

REGISTRATION CHECKLIST

The following credentials have been received for

_____ (Student's Name)

- Birth Certificate _____
- Social Security Card _____
- Immunizations Record _____
- Proof of Mecklenburg County Residence _____ (2 required)
- Transcript _____
- Physical _____
- Custody Papers _____ (if applicable)

Has this student ever attended Mecklenburg County Schools before? _____
If yes, school attended: _____ Grade: _____

Last school attended if **not** in Mecklenburg County: _____
City: _____ State: _____

Previous school grading period: 6 weeks ___; 9 weeks ___; year round ___

Person to contact for questions concerning enrollment:
_____/Relationship: _____ Phone: _____

Signature of school personnel collecting information: _____
Date: _____

- Grade: _____
- Transfer Record Faxed: _____
- Bus #: _____ Bus Pass: _____ Pickup Time for a.m.: _____
- Locks: _____ Locker: _____
- Lunch Money: _____ Lunch Form Faxed: _____
- Nurse: _____

Park View Middle School Guidance Department

365 Dockery Road
South Hill, Virginia 23970
TEL: (434) 447-3761
FAX: (434) 447-4920

NAME _____ GRADE _____
BIRTH DATE _____ SOCIAL SECURITY NUMBER _____
PRESENT ADDRESS _____

PREVIOUS SCHOOL _____
ADDRESS OF SCHOOL _____

State Testing Number _____

The above named student has recently enrolled at Park View Middle School.
Please send the following information as soon as possible.

____ Transcript of grades and grades for current year to date of withdrawal
(Explanation of the school's grading system.) **Please indicate if grading
periods are 6 weeks ____; 9 weeks ____; or year round ____.**

____ Immunization records

____ Standardized test scores

____ SOL scores

____ Attendance records

____ Complete discipline file-Please submit a discipline statement indicating
whether the student is in good standing with the exiting division and not
subject to long term suspension or expulsion.

____ Birth certificate

____ Social security card

____ Court order custody document (if applicable)

____ 504 Plan

____ Gifted placement information

____ Special Education placement information: medical records, social
history, educational evaluation, psychological evaluation, speech/language,
Individual Education Plan, eligibility minutes/recommendations

I give permission to the above-named school to release all information in my
child's cumulative school record to Park View Middle School.

Parent/Guardian Signature

Date



MECKLENBURG COUNTY PUBLIC SCHOOLS

REGISTRATION FORM K-12

DATE: _____ BUS NUMBER: _____ ENROLLING GRADE: _____

1. Child's Name: _____
(First) (Middle) (Last)
2. Social Security #: _____ Date of Birth: _____ Male Female
3. Mailing Address: _____
4. Physical Address: _____
5. Phone #: _____ Cell Phone: _____
6. Is your child Hispanic/Latino No, not Hispanic/Latino Yes, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture.
7. What is your child's race? Check all that apply. White Black or African American Hispanic Alaskan/American Indian Asian (Far East, Southeast Asia or for example, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand or Viet Nam Native Hawaiian or Pacific Islander
8. Place of Birth: _____ Primary language spoken in home: _____
(City/County/State)
9. Birth Certificate #: _____
(Volume) (File)
10. Mother's Name: : _____
(First) (Middle) (Last)
Mother's Address: _____
Home Phone: _____ Email: _____
Place of Birth: _____ Highest Level of Education Completed: _____
Business Name: _____ Occupation: _____
Business Address: _____ Business Phone #: _____
11. Father's Name: : _____
(First) (Middle) (Last)
Father's Address: _____
Home Phone: _____ Email: _____
Place of Birth: _____ Highest Level of Education Completed: _____
Business Name: _____ Occupation: _____
Business Address: _____ Business Phone #: _____
12. Has the court awarded you legal parental custody of your child? Not Applicable Yes No
If yes, a copy of the **Custody Order** including visitation rights during the day **must** be attached.

Check all that apply: US Citizen Migrant Immigrant Homeless Refugee
 Active Military Civil Service

(Questions 13 thru 15) Complete ONLY if child lives with someone other than a biological parent.

13. Legal Guardian's
Name _____
(First) (Middle) (Last)
Legal Guardian's Address: _____
Home Phone: _____ Email: _____
Place of Birth: _____ Highest Level of Education Completed: _____
Business Name: _____ Occupation: _____
Business Address: _____ Business Phone #: _____
If Legal Guardianship has been awarded by a court order, when was this granted? _____
In what city/county/state was the custody granted? _____
(City) (County) (State)

(A copy of the Custody Order including visitation rights during the school day must be attached.)

14. Foster Parent's Name: _____
 Agency Holding Custody: _____
15. Child lives with (if different from #10 or #11): _____
16. Number of Brothers: _____ Age(s): _____ School/s: _____
 Number of Sisters: _____ Age(s): _____ School/s: _____
17. Others living in home: _____
18. Who to contact in case of an emergency (other than yourself): _____
 Relationship to child: _____ Phone/Cell: _____
 Address: _____
19. Second person to contact in case of emergency: _____
 Relationship to child: _____ Phone/Cell: _____
 Address: _____
20. Name of family doctor: _____ Phone #: _____
21. Has your child ever been enrolled in the Mecklenburg County Public School System? _____ (YES) or _____ (NO)
 If yes, list dates: _____
22. Former school system and address: _____
23. Has this child previously received services through any Special Education Program (IEP)? For example: speech, hearing /vision impaired, LD, etc.
 _____ YES or _____ NO If yes, which program: _____ (Complete Special Education Form)
24. Has this student ever been expelled (365 days)? _____ (YES) _____ (NO)
 If yes, from which school division? _____
 Reason for expulsion: _____
25. Has this student ever failed a grade? _____ (YES) _____ (NO)
-

I certify that I am a resident of Mecklenburg County and live in the district in which I am registering. I realize that nay person making A false statement concerning the residency of a child in a particular school division shall be guilty of a Class 4 misdemeanor pursuant to the Code of Virginia:22.1-264.1. If there are custody issues regarding this child, I will provide a copy of the custody order and visitation rights. I also certify that this child is a student in good standing (not suspended or expelled from any public/ private school.

 Signature

 Date

MECKLENBURG COUNTY PUBLIC SCHOOLS SCHOOL BUS REQUEST

Complete sections 1 and 2 for all requests. Complete sections 3, 4, & 5 if related to your request. The school will forward your request to the Transportation Department upon completion. Transportation will notify the parent(s) when request has been processed. Requests may take up to five working days to complete.

Stops are not subject to relocation except for safety concerns determined by the Pupil Transportation Department, County Traffic Engineer and /or the County Division of Police.

1. Check all that apply: New Student Change in pick up or drop off location
 Change of address Review of current bus stop
Other: _____

2. Student Information

School: _____ Date of Request: _____
Child's Legal Name: _____ Grade: _____
Parent/Legal Guardian's full name: _____
Street Address: _____
City: _____ Zip: _____
Phone (H): _____ (W): _____ (C): _____

3. Current Bus Information

Current bus #: _____ Stop Location: _____

4. Child Care Provider Information

Provider's Street Address: _____
Check one: AM PM Both Parent's Signature: _____

5. Your Request/Concerns

Information for Schools: New Student/Change of address: Student information must be entered into SIS prior to sending to transportation for processing. Please fax the forms to 434-(738-0100) or place on the pony to the attention of the Transportation Department. Please do not do both.

RESIDENCY/CUSTODY/ETHNICITY

RESIDENCY: In order to establish residency, two of the following pieces of documentation must be provided:

- a. a copy of the drivers license
- b. a tax bill, utility bill or a voter registration card
- c. a credit card bill or a voided check with the individual's address
- d. other: _____

Student Resides With: (Please circle one.)

Mother and Father
Mother Only
Father Only
Mother and Stepfather
Father and Stepmother
Sister
Brother
Foster Parents
Guardian
Relative

CUSTODY: Has there been a divorce within the family? Yes / No

If yes, who has legal custody of the student? _____
Please provide legal documentation (divorce papers or custody papers).

If student is in foster care, have the parental rights been terminated by the biological parents? Yes / No

If yes, please provide legal documentation. If not, the parents will be contacted concerning IEP meetings, etc.

*The school has a legal responsibility to verify custody and residency.

ETHNICITY: (please circle one)

American Indian or Alaskan Native
Asian or Pacific Islander
Black/African-American not of Hispanic Origin
Hispanic
White not of Hispanic Origin
Native Hawaiian Pacific Island
Two or More Races

Mecklenburg County Public Schools
Affirmation of Expulsion/Non-Expulsion from Previous School

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 OF 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 _____
Parent/Guardian Student
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.

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

Parent/Guardian

Date

*Park View Middle School Guidance Department
365 Dockery Road
South Hill, Virginia 23970
Tel: (434) 447-3761
Fax: (434) 447-4920*

Previous School _____

Please complete this form and fax it to us with all other information needed for enrollment.

Please include all discipline pertaining to this student for the previous school year.
If no discipline in the past year, please sign below and return.

(Student's Name)

___ Is in good standing with our school system and is not on long term suspension or expulsion.

___ Is not in good standing with our school system and is on long term suspension or expulsion.

Signature of Administrator

Date

Mecklenburg County Public Schools

Affidavit of Residence

I, _____, am the legal parent/guardian of the minor child,
_____, DOB: _____, a student enrolled in
the Mecklenburg County Public School System.

I hereby certify that I reside at the following street address _____,
town _____, zip code _____, in Mecklenburg County, Virginia; that I am a resident of Mecklenburg
County, Virginia; and that the above-named child resides with me and will continue to reside with me at the address indicated above
for the foreseeable future. I have physical custody of this child.

I further agree to inform the school that my child is to be enrolled in, or is already enrolled in, immediately if I change my address or the
child named above no longer resides with me.

It has been explained to me that giving any false information about the residence of a child for the purposes of enrolling the child in
school is a violation of law and that I may face criminal and/or civil penalties.

Signed: _____ Date: _____

Witness: _____ Date: _____

Two forms of ID are required from the parent/guardian to show residency including, but not limited to:

- a. a photo ID with your current address
- b. a deed or lease agreement to your current residence; or
- c. a bill or mortgage payment from the current place of residence
- e. a receipt for personal property taxes paid within the last year; or
- f. a payroll stub issued by an employer within the last three months; or
- g. a telephone bill issued within the last three months.
- h. Other: see Policy 7-2.3 for other acceptable forms of Identification for residency purposes

POLICY 7-2.3 and REGULATION R 7-2.3(A): ADMISSION REQUIREMENTS LEGAL REFERENCE: Code of Virginia, 1950, as amended, §§
22.1-1, 22.1-3, 22.1-3.1, 22.1-3.2, 22.1-3.4, 22.1-5, 22.1-70, 22.1-78, 22.1-79, 22.1-200.1, 22.1-253.13:1, 22.1-254.1, 22.1-255, 22.1-
260, 22.1-270, 22.1-271.1, 22.1-271.2, 22.1-271.4, 22.1-276.01, 22.1-277, 22.1-277.2, 22.1-288.2, 32.1-43, 32.1-46, 32.1-48; 63.2-900,
and 63.2-1200; Public Law 104-208, Illegal Immigrations Reform and Immigrant Responsibility Act of 1996, § 625; Steward B. McKinney
Homeless Assistance Act, Subtitle VII-B (P.L. 101-645); Immigration and Nationality Act, as amended, 8 U.S.C §§ 1101, et seq.; 8 CFR
Parts 1 – 499; and 22 CFR Parts 1 - 1799.

Revised: June 18, 2012

Revised: March 19, 2012

Adopted: October 17, 2011

MECKLENBURG COUNTY PUBLIC SCHOOLS
HOME LANGUAGE SURVEY

Student's Name _____ Sex _____ Date of Birth(DOB) _____
(Last) (First) (M.I.) (MM/DD/Year)

Date Entry U.S. _____ Date Entry Public Schools _____ Date Entry VA Schools _____

Family's Country of Origin _____ Native Language _____ Student's Place of Birth _____

Grade level completed in native country _____

Grade level completed to date _____

First language learned to speak: _____ English _____ Other: _____

Language spoken by student at home _____ English _____ Other: _____

Other language spoken or understood by student: _____

Language spoken by parents at home _____

Siblings living with student: _____

Siblings attending school: _____

Who speaks English at home? _____

Has the student previously received ELL (English Language Learners) services? _____

If yes, for how long? _____

Parent signature: _____ Date: _____

Ⓢ If the native language is different from English, the student should be tested even if the oral ability is good. A copy of this form should be given to the homeroom teacher; ESL teacher and one should be kept in the cumulative folder.

ESCUELAS PUBLICAS DEL CONDADO DE MECKLENBURG
REGISTRO DE LA LENGUA MATERNA

Nombre del Alumno _____ Sexo _____ Fecha de Nac. _____
(Apellido) (Nombres) (Mes/Día/Año)

Fecha de entrada a EUA _____ Fecha de entrada a escuelas públicas _____

Fecha de entrada a Escuelas Públicas en el Estado de Virginia _____

País de Origen de la Familia _____ Idioma _____ Lugar de Nac. del estudiante _____

Año Escolar terminado en su país _____

Año Escolar terminado a la fecha _____

Primer idioma que aprendió: _____ Español _____ Inglés

Idioma que se habla en casa _____ Español _____ Inglés

Otro idioma que hable o entienda el alumno: _____

Idioma que se habla en casa: _____

Familiares que viven con el alumno: _____

Nombre de hermanos/hermanas y el nombre de la escuela a la que asisten _____

¿Quién habla Inglés en casa? _____

¿Ha recibido el alumno servicios de ELL (Inglés como segunda lengua)? _____

Si su respuesta es si, ¿por cuanto tiempo? _____

Nombre de los padres: _____ Fecha: _____

* If the native language is different from English, the student should be tested even if the oral ability is good. A copy of this form should be given to the homeroom teacher; ESL teacher and one should be kept in the cumulative folder.

Mecklenburg County Public Schools

Residency Form

Homeowners/leaseholders and parents are to complete this form when student and parents live with others or are renting without a written lease. Please have this form notarized and return to the school serving your attendance area.

DATE: _____ SCHOOL: _____ SCHOOL YEAR: _____

NAME OF RESIDENT: _____ own/rent/lease housing, and reside at:

STREET: _____ TOWN: _____ ZIP: _____

TELEPHONE: (HOME) _____ WORK: _____ CELL: _____

I hereby certify that the following persons reside with me or are renting from me without a written lease at the address shown above.

PARENT/GUARDIAN NAME: _____ STUDENT NAME: _____

I understand that enrollment of the student named above is based on my certification and that if this certification is false I may be liable for payment of tuition for the student. I also agree to notify the school principal of any change in residency of the above named student within three days of such notice. WARNING: Providing false information for school enrollment is a criminal offense. VA Code 22.1-264.1

Homeowners/Leaseholders: To establish your residency in Mecklenburg County, please provide one of the following in your name: 1.) a lease for one year; 2.) deed 3.) contract or lease free of contingencies to occupy a Mecklenburg County residence within two months of the date of enrollment; 4.) Residence manager's letter on company letterhead stating residence is a corporate residence located in Mecklenburg County 5.) weekly receipts for temporary residence.

Per Policy 7-2.3 School Admissions:

A resident is defined as one who resides permanently in Mecklenburg County. Proof of residence shall include, but not be limited to, two or more of the following, which reflect the physical address of the resident: a U.S. or Virginia income tax return from the previous year, a U.S. Internal Revenue Service tax reporting W-2 form from the current year, a deed or lease agreement to the residence, a voter registration card, a receipt for personal property taxes paid within the last year, a payroll check or payroll check stub issued by an employer within the last three months, or a telephone bill issued within the last three months. Final decisions regarding residence for school attendance purposes shall be made by the intake school.

Certification/Release: I hereby certify that all of the above information is true and correct, and I agree and understand that any falsification of information may result in the immediate removal of my child/children from Mecklenburg County Public Schools. I also agree and understand that any falsification of information will make me responsible for paying full nonresident tuition for my child/children from the date of enrollment in Mecklenburg County Public Schools. I further understand that should a principal have reason to believe that my residency status has changed, I may be required to submit a new proof of residency and that failure to do so may result in the immediate removal of my child/children from Mecklenburg County Public Schools. I hereby grant permission to Mecklenburg County Public Schools to verify the above information through property management, real estate agencies, or other housing developments. I hereby grant permission to these agencies to release this information to Mecklenburg County Public Schools to be verified. WARNING: Providing false information for school enrollment purposes is a criminal offense. VA Code 22.1-264.1

OWNER/RENTER/LESSEE DATE PARENT/GUARDIAN DATE

In the City/County of _____ in the Commonwealth of Virginia, the statements hereon have been sworn to and subscribed before me this _____ day of _____, in the year _____.

Witness my hand and official seal _____
Notary Public

My commission expires: _____ My registration #: _____

*This form must be completed at the beginning of each school year.