreadsheet, presentation, calendar and collaboration tools for students and teachers. This service is available through an agreement between Google and Suffolk Public Schools.

Google Apps for Education runs on an Internet domain purchased and owned by the district and is intended for educational use only. This permission form serves to obtain parental consent and notification of the Children's Online Privacy Act (COPPA).

Children's Online Privacy Protection Act (COPPA)

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, Google advertising is turned off for Google Apps for Education users. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes. For more information about COPPA, please consult <http://www.ftc.gov/privacy/coppafaqs.shtml>.

Suffolk's K-12 Google Apps for Education is available at school and at home via the web. Even though email from known inappropriate sites is blocked, there is always a chance students will be exposed to inappropriate content. School staff will monitor student use of Apps when students are at school. Parents are responsible for monitoring their child's use of Apps when accessing programs from home. Students are responsible for their own behavior at all times.

STUDENT'S AGREEMENT

Every student, regardless of age, must read and sign below: I have read, understand and agree to abide by the terms of the foregoing Acceptable Use, Internet Safety Regulation, and Google Apps for Education Notification. Should I commit any violation or in any way misuse my access to Suffolk Public Schools' technology resources, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

Student Name _____

Signature _____ Date _____

If I am signing this Regulation when I am under 18, I understand that when I turn 18, this Regulation will continue to be in full force and effect and agree to abide by this Regulation.

PARENT'S OR GUARDIAN'S AGREEMENT

To be read and signed by parents or guardians: As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the School District's Acceptable Use and Internet Safety Regulation for the student's access to Suffolk Public Schools' technology resources. I understand that access is being provided to the students for educational purposes only. I understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Regulation. I am therefore signing this Regulation and agree to indemnify and hold harmless the School, the School District and the Internet provider against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing Regulation. Further, I hereby give permission for my child or ward to use Suffolk Public Schools' technology resources for the term of my child's or ward's attendance at Suffolk Public Schools. I understand that the Acceptable Use and Internet Safety Regulations will be reviewed biennially and updated as needed. I understand should there be a change in Suffolk Public Schools' Acceptable Use and Internet Safety Regulation, parental permission will be automatically revoked and a new AUP will be issued for signature by the parent/guardian giving permission for their child or ward to use Suffolk Public Schools' technology resources.

Parent or Guardian Name(s) _____ Phone _____

Parent or Guardian Signature(s) _____ Date _____