



Pre-Kindergarten Application/Emergency Data Form



Student's Full Legal Name _____

(Last) (First) (Middle)

Male Female Birthdate _____ Student Age _____

Student's Primary Nighttime Residence _____ Apt # _____ Zip Code _____

Primary Phone _____ Cell Phone _____

Student Ethnicity (Check one) Hispanic or Latino No Yes
(Persons of Cuban, Mexican, Puerto Rican, South or Central American or Spanish culture or origin, regardless of race)

Student Race (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

All Parents(s)/Legal Guardian(s) (If Guardianship/Custody: Please provide legal documentation)

(Last, First, MI) _____ (Relation) _____

Parent Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Stu. Lives With No Yes Custody No Yes Educ. Rights No Yes Contact Allowed No Yes

Place of Employment _____ Phone _____

Employment Address _____ City _____ State _____ Zip Code _____



(Last, First, MI) _____ (Relation) _____

Parent Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Stu. Lives With No Yes Custody No Yes Educ. Rights No Yes Contact Allowed No Yes

Place of Employment _____ Phone _____

Employment Address _____ City _____ State _____ Zip Code _____



(Last, First, MI) _____ (Relation) _____

Parent Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Stu. Lives With No Yes Custody No Yes Educ. Rights No Yes Contact Allowed No Yes

Place of Employment _____ Phone _____

Employment Address _____ City _____ State _____ Zip Code _____



(Last, First, MI) _____ (Relation) _____

Parent Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Stu. Lives With No Yes Custody No Yes Educ. Rights No Yes Contact Allowed No Yes

Place of Employment _____ Phone _____

Employment Address _____ City _____ State _____ Zip Code _____

Does minor student have a court restriction regarding parent/guardian contact? No Yes

(Please provide copy of court documents, if yes.)

Student will be released to parent/guardian during school hours unless a court order specifically prohibits contact or release with parent/guardian. Parent/guardian is responsible for providing current copies of all court orders.

Application Screening Quick Tips for Parents

Please assist the school with providing your child's information by filling out this document completely. Listed below are some typical questions and answers that parents have when applying their child for pre-kindergarten.

Q. What should I bring to complete the application screening for pre-kindergarten?

A. Please bring the documents listed below to the citywide application screening. Please note, if all documents are not present, we will not be able to conduct the application screening at that time.

1. *Completed application
2. *Two proofs of residence/address
 - lease/mortgage agreement **and**
 - current gas, electric, or water bills
 - shared housing form (if applicable)
 - lease/mortgage (copy for file)
 - driver's license with current address (copy for file)
 - utility bill (copy for file)
 - notarized
3. *Child's certified birth certificate (original document)
4. *Child's Social Security card (original document)
5. *Proof of income for all individuals contributing to the family
 - 2016 W-2 forms, SSA, 1099, SSI, or two **recent** pay check stubs
6. *Unemployment documentation (if applicable)
7. *SNAP/TANF/WIC (if applicable)
 - case worker name/phone number, case number, benefits received
8. *IEP (if applicable)
9. Current physical examination/immunization report (copy for file)
10. Court ordered custody documents (if applicable)

*Parent/guardian must have document(s) in order to be seen at screening.

Applications and supporting documents may be downloaded from the division's website at www.vbschools.com/curriculum/prek.asp.

Q. If I have additional questions about registering my child as a student, whom should I contact?

A. Should you need additional information, please contact the Department of Teaching and Learning at (757) 263-1492 or the Coordinator of Health Services at (757) 263-2025.

Q. Will I be informed of the status of my child on the waitlist?

A. The waitlist is developed after all placements have been made and is updated following each application screening. Because application screenings take place throughout the school year, your child may move on the waitlist as new students apply to the program. If you want to know where your child falls on the waitlist at any time during the school year, you can call (757) 263-1492; however, be aware that the status of your child on the waitlist may change throughout the year.

_____, _____
(Last Name)

(First Name)

Names of other children living in household:

| Name | Gender | Relation | Birth Date | School |
|------|--------|----------|------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Does the student have an active 504 plan? No Yes (If yes, please provide copy of 504)

Does the student have an active IEP? No Yes Resource Self-Contained (If yes, please provide an IEP)

Transportation is only provided for Pre-Kindergarten students who live in the attendance zone of the Pre-Kindergarten school sites.

Is the student in the walking zone? No Yes

Will the student ride a VBCPS school bus to/from school? No Yes

Name of adult contact at pick-up _____ Phone Number _____

Address of pick-up _____

Name of adult contact at drop-off _____ Phone Number _____

Address of drop-off _____

Will the student require a special life-equipped bus? No Yes

Will the student ride a daycare bus? No Yes Provider Name: _____

Primary language spoken at home: English Other _____
(please name)

Name of last school attended _____

Street Address _____ City _____ State _____ Zip Code _____

Has the student previously attended school in Virginia Beach? No Yes VB School: _____

Parent/Guardian Military Connection (check one.)

Not government nor military connected

Gov't connection-not active duty military (i.e. Contractor): _____

Military-lives on base-Name of base: _____ Base/Home Port: _____

Military-lives off base

Military Information (active duty personnel only)

Rate/Ranking: _____

Information Concerning Discipline or Criminal/Delinquent Acts

Virginia Code §22.1-3.2, as amended requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, independent student, legal guardian or other person having control or charge of a school aged child to provide, upon registration, a sworn statement or affirmation concerning the below listed information. Any person making a materially false statement or affirmation shall be guilty of a Class 3 Misdemeanor upon conviction. The registration document shall be maintained as part of the student's scholastic record.

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW:

1. **Has the student 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 involving weapons, alcohol or drugs, or for the willful infliction of injury to another person?** No Yes

2. **Has the student been found guilty of or adjudicated delinquent for any offense listed below, or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories?**

- A firearm or related offense, pursuant to Virginia Code §18.2-279 through 18.2-309, as amended;
- Homicide, pursuant to Virginia Code §18.2-30 et seq., as amended;
- Felonious assault and bodily wounding, pursuant to Virginia Code §18.2-51 et seq., as amended;
- Criminal sexual assault, pursuant to Virginia Code §18.2-61 et seq., as amended;
- Manufacture, sale, gift, distribution or possession of a Schedule I or II controlled substance, pursuant to Virginia Code §18.2-247 et seq., as amended;
- Manufacture, sale, gift, distribution or possession of a marijuana, pursuant to Virginia Code §18.2-247 et seq., as amended;
- Arson and related crimes, pursuant to Virginia Code §18.2-77 et seq., as amended;
- Burglary and related offenses, pursuant to Virginia Code §18.2-89 through 18.2-93, as amended;
- Robbery, pursuant to Virginia Code §18.2-58, as amended;
- Prohibited street gang participation, activity or recruitment, pursuant to Virginia Code §18.2-46.2 & 18.2-46.3, as amended;
- An act of violence by a mob, pursuant to Virginia Code §18.2-42.1 et seq., as amended.

I hereby swear or affirm that the above information concerning (student) _____ is true and accurate.

Signature of Parent, Independent Student, Legal Guardian or Person Having Charge of Student

Date

_____, _____
(Last Name)

(First Name)

Note: The following information is required by state and federal law.

Is the student an **immigrant**? No Yes

Immigrant-Individuals who are aged 3 through 21; were not born in any State of the United States of America; and may not have been attending one or more schools in any one or more States for more than three (3) full academic years.

Is the student a **refugee**? No Yes Country Represented: _____

Refugee- An individual who is outside his/her country and is unable or unwilling to return to that country because of a well-founded fear that he/she will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group. This definition excludes persons displaced by natural disasters or persons who, although displaced, have not crossed an international border. Also excluded are persons commonly known as “economic migrants,” whose primary reason for flight has been a desire for personal betterment rather than persecution per se. Specifically, the U.S. Citizenship and Immigration Services has issued to refugees an I-94 card that is stamped “Refugee” and which contains an alien number.

Is the student **homeless**? No Yes

Homeless-The term “homeless children and youth” (A) means individuals who lack a fixed, regular, and adequate nighttime residence...; and (B) includes (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings... (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Is the student a **migrant**? No Yes

Migrant- A “migratory child” means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker, or a migratory fisher, and who, in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain, temporary or seasonal employment in agricultural or fishing work—(A) has moved from one school district to another; (B) in a State that is comprised of a single school district, has moved from one administrative area to another within such district; or (C) resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Is child **neglected**?* No Yes

Is child **delinquent**?* No Yes

***Neglected or delinquent children**- A child placed by an agency or court in a local institution for neglected or delinquent children and youth or attending a community day program for such children.

Is the child in **foster care**?

Does the student reside in a foster home? No Yes (If yes, please provide copy of documents.)

***AlertNow* Parent Notification System**

AlertNow is a parent notification system that allows the school division to send important information quickly via phone and/or email to parents and/or guardians of students about emergency situations, school delays or cancellations due to inclement weather. At the school level, it will allow staff to remind parents about various events and circumstances, such as report card distribution, open houses, delayed buses, class field trips and more. After your text-enabled phone is entered into the system, ***AlertNow*** will automatically send a text message to your phone to confirm your request. You are subject to all applicable messaging charges, depending on your service provider. **Standard message and data rates may apply. You may opt-out at any time by texting “STOP VBCPS” to 23177 or 63079.**

(Last Name)

(First Name)

- I understand it is a Class 4 misdemeanor charge for knowingly making a false statement concerning the residency of a person in a particular school division or school attendance zone for the purposes of avoiding tuition charges or enrollment in a school outside the attendance zone or division in which the student resides. Violation of this law is punishable up to a \$250 fine.
- I give my permission for my minor child or myself to attend all school-authorized field trips and after-school programs, if offered. I understand that all normal precautions will be taken for safety and students/parents will be advised in advance of all field trips and after-school programs. I may withdraw permission for my child or myself to attend a specific field trip or after-school program by providing written notice to the school.
- I assume liability for all damages or loss of school property caused by myself or the minor student being registered.
- I agree to explain all student absences and tardiness in writing upon student re-entry into school.
- I understand information that is classified as “directory information” may be disclosed under the guidelines noted in School Board Policy and Regulation (5-66 and 5-66.1) and in accordance with state and federal law and that I may prevent disclosure of such information by providing written notice to the school.
- If the school is unable to contact parent/guardian/emergency/contact, I give permission for the school to contact my child or my physician for clarification of any medical needs.
- I give school authorities permission, in an emergency, to secure necessary aid and transportation for the preservation of my or my child’s health, at my expense.
- I will notify the school with any changes to the information on this form.

Signature of Parent, Independent Student, Legal Guardian or Person Having Charge of Student

Date

Thank you for providing your school with this important information.

**Aaron C. Spence, Ed.D., Superintendent
Virginia Beach City Public Schools
2512 George Mason Drive • P.O. Box 6038, Virginia Beach, Virginia 23456-0038**

The Virginia Beach City Public Schools, in partnership with the entire community, will empower every student to become a life-long learner who is a responsible, productive and engaged citizen within the global community.

- Alternative formats of this publication which may include taped, Braille, or large print materials are available upon request for individuals with disabilities.
- Call or write the Department of School Leadership, Virginia Beach City Public Schools, 2512 George Mason Drive, P.O. Box 6038, Virginia Beach, VA 23456-0038; telephone (757) 263-1088; fax (757) 263-1260; (757) 263-1240 (TDD); e-mail DeptofSchoolLeadership@vbschools.com. This document is produced by the Department of School Leadership (757) 263-1088.
- Virginia Beach City Public Schools does not discriminate on the basis of race, color, national origin, sex, sexual orientation/gender identity, pregnancy, childbirth or related medical condition, disability, marital status, age, genetic information or veteran status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. School Board policies and regulations (including but not limited to, Policies 2-33, 4-4, 4-6, 4-43, 5-7, 5-19, 5-20, 5-44, 6-7, 7-48, 7-49, 7-57 and Regulations 4-4.1, 4-4.2, 5-44.1, 7-11.1, 7-17.1 and 7-57.1) provide equal access to courses, programs, counseling services, physical education and athletic, vocational education, instructional materials, and extracurricular activities.

To seek resolution of grievances resulting from alleged discrimination or to report violations of these policies, please contact the Title VI/Title IX Coordinator/Director of Student Leadership at 757.263.2020, 1413 Laskin Road, Virginia Beach, Virginia 23451 (for student complaints) or the Section 504/ADA Coordinator/Chief Human Resources Officer at 757.263.1133, 2512 George Mason Drive, Municipal Center, Building 6, Virginia Beach, Virginia 23456 (for employees or other citizens). Concerns about the application of Section 504 of the Rehabilitation Act should be addressed to the Section 504 Coordinator/Director of Guidance Services and Student Records at 757.263.1980, 2512 George Mason Drive, Virginia Beach, Virginia 23456 or the Section 504 Coordinator at the student’s school. For students who are eligible or suspected of being eligible for special education or related services under IDEA, please contact the Office of Programs for Exceptional Children at 757.263.2400, Laskin Road Annex, Virginia Beach, Virginia, 23451.

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VIRGINIA BEACH CITY PUBLIC SCHOOLS CHARTING THE COURSE

STUDENT EMERGENCY/MEDICAL INFORMATION

School Year _____

Student's Name _____ Date of Birth _____

Doctor's Name _____ Phone Number _____

Adult Emergency Contact Information (other than parent/legal guardian)- In the event of an emergency, during school hours and at the discretion of the school principal, my child may be released to one of the adults listed below:

Name: _____ **Relation** _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name: _____ **Relation** _____

Home Phone _____ Cell Phone _____ Work Phone _____

Childcare Provider (if applicable) _____

Address _____ Phone _____

Do you have health insurance for this student? **Medicaid** **Military** **FAMIS** **Private**

If none, would you like information regarding health insurance for children? **No** **Yes**

Does this student have any health problems, including allergies, of which we should be aware? **No** **Yes**

Will this student need skilled nursing care? **No** **Yes**

Does this student have any physical disability that would prevent full participation in the physical education program? **No** **Yes**

Will this student need to take medication during the school day? **No** **Yes**

Please contact the school nurse if this student will need health-related accommodations in school or if you have any health-related questions.

- **If the school is unable to contact parent/legal guardian, I give permission for the school to contact my child's physician for clarification of any medical needs.**
- **I give authorities permission, in an emergency, to secure necessary aid and transportation for the preservation of my child's health, at my expense.**

Signature of Parent, Independent Student, Legal Guardian or Person Having Charge of Student

Date

PLEASE NOTIFY THE SCHOOL NURSE WITH ANY CHANGES TO THE INFORMATION PROVIDED ON THIS FORM.



(Last Name)

(First Name)

Family Type (check all that apply): Single Mother Single Father Two Parent Foster Other Relative Other

Marital Status: Single Married Separated Divorced Widowed

Check all that Apply

Child currently in foster care **NO / YES**

Are you lacking fixed, regular or adequate housing at this time? **NO / YES** (if yes, fill out Domicile Questionnaire)

Chronic illness of a family member in the household? Who? _____ Condition: _____

Physical/Sexual abuse of child. Explain: _____

Substance abuse of parent. Explain: _____

Domestic violence witnessed or encountered by the child. Explain: _____

Trauma witnessed or encountered by child. Explain: _____

Incarcerated parent? Reason, Place, Time: _____

Teenage Parent? Age of mother at birth of first child: _____ First child's birth date: _____

Age of father at birth of first child: _____ First child's birth date: _____

Limited English Proficient? **Family:** _____ (language) **Child:** _____ (language)

Active Duty Military-Separation during child's lifetime: 50% or more 25-49% 25% or less

Is your child fully potty trained? (minimal to no accidents and does not wear a pull-up) **NO / YES**

I certify that all of the information on this document is true. If any part is false, the applicant's participation in this agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours. I also understand that this is not a first come-first served process and that selection is based on weighted risk factors. Children with the highest risk factors will be selected first.

Signature of Parent, Independent Student, Legal Guardian or Person Having Charge of Student

Date