

S. P. Morton Elementary School

OFFICE USE ONLY  
STUDENT NUMBER \_\_\_\_\_ ENTRY DATE \_\_\_\_\_ ENTRY CODE \_\_\_\_\_

(LAST NAME)

(FIRST NAME)

(FULL MIDDLE NAME REQUIRED)

NOTE: PLEASE USE LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE

GRADE LEVEL \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STUDENT SSN (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ STUDENT PHONE (\_\_\_\_) \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

RESIDES WITH: \_\_\_\_\_  
(RELATIONSHIP) (TITLE) (NAME)

- Please check if student is identified gifted.
- Please check if student has an IEP for speech or other disability
- Please check if student is in Foster Care.
- Placing Agency \_\_\_\_\_
- School of Origin \_\_\_\_\_

- Please check if student is homeless  
School of origin \_\_\_\_\_
- Does parent wish child to return to school of origin?  Yes  No
- Please check if student has been homeschooled.
- Please check if active military. If so, what branch \_\_\_\_\_?
- Please check if you are in the National Guard or Reserves. What branch \_\_\_\_\_?

ATTENDED PRESCHOOL? YES / NO IF "YES" NUMBER OF YEARS \_\_\_\_\_

NUMBER OF HOURS PER WEEK \_\_\_\_\_ Less than 15 \_\_\_\_\_ 15 hours or more but less than 30 hours \_\_\_\_\_ 30 or more hours

IF "YES" INDICATE NAME OF PRESCHOOL \_\_\_\_\_

HAS YOUR CHILD BEEN ENROLLED IN ANOTHER SCHOOL THIS YEAR (even if only for a few days)? YES / NO

WHERE IS THE SCHOOL LOCATED? CITY \_\_\_\_\_ STATE \_\_\_\_\_

HAVE YOU REQUESTED RECORDS FROM THE PREVIOUS SCHOOL TO BE SENT TO THIS SCHOOL? YES / NO

RACE (circle all that apply): American Indian Asian African American Native Hawaiian White

ETHNIC GROUP: Hispanic or Latino Yes or No (circle one)

ATTENDANCE Resident / Nonresident

WILL STUDENT RIDE THE BUS? YES / NO IF "YES" - MILES FROM SCHOOL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ WORK # (\_\_\_\_) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ WORK # (\_\_\_\_) \_\_\_\_\_

# FRANKLIN CITY PUBLIC SCHOOLS

207 West 2<sup>nd</sup> Avenue

Franklin, VA 23851

PHONE 757-569-8111

FAX 757-569-8078

## STUDENT ENROLLMENT INFORMATION

PLEASE PRINT

Name of Student: \_\_\_\_\_  
(Last) (First) (Middle)

Name of Parent/Guardian: \_\_\_\_\_

Address of  
Parent/Guardian: \_\_\_\_\_  
(Street) (City) (Zip)

Social Security Number: (Optional) \_\_\_\_\_ Sex: Male Female

Enrolling parent/agency has physical custody: YES NO Documentation Attached.

THE FOLLOWING INFORMATION WAS TAKEN FROM A CERTIFIED BIRTH CERTIFICATE.

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_

Information Received By: (To Be Completed by School Staff)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

**THIS FORM IS TO BE PLACED IN THE STUDENT'S CUMULATIVE FOLDER AND A COPY FORWARDED IF THIS STUDENT TRANSFERS OUT OF FRANKLIN CITY PUBLIC SCHOOLS.**

**THIS FORM IS NOT TO BE USED AS A BIRTH CERTIFICATE OR SOCIAL SECURITY CARD. IT ONLY VERIFIES THAT A BIRTH CERTIFICATE WAS SEEN UPON INITIAL ENROLLMENT OF THE STUDENT.**



# Franklin City Public Schools

207 West Second Avenue  
Franklin, Virginia 23851-1713  
(757) 569-8111 • Fax (757) 516-1015

## Student Home Language Survey

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ SP Morton Elem. \_\_\_\_\_ JP King Middle \_\_\_\_\_ Franklin High  
Grade: \_\_\_\_\_

Name of person answering questions for student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ mother \_\_\_\_\_ father  
\_\_\_\_\_ guardian \_\_\_\_\_ other (specify) \_\_\_\_\_

Check the best answer:

1. Was English the first language the student learned? \_\_\_\_\_ yes \_\_\_\_\_ no

2. Can the student speak languages other than English? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, which other language(s)? \_\_\_\_\_

3. Which language does the student use most often when speaking to friends?

\_\_\_\_\_ English \_\_\_\_\_ other (specify) \_\_\_\_\_

4. Which language does the student use most often when speaking to parents?

\_\_\_\_\_ English \_\_\_\_\_ other (specify) \_\_\_\_\_

5. Does anyone in the student's home speak a language other than English?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, which other language? \_\_\_\_\_

from *The Identification and Assessment of Language Minority Students: A Handbook for Educators*,

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*Franklin City Public Schools is an equal educational opportunity school system. The School Board of the City of Franklin also adheres to the principles of equal opportunity in employment and, therefore, prohibits discrimination in terms and conditions of employment on the basis of race, sex, national origin, color, religion, or disability.*

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# Franklin City Public Schools

## VERIFICATION OF ADDRESS

(This form **MUST** be used to verify the residence of any student who enters Franklin City Public Schools for the first time, re-enters after interrupted attendance, or registers with a new address. For any student living with adults other than parent(s), a court decree declaring the person to be the legal guardian of the student must also be provided.)

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Race: Black White Other Sex: Male Female  
(Circle One) (Circle One)

School: Franklin High School \_\_\_\_\_ JPK Middle School \_\_\_\_\_ SPM Elementary School \_\_\_\_\_  
Resident of: Franklin City \_\_\_\_\_ Southampton County \_\_\_\_\_ Isle of Wight County \_\_\_\_\_ Suffolk City \_\_\_\_\_  
Other \_\_\_\_\_ (Must check one)

You **must** furnish **at least two** of the following items as verification of your address. Please note that personal mail or any document listing only a post office box will not be accepted. Check the type of documents attached as verification.

- Apartment or home lease
- Mortgage document or property deed
- Voter Precinct Identification
- Automobile Registration
- Property tax records showing location of homestead
- Current utility bill showing service to residence address
- Drivers License
- Affidavit stating under oath the student's address

If you are experiencing homelessness please complete Attachment A.

And, if the student is living with a legal guardian

- Court decree declaring the person to be the legal guardian of the student.

My relationship to this student is: \_\_\_\_\_

This is to certify that the above information is true and correct to the best of my knowledge; that I am the parent or legal guardian of this child; and, that the address given is my current place of residence. Also, I do understand that under Virginia Law, HB 2382, Section 22.1-264.1, a parent or guardian can be charged with a Class 4 misdemeanor for knowingly making a false statement concerning the residence of a child in a particular school division or school attendance zone if the purpose is to avoid tuition or to enroll the student in a school outside the attendance zone in which the student resides.

\_\_\_\_\_  
Date Signature of Parent or Legal Guardian

(For Office Use)

This is to certify that I have verified the above student's residence by reviewing the two documents checked above.

Registration Approved the School Board:

Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal or Designee

\_\_\_\_\_  
Date

# Franklin City Public Schools

## Student Homeless Documentation Form

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

Where does the student stay at night?

1. \_\_\_\_\_ in another location that is not appropriate for people (e.g., an abandoned building, car)
2. \_\_\_\_\_ in a shelter or transitional housing program
3. \_\_\_\_\_ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)
4. \_\_\_\_\_ in a hotel or motel

School (please check): \_\_\_\_\_ S.P. Morton Elementary School  
\_\_\_\_\_ J.P. King, Jr. Middle School  
\_\_\_\_\_ Franklin High School

Name of student: \_\_\_\_\_ Student's date of birth: \_\_\_\_\_

I, (name) \_\_\_\_\_ declare as follows:

I am the parent/legal guardian of (name of student) \_\_\_\_\_, who is of school age and is seeking enrollment in Franklin City Public Schools.

Since (date) \_\_\_\_\_, our family has not had a permanent residence.

Name of person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

I can be reached for emergencies at: \_\_\_\_\_

*I have received a copy of the Educational Rights for Children and Youth Lacking Fixed, Regular, and Adequate Housing and a copy of the school division's Admission of Homeless Policy JECA. Parent/Guardian Initials \_\_\_\_\_*

C: Food Services Supervisor

Counselor's Initials/Date \_\_\_\_\_



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Franklin, Virginia 23851-1713  
(757) 569-8111 • Fax (757)516-1015

## Notification of School Status

Virginia law requires that prior 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 affirmation indicating whether the student has been expelled from school attendance at a private school 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 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 the 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 the child

\_\_\_\_\_  
Date

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**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM**  
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

**Part I - HEALTH INFORMATION FORM**

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian completes this page (Part I) of the form. The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last First Middle  
 Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Mother or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_  
 Name of Father or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, hospitalizations, oxygen support, hearing aid, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly:

Check here if you want to discuss confidential information with the school nurse or other school authority.  Yes  No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance:  None  FAMIS Plus (Medicaid)  FAMIS  Private/Commercial/Employer sponsored

I, \_\_\_\_\_ (do \_\_\_) (do not \_\_\_) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_