

## DECLARATION OF RESIDENCE

I, the undersigned, state under oath and penalty of perjury that the continuing residence of \_\_\_\_\_, is located  
(name of parent/guardian of student)  
at \_\_\_\_\_.  
(E-911 address)

I (parent/guardian) further state under oath that three forms of identification as detailed below have been supplied showing my name and current address.

Check the forms of identification supplied:  
(at least three forms of identification must be supplied with this form)

- |   |   |
|---|---|
| <input type="checkbox"/> Current Virginia State Driver's License  | <input type="checkbox"/> Current original tax assessment statement                            |
| <input type="checkbox"/> Current Virginia State Identification Card   | <input type="checkbox"/> Current voter registration card                                      |
| <input type="checkbox"/> Current valid Virginia vehicle registration or vehicle title                         | <input type="checkbox"/> Check stub from current employment                                   |
| <input type="checkbox"/> Current original signed lease agreement or mortgage documentation                    | <input type="checkbox"/> Monthly Bank Statement   |
| <input type="checkbox"/> Current original invoice or documentation of address from water department           | <input type="checkbox"/> Homeowners' Insurance Policy   |
| <input type="checkbox"/> Current original invoice or documentation of address from gas department             | <input type="checkbox"/> Medical Bills (must include name and current address)                |
| <input type="checkbox"/> Current original invoice or documentation of address from electric department        | <input type="checkbox"/> Social Security documentation that includes name and current address |
| <input type="checkbox"/> State or federal tax return filed within the past 12 months with W2 form(s) attached | <input type="checkbox"/> Social Services documentation that includes name and current address |
|   | <input type="checkbox"/> Picture ID (must include name and current address)                   |

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
ENROLLING STUDENT'S NAME

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
ENROLLING STUDENT'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ENROLLING STUDENT'S NAME

**PLEASE NOTE:** The General Assembly amended the Code of Virginia, Section 22.1-264.1, relating to false statements regarding school division residency. Specifically, the Code states that *"Any person who knowingly makes a false statement concerning the residency of a child, as determined by Section 22.1-3, in a particular school division or school attendance zone, for the purposes of (1) avoiding tuition charges authorized by Section 22.1-5 or (2) enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor."* The law, which becomes effective July 1, 2005, carries with it a maximum fine of \$250.

THIS FORM MUST BE EXECUTED BY A NOTARY PUBLIC AND IS NOT VALID UNLESS PROPERLY NOTARIZED.

State of \_\_\_\_\_  
City/County of \_\_\_\_\_

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person seeking acknowledgment) and acknowledged the foregoing signature to be his/hers, supplied three forms of identification from the list above which include the aforementioned name and address on the documents, and having been duly sworn by me, made an oath that the statements in the said instrument are true.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

# TUNSTALL MIDDLE SCHOOL

1160 Tunstall High Road  
Dry Fork, Virginia 24549

Telephone 434.724.7086



Fax 434.724.7907

## REQUEST FOR SCHOOL RECORDS

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Name of Previous School

---

School Address

---

City

State

Zip

---

Phone

Fax

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**Please send a copy of all educational records for the student so that proper placement can be made and continuity of record keeping is maintained.**

**Please include:**

- 1. Complete Academic Transcript**
- 2. SOL Scores or Standardized Test Scores**
- 3. Immunizations and Health Information**
- 4. Copy of Birth Certificate or Birth Certificate Number**
- 5. Discipline Record**
- 6. Special Education Records including IEP, Eligibility, Psychological, etc.**
- 7. English as a Second Language/ESL Information or Testing Data**

**We cannot admit students to our school until these records are received. We appreciate your timely response.**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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**Parent/Guardian Signature**

**Date**

Parental permission is no longer required when authorized school personnel request records.  
(Family Education Rights and Privacy Act. Final rule on Educational Records, Federal Register.  
June 17, 1976, Vol. 4 No. 188 Page 24673)

<b>Father or Guardian's Information</b>	<b>Mother or Guardian's Information</b>
Name:	Name:
Cell phone:	Cell phone:
Employer:	Employer:

Home phone:	Home phone:
Email:	Email:
Military Active Duty <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/>	Military Active Duty <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/>

Please provide up to 5 emergency contacts. List them in the order they should be contacted.

<b>Emergency Contact 1</b> (Cell phone – Secondary # for all automated attendance, outreach, and emergency calls.)	Name:
	Home phone:
	Cell phone:
	Work phone:
	Relationship:
<b>Emergency Contact 2</b> (Home and cell phone - Emergency calls only)	Name:
	Home phone:
	Cell phone:
	Work phone:
	Relationship:
<b>Emergency Contact 3</b> (Home and cell phone - Emergency calls only)	Name:
	Home phone:
	Cell phone:
	Work phone:
	Relationship:
<b>Emergency Contact 4</b> (Home and cell phone - Emergency calls only)	Name:
	Home phone:
	Cell phone:
	Work phone:
	Relationship:
<b>Emergency Contact 5</b> (Home and cell phone - Emergency calls only)	Name:
	Home phone:
	Cell phone:
	Work phone:
	Relationship:

**Transportation Information** (Please fill in all information that pertains to your child.)

Primary AM Bus # \_\_\_\_\_ AM Car Rider: \_\_\_\_ Yes \_\_\_\_ No Student Driver: \_\_\_\_\_  
 Secondary AM Bus # \_\_\_\_\_ PM Car Rider: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ No  
 Primary PM Bus # \_\_\_\_\_  
 Secondary PM Bus # \_\_\_\_\_

Daycare or other after-school program (Must fill out *Parental Consent to Release Child to Alternative After-School Care Transportation* form.) \_\_\_\_\_

Other Transportation Information (Please list any other information such as “Grandmother picks up student” or “Rides bus to aunt’s on Fridays.”) \_\_\_\_\_

**Custody Concerns**

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

**Medical Information**

List all health concerns, medications, and allergies. (A physician’s statement is required to document dietary substitutions.) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Previous School Information**

Last School Attended: \_\_\_\_\_ Phone number of school: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Special Education Services \_\_\_\_ Yes \_\_\_\_ No      Classification: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PITTSYLVANIA COUNTY SCHOOLS

## Discipline Disclosure Form

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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)

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**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 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 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

# NOTIFICATION OF STUDENT INFORMATION CONCERNING CRIMINAL CONVICTION AND DELINQUENCY ADJUDICATIONS

Section 22.1-3.2 of the Code of Virginia requires a 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 found guilty of or adjudicated delinquent for any offense listed in subsection G of §16.1-260 of the Code of Virginia or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. When the child is registered as a result of a foster care placement as defined in §63.2-100, the information required under this section shall be furnished by the local social services agency or licensed child-placing agency that made the foster care placement.

The offenses listed in subsection G of §16.1-260 of the Code of Virginia are:

- ♦ A firearm offense pursuant to Article 4 (§ 18.2-279 et seq.), 5 (§ 18.2-288 et seq.), 6 (§ 18.2-299 et seq.), or 7 (§ 18.2-308 et seq.) of Chapter 7 of Title 18.2;
- ♦ Homicide, pursuant to Article 1 (§ 18.2-30 et seq.) of Chapter 4 of Title 18.2;
- ♦ Felonious assault and bodily wounding, pursuant to Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title 18.2;
- ♦ Criminal sexual assault, pursuant to Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2;
- ♦ Manufacture, sale, gift, distribution or possession of Schedule I or II controlled substances, pursuant to Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2;
- ♦ Manufacture, sale or distribution of marijuana pursuant to Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2;
- ♦ Arson and related crimes, pursuant to Article 1 (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2;
- ♦ Burglary and related offenses, pursuant to §§ 18.2-89 through 18.2-93;
- ♦ Robbery pursuant to § 18.2-58;
- ♦ Prohibited street gang participation pursuant to § 18.2-46.2;
- ♦ Prohibited criminal street gang activity pursuant to § 18.2-46.2;
- ♦ Recruitment of other juveniles for a criminal street gang activity pursuant to § 18.2-46.3; or
- ♦ Recruitment of juveniles for criminal street gang pursuant to § 18.2-46.3.

Please complete the name of child as indicated, check the appropriate statement below and complete additional information as requested:

\_\_\_\_\_  
Full Name of Child

\_\_\_\_\_ I hereby swear/affirm the child listed above has never been found guilty of or adjudicated delinquent for any of the offenses referenced above.

\_\_\_\_\_ I certify that the child listed above has been found guilty of or adjudicated delinquent for one or more of the offenses referenced above. These offenses are listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor (§22.1-3.2 Code of Virginia).

I swear/affirm that, to my knowledge, the information stated above is correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Parent, Guardian or other appropriate individual

Pursuant to Section 22.1-288.2 of the Code of Virginia, this document shall be maintained by the principal separately from all other records concerning the student. However, if the school administrator or the School Board takes disciplinary action against a student based upon an incident which formed the basis for the adjudication of delinquency or conviction for an offense listed in subsection G of §16.1-260 of the Code of Virginia, the notice shall become a part of the student's disciplinary record.

## NEW STUDENT SCREENING PROFILE (Grades 6 - 12)

PLEASE FILL IN THE INFORMATION BELOW AND GIVE THIS FORM TO THE SCHOOL NURSE

NAME OF PUPIL \_\_\_\_\_

ENROLLMENT DATE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

### SCREENING BELOW TO BE COMPLETED BY THE SCHOOL NURSE

**DIRECTIONS:**

Indicate the findings of the initial screening under the column SCREENING. If the student is retested, indicate the finding under the column RETEST. Indicate if there is a referral (X). This screening needs to be done within 60 days of enrollment.

VISION (6-12)				HEARING (6-12)			
SCREENING DATE _____		RETEST DATE _____		SCREENING DATE _____		RETEST DATE _____	
PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
COMMENTS:		COMMENTS:		COMMENTS:		COMMENTS:	
Initials _____		Initials _____		Initials _____		Initials _____	
<i>Referral:</i> _____				<i>Referral:</i> _____			



# Home Language Registration Form

STUDENT: \_\_\_\_\_  
Last First Middle

- |   | English | Spanish | Other: (Specify) |
|---|---------|---------|------------------|
| 5. What is the primary language used in the home, regardless of the language spoken by the student? |         |         |                  |
| 6. What is the language most often spoken by the student?   |         |         |                  |
| 7. What is the language that the student first acquired?  |         |         |                  |

- Date \_\_\_\_\_

Telephone Number

**FAX to: Todd Sease, ESL Supervisor**



**English Language Program  
Pittsylvania County Schools**

39 Bank Street, S.E.  
Chatham, VA 24531  
Ph. (434) 793-1624

## Formulario de Registro de Idioma en el Hogar

La información en esta forma debe ser recogida por **TODOS LOS ESTUDIANTES** que se registren en las Escuelas Públicas de Condado de Pittsylvania. Esta forma cumple con los requisitos de la Ley de Igualdad de Oportunidades en la Educación 20 USC 1703 para la identificación de los niños de las minorías de origen nacional. La ley requiere que los estudiantes que hablan otro idioma sean evaluados para determinar el nivel de sus destrezas en inglés, lo cual le beneficiará en su progreso académico.

Estudiante: \_\_\_\_\_  
Apellido Primer nombre Segundo nombre

1. La fecha del nacimiento: \_\_\_\_\_ Edad: \_\_\_\_\_ ¿Dónde nació el estudiante? \_\_\_\_\_  
(Si nació en otro país, conteste preguntas A-D)  
A. El último grado que completó en su país \_\_\_\_\_ B. Fecha en que el estudiante entró en EEUU \_\_\_\_\_  
C. Fecha el estudiante entró las escuelas de VA \_\_\_\_\_ D. Fecha el estudiante entró de Pittsylvania Co. Schools \_\_\_\_\_
2. Indique con un círculo los grados que completó en EE UU: Ninguno Pre-K K 1 2 3 4 5 6 7 8 9 10 11
3. ¿Ha recibido el estudiante servicios de ESL o ESOL? Sí No No estoy seguro/a  
Si la respuesta es sí: ¿Cuándo? (año) \_\_\_\_\_ ¿En qué escuela y estado? \_\_\_\_\_
4. ¿El propósito de la mudanza fue para buscar un trabajo que fuera temporal Y agrícola durante los últimos tres años? Sí No

	Inglés	Español	Otro:(Especifique)
5. ¿Cuál es el lenguaje primario usado en el hogar, independientemente del lenguaje hablado por el estudiante?			
6. ¿Cuál es el lenguaje más frecuentemente hablado por el estudiante?			
7. ¿Cuál lenguaje el estudiante adquirió primero?			

8. ¿Quién habla inglés en la casa? Estudiante Madre Padre Hermanos Nadie

Firma del padre/tutor \_\_\_\_\_

Fecha \_\_\_\_\_

Nombre del padre/tutor \_\_\_\_\_

Número de teléfono \_\_\_\_\_

**USO OFICIAL: TO BE COMPLETED BY SCHOOL OFFICE STAFF (Please Print)**

School: \_\_\_\_\_ Office Staff/Guidance Counselor: \_\_\_\_\_ Grade: \_\_\_\_\_

Please **contact** your school's **EL teacher immediately**, if the answer to **question 1** indicates a **country other than the United States** and/or the answer to **question 3 or 4** is **yes** and/or any **language other than English** is checked in **questions 5-7**.

**FAX to: Todd Sease, ESL Supervisor**