

New Student Enrollment

PART ONE: STUDENT INFORMATION			
Enrolling Year: 2022-2023	Enrollment Date:	Enrolling Grade:	Homeroom/Notes:
Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:
Preferred Name:	Gender:	Race Code:	Is the student Hispanic or Latino? Yes/No
School:	Date of Birth:	Country of Birth:	Did the student receive free/reduced lunch at previous school? Yes/No
Is student an immigrant? Yes/No	Is student delinquent? Yes/No	Is student a refugee? Yes/No	Is student homeless? Yes/No
Is student neglected? Yes/No	Is student in foster care? Yes/No	Does student have an IEP? Yes/No	Does student have a 504 plan? Yes/No

PART TWO: LANGUAGE, RACE AND ETHNICITY

Under the provisions of the Civil Rights Act of 1964, schools are required to identify children by dominant language. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in meeting this important requirement is appreciated.

What is/are the primary language(s) used in the home regardless of the language spoken by the student?

What is the language most often spoken by the student?

What is the language that the student first acquired?

In which language do you prefer to receive written school communication?

In which language do you prefer to receive oral school communication?

I understand that State and Federal regulations require the school district to report each child's ethnicity and race. I further understand that if I choose not to indicate my child's race, Waynesboro Public Schools is required to use observer identification to designate race.

Yes/No

PART THREE: STUDENT RESIDENTIAL INFORMATION

Note: In order to complete registration, you will need to present the child's legal birth certificate and immunization records.

RESIDENT

Is the student a Waynesboro City Resident?
Yes/No

RESIDENTIAL ADDRESS

Street Address	City	State	Zip Code

I agree and attest by my signature herein that Waynesboro Public Schools shall have the right, at any time they deem necessary, to investigate my residency. I hereby allow the release of rental information, realtor records, as well as utility customer information to a representative of Waynesboro Public Schools

MAILING ADDRESS

Street Address	City	State	Zip Code

STUDENT HOME PHONE NUMBER	Is the number unlisted?
	Yes/No

PART THREE (Continued):

PRIMARY EMAIL ADDRESS

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Custody Information

Who is/are the legal guardian(s) of the student?	
Please identify with whom the student lives. If divorced/separated, who has legal custody? (You are required by law to provide a complete copy of those papers to the school district.)	
What is the relationship status of the biological parents? If divorced/separated, do custody papers exist for this child? (If yes, you are required by law to provide a complete copy of those papers to the school district.)	
Please describe your relationship to the child.	
If foster/guardian, in which district did the natural parents reside at the time of placement?	
Was the child court-placed into your home? (If yes, you are required by law to provide a copy of the court paperwork)	Yes/No/NA

PART FOUR: FIRST LEGAL GUARDIAN DETAILS

Name:		Relationship:	Same address as student? Yes/No
Email address(es):		Employer:	
Home Phone:	Cell Phone:	Work Phone:	Contact Preference:

PART FIVE: SECOND LEGAL GUARDIAN DETAILS

Name:		Relationship:	Same address as student? Yes/No
Email address(es):		Employer:	
Home Phone:	Cell Phone:	Work Phone:	Contact Preference:

PART SIX: PREVIOUS SCHOOLS INFORMATION

WHERE DID THIS STUDENT MOST RECENTLY PREVIOUSLY ATTEND SCHOOL?

School Name:	School Address:
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Has the student ever attended Waynesboro Public Schools?	Yes/No
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Was the child expelled?	Yes/No
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If your child has received specialized educational services, (IEP, 504, EL Services, Gifted, etc.), please describe below:

PART SEVEN: TRANSPORTATION NEEDS

PICK-UP

Bus Rider?	Location Name	Address	Phone	Days Needed
Yes/No				

DROP-OFF

Bus Rider?	Location Name	Address	Phone	Days Needed
Yes/No				

By providing information above, I request that my child be transported to and/or from the following residence until further notice. I hereby release Waynesboro Public Schools, Board of Education, Board Members, Superintendent, Administrators, and Employees from any liability which may result from complying with my instructions for transportation of my child to and/or from a location other than my residence. Furthermore, I indemnify and hold harmless said named entities and individuals from any cost and/or damage resulting from my instructions for transportation concerning my child.

Yes/No

I acknowledge that, once my child is transported to and/or from the designated pick-up or drop-off point, I assume full responsibility for the safety and welfare of my child.

Yes/No

It is suggested that your caregiver meet your child at the bus stop. Remember, all students are to be at the assigned pick-up location five minutes prior to scheduled pick-up time. Students must be clearly instructed by their parents or guardians where they are to get on/off the bus. At the end of each school year, your child's stop location will be reassigned to his/her residence.

Yes/No

PART EIGHT: EMERGENCY CONTACTS

List only those who have the authority to make decisions in an emergency situation involving this student if we cannot reach the parent(s) or guardian(s).

At least one (1) emergency contact is required, but providing multiple contacts are recommended by the district

EMERGENCY CONTACTS

#	First Name	Last Name	Primary Phone	Other Phone	Relationship	Can Pick Up?
1						Yes/No
2						Yes/No
3						Yes/No
4						Yes/No
5						Yes/No
6						Yes/No
7						Yes/No
8						Yes/No

PART NINE: MEDICAL INFORMATION

I hereby give my consent for the following medical care providers and local hospital to be called when I cannot be contacted Yes/No

	Name	Phone
Doctor		
Dentist		
Medical Specialist		
Hospital		

Do we have permission to contact the Doctor/Dentist for your student should the need arise? Yes/No

In the event of a medical emergency that cannot be managed in the school setting, the school division will seek emergency medical treatment and transportation to the nearest emergency department. I understand this statement Yes/No

PART NINE (Continued):

Medical History

Hearing Problems? Yes/No	Vision Problems? Yes/No	Contact Lenses? Yes/No	ADD/ADHD? Yes/No
Asthma? Yes/No	Diabetes? Yes/No	Stomach/Colon Issues? Yes/No	Heart Conditions? Yes/No
Headaches or Migraines? Yes/No	Bone or Joint Issues? Yes/No	Seizure Disorders? Yes/No	Muscle Disorders? Yes/No
Psychological or Emotional Disorders? Yes/No	Other Medical Issues? Yes/No	Has your student been hospitalized in the past year? Yes/No	If yes, please explain the hospitalizations.
Has your student had any serious illnesses in the past year that lasted more than a week? Yes/No	Has your student had any injuries in the last year that required medical attention? Yes/No	If yes, please explain the injuries.	

PART TEN: IN-SCHOOL MEDICATION ADMINISTRATION

All medications to be administered during school hours must be listed here, including non-prescription medications.

Will your student need to take medication at school? Yes/No

If so, please provide the following information:

	Name	Dosage	Time	Reason
Medicine 1				
Medicine 2				
Medicine 3				
Medicine 4				
Medicine 5				

If your student has a medical emergency, do we have permission for the student to receive blood products? Yes/No

PART TEN (Continued):

Does your student have any allergies? Yes/No

If so, are any of the allergies life threatening? Yes/No

	Allergy and Reaction	Epi-Pen Required?
Allergy 1		Yes/No
Allergy 2		Yes/No
Allergy 3		Yes/No
Allergy 4		Yes/No
Allergy 5		Yes/No

PART TEN (Continued):

I give permission for my child to receive a non-aspirin pain reliever (acetaminophen) during the school year for pain relief or fever discomfort. The school nurse or designated assistant will administer the medicine according to medication label instructions based on the age and weight of the child. Medicine for fever relief is only to provide comfort, not to keep the child in school. By selecting "yes" below, I testify that my child has taken this medicine before and is not allergic to acetaminophen. I do hereby, on behalf of myself and my child, waive any and all claims that I may have now or in the future of every kind and nature, for damages or injuries of any kind, relating to or arising out of administration of medications by school personnel.

Yes/No

I give permission for my child, to receive oral antihistamines during the school year in case allergic reaction symptoms appear. This is for emergency use only, not to treat my child's seasonal allergy symptoms. I realize my child will not be allowed to drive home after receiving this medication. By selecting "yes" below, I testify that my child has taken this medicine before and is not allergic to oral antihistamines. I do hereby, on behalf of myself and my child, waive any and all claims that I may have now or in the future of every kind and nature, for damages or injuries of any kind, relating to or arising out of administration of medications by school personnel. I do hereby, on behalf of myself and my child, waive any and all claims that I may have now or in the future of every kind and nature, for damages or injuries of any kind, relating to or arising out of administration of medications by school personnel.

Yes/No

PART TEN (Continued):

Upon reviewing this information, it will be determined if your child requires an "Individualized Health Care Plan" for the school setting. If needed, a form will be sent home to have your physician complete.	Yes/No
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I understand that if I have answered YES to any of the above questions, that I am required to submit needed medications to the school nurse.	Yes/No
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PART ELEVEN: PARENTAL AGREEMENTS

HANDBOOK

I will read and discuss the handbook with my student and will agree to the terms therein. I understand that handbooks are located on school websites.

Yes/No

PARENT/GUARDIAN RESPONSIBILITY

Under the Omnibus Education Act passed during the 1995 General Assembly, revised in 1996, the school division is required to provide a statement for parents to sign acknowledging receipt of student code of conduct and their responsibility and involvement in assisting the school in disciplining their child(ren). Below is an excerpt from Waynesboro School Board Policy, STUDENT CONDUCT, FILE: JFC that satisfies this requirement: The parent is expected to assume responsibility for the student's behavior. The parent is also expected to maintain regular communication with school authorities, monitor and require daily attendance, and bring to the attention of the school authorities any problems that affect the student or other children in the school, of any unusual behavior pattern or medical problem that might lead to serious difficulties. Notice by selecting "yes" to the statement of receipt below, you do not wave, but expressly reserve your rights protected by the constitutions of laws of the United States or Commonwealth of Virginia and that you have the right to express disagreement with a school's or school division's policies or decisions. I acknowledge that the Waynesboro Public Schools Standards regarding student conduct have been made available to me.

Yes/No

PART ELEVEN (Continued):

PHOTO AGREEMENTS

In a school setting, it is common for student work and/or student images to be displayed. Sometimes these images will be online (on the Internet) and sometimes they will be featured in a publication such as the yearbook. Occasionally, student pictures will be part of a news story documenting educational events occurring in Waynesboro City Public Schools. Please note that we take special care when placing any images or information about our students on school websites or in places where the images may be viewed by the general public. Additional items include school-sponsored student email to allow students to access private classroom blogs (i.e. web-log, similar to an online journal), a private wiki (i.e. a private online space where students work together to create a project), or a private chat room where only invited members may join to hold a discussion about a specific topic chosen by the teacher. These tools are listed as "private" because the general public is not permitted to attend and all members must be invited by the teacher. These online spaces are archived and monitored by the teacher for appropriate language and online behavior/etiquette. Finally, in the age of digital tools, students may be asked to create a podcast (a digital recording created by the student to showcase a topic of interest or study) or a Voice Thread (an online site where students discuss what they know about a given educational topic or idea). Video recording and/or digital photographs of classroom lessons taught by student teachers are used to improve instruction and for educational purposes only. Video recordings/photos will focus on the instructor. While it is possible that some students may appear, videos/photos will be kept confidential at all times and will not be made public in any way.

News Photo Permitted? Yes/No	Web Photo Permitted? Yes/No	Digital Voice Recording Permitted? Yes/No
Yearbook Photo Permitted? Yes/No	Schools Publications/Projects Photo Permitted? Yes/No	Voice Recording for Teacher Training Permitted? Yes/No

PART ELEVEN (Continued):

NOTICE OF DIRECTORY INFORMATION

Waynesboro Public Schools may make public 'Directory Information' such as student's name, address, and/or telephone number in its annual publication unless the principal of the school that the student attends is notified in writing by parent or eligible student within 15 administrative days of any objections to the release of this information. For a complete listing of Waynesboro Public Schools' designated directory information, see the WPS Parent/Student Handbook posted online. The school may disclose the address, telephone number, or email address of a student to approved vendors representing school sponsored activities such as the sale of yearbooks, class rings, graduation announcements, travel opportunities, etc. Pursuant to 34 C.F.R 99.31(a)(11) or the Virginia Freedom of Information Act the parent or eligible student must affirmatively consent in writing to such disclosure.

I consent to the release of this information

Yes/No

CASE MANAGEMENT SYSTEM

The Virginia Community College System has asked the Virginia Career Coaches to use a Case Management System. This tool is designed to help keep track of career planning for students in Virginia high schools. Student information is entered into the system by career coaches at each high school and may be accessed in Richmond by members of the education department. Information to be included: student demographics, state testing ID# (SOLs), career services provided at each grade level, career goals, and postsecondary outcomes. If you do not wish to have your student's information entered in the Case Management System, please complete the appropriate form and sign and return it to your high school guidance department.

PART ELEVEN (Continued):

ACCEPTABLE USE AGREEMENT

Waynesboro City Public Schools requires every student who accesses a computer and browses the Internet while on the school premises to read and agree to the Acceptable Use Policy. This policy should be read by both the parents/guardian and the student. The use of Waynesboro City Public Schools' computer equipment and the Internet service is a privilege, not a right. Usage must be in support of, and consistent with, the academic expectations of the Waynesboro City Public Schools educational program. Through the district's computer network, your child will have access to hundreds of databases, libraries, and computer services from all over the world. Please note that the Internet is an association of diverse communication and information networks. It is possible that your child may, by accident, run across areas of adult content and some material you might find objectionable. While we do not encourage and our filter does prohibit access to such material, it is impossible to prevent this type of material entirely. Part of the school district's responsibility in preparing our students for the 21st Century is to provide them access to the tools they will be using as adults. We believe that use of the Internet is one of those tools. We accept the responsibility for teaching your child about his/her role as a "cyber citizen" and the code of ethics involved with this new global community. Please read the Acceptable Computer System Use Policy with your child.

I have read this Agreement and Policy and Regulation GAB/IIBEA. I understand that access to the computer system is intended for education purposes and the Waynesboro City School Division has taken precautions to eliminate inappropriate material. I also recognize, however, that it is impossible for the School Division to restrict access to all inappropriate material and I will not hold the School Division responsible for information acquired on the computer system. I have discussed the terms of this agreement, policy, and regulation with my student.

Yes/No

PART TWELVE: SIGNATURE AND AUTHORIZATION

Any additional notes/information you would like the district to know about the student's enrollment?

Please sign your name in the box to indicate your desire to register this student for school.