



# Hanover County Public Schools

## Registration Packet Directions

Welcome to Hanover County Public Schools! Due to COVID-19 restrictions, we have modified our process to pre-register students for the 2021-2022 school year in order to follow all CDC guidelines for everyone's health and safety. Thank you for your patience. We look forward to working with your family.

In addition to this page, this packet includes:

1. **An Enrollment Form** - Please print neatly and complete all sections. Be sure to sign in all three places.
2. **Expulsion Affirmation Form** - Please complete and sign.
3. **Health Form/Immunization Form** - The Health Entrance Form is required for all kindergarten and elementary students. A form from your child's physician can be substituted for this form. Students waiting until their five year old checkup may be pre-registered with all other paperwork while waiting for their appointment with their pediatrician. All students, regardless of grade level, must provide evidence of immunization.
4. **Registration Checklist** - keep this document with you as a reminder of what is needed to complete the registration process.

---

**\*PLEASE NOTE: Registration will not be considered complete until the in-person appointment takes place and the registrar receives all necessary documentation required to complete registration, including, but not limited to, a photo ID, an original birth certificate, and proof of residency.**

Please continue to the other side of this page.

Once you have completed all of the forms and collected all of the required documentation, please contact the registrar at your child's school to **schedule an appointment** for the in-person component of the registration process. Requirements for this appointment are as follows:

1. Wear a mask during the entire appointment.
2. Follow the required distancing measures during the appointment.
3. Please arrive on time for your appointment.
4. For safety reasons, the appointments will be limited to one parent only. **Children should NOT attend.** The parent who signs the forms must be the parent who attends the appointment.
5. Bring the original documents that are required to complete the registration process, including, but not limited to:
  - Photo ID
  - Original/certified copy of the student's birth certificate
  - Original mailed proof of residency documents

### **IMPORTANT REMINDERS**

- ☐ Copies of all documents will be made and considered part of the student's enrollment file.
- ☐ Enrollment is not complete until all of the required documents are received.
- ☐ Students who are not fully enrolled will not be assigned a home room teacher or schedule and will not be able to start the school year until this information is received.

# Hanover County Public Schools

Student Enrollment Form

20\_\_ - 20\_\_

FORM SBO-23

## Student Information

(PLEASE PRINT. Provide birth information exactly as shown on Birth Certificate.)

LEGAL LAST NAME (including suffix, if applicable)	LEGAL FIRST NAME	LEGAL MIDDLE NAME(S)	
BIRTHDATE (mm/dd/yyyy) ____/____/____	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH COUNTRY	BIRTH STATE

Please provide copies of **all current court orders** concerning custody and visitation of the student, including protective orders, if any.

## RACE & ETHNICITY

The US Department of Education requires that both these questions be answered and provides only the following categories for ethnic group and race. IF BOTH QUESTIONS ARE NOT ANSWERED, SCHOOL PERSONNEL ARE REQUIRED TO MAKE SELECTIONS FOR BOTH.

IS THE STUDENT HISPANIC OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE (select one or more) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE
---	--

## PRIMARY SPOKEN LANGUAGE

What is the primary language 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 what language do you wish to receive written communication?

In what language do you wish to receive oral communication?

## MILITARY CONNECTED STUDENT

<input type="checkbox"/> STUDENT IS NOT MILITARY CONNECTED	<input type="checkbox"/> ACTIVE DUTY Student is a dependent of a member of Active Duty Forces (Army, Navy, Air Force, Marines, Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services)	<input type="checkbox"/> RESERVE Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marines, or Coast Guard)	<input type="checkbox"/> NATIONAL GUARD Active or Reserve
---	--	---	--

IS THE STUDENT IN A FOSTER CARE SETTING? ☐ YES ☐ NO DSS BID ENROLLMENT FORM COMPLETE? ☐ YES ☐ NO

NAME OF STATE, COUNTY, CITY OR AGENCY: \_\_\_\_\_

## Prior School Experience / Education

DATE STUDENT FIRST ENTERED A VIRGINIA SCHOOL: ____/____/____	DATE STUDENT FIRST ENTERED A UNITED STATES SCHOOL: ____/____/____
---	--

## PRE-K EXPERIENCE

If the student is enrolling in a Pre-K Program or Kindergarten, identify the most current or most recent Pre-K experience. (Check all that apply):

<input type="checkbox"/> NO PRESCHOOL EXPERIENCE	<input type="checkbox"/> PRIVATE PRESCHOOL / DAYCARE	<input type="checkbox"/> DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM
<input type="checkbox"/> HEAD START	<input type="checkbox"/> FAMILY HOME DAYCARE PROVIDER	
<input type="checkbox"/> PUBLIC PRESCHOOL		

Average Weekly Time in Pre-K Program: ☐ LESS THAN 15 HOURS ☐ 15-29 HOURS ☐ 30 OR MORE HOURS

## PREVIOUS SCHOOL ATTENDED

HAS YOUR CHILD EVER ATTENDED HANOVER COUNTY PUBLIC SCHOOLS? ☐ YES ☐ NO If yes, name of school: \_\_\_\_\_

MOST RECENT SCHOOL DIVISION ATTENDED (if other than Hanover County Public Schools): \_\_\_\_\_

MOST RECENT SCHOOL ATTENDED: \_\_\_\_\_

## Daycare Provider

NAME OF DAYCARE / CHILDCARE PROVIDER:	PHONE (1):	PHONE (2):
--	------------	------------

DAYCARE / CHILDCARE PROVIDER IS  
AUTHORIZED TO REMOVE STUDENT  
FROM SCHOOL: ☐ YES ☐ NO

DAYCARE / CHILDCARE PROVIDER IS  
RESPONSIBLE FOR TRANSPORTATION: ☐ YES ☐ NO

(If yes, please describe: ) \_\_\_\_\_

## HANOVER COUNTY PUBLIC SCHOOLS STUDENT ENROLLMENT FORM

20\_\_ - 20\_\_

**Household Information**

Primary Household is where the student resides and is the student's legal address to which all mail intended for the student's parents or guardians will be sent. STEPPARENT INFORMATION SHOULD BE INCLUDED IN EMERGENCY CONTACTS (IF APPLICABLE).

**PRIMARY HOUSEHOLD**

1) NAME OF PARENT / LEGAL GUARDIAN (Last, First, Middle):

RELATIONSHIP TO STUDENT: ☐ MOTHER ☐ FATHER ☐ LEGAL GUARDIAN ☐ FOSTER PARENT ☐ SELFPRIMARY  
PHONEWORK  
PHONEOTHER  
PHONE

2) NAME OF PARENT / LEGAL GUARDIAN (Last, First, Middle):

RELATIONSHIP TO STUDENT: ☐ MOTHER ☐ FATHER ☐ LEGAL GUARDIAN ☐ FOSTER PARENTPRIMARY  
PHONEWORK  
PHONEOTHER  
PHONE

STREET ADDRESS / APT

CITY / STATE

ZIP

EMAIL (1):

EMAIL (2):

STUDENT EMAIL:

**SECONDARY HOUSEHOLD (If Applicable)**

1) NAME OF PARENT / LEGAL GUARDIAN (Last, First, Middle):

RELATIONSHIP TO STUDENT: ☐ MOTHER ☐ FATHER ☐ LEGAL GUARDIAN ☐ FOSTER PARENTPRIMARY  
PHONEWORK  
PHONEOTHER  
PHONE

STREET ADDRESS / APT

CITY / STATE

ZIP

EMAIL

SHOULD THIS HOUSEHOLD RECEIVE MAILINGS?

☐ YES ☐ NO**Emergency Contacts**

(NOT PARENTS OR LEGAL GUARDIANS. LOCAL CONTACTS ONLY. Include information for at least two (2) contacts below.)

1) CONTACT NAME:

RELATIONSHIP TO STUDENT:

PRIMARY  
PHONEWORK  
PHONEOTHER  
PHONE

2) CONTACT NAME:

RELATIONSHIP TO STUDENT:

PRIMARY  
PHONEWORK  
PHONEOTHER  
PHONE

3) CONTACT NAME:

RELATIONSHIP TO STUDENT:

PRIMARY  
PHONEWORK  
PHONEOTHER  
PHONE**EMERGENCY STUDENT RELEASE AUTHORIZATION**

In the event of an emergency and the school is unable to contact the parent / legal guardian, I authorize that my child may be released to the person(s) listed above.

PARENT / LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

The information reported on this Student Enrollment form will become a part of your child's current school record. Student record information will not be released to third parties or used for other than routine daily and/or emergency contact purposes without the knowledge or permission of parents, guardians or students who have passed their eighteenth birthday, except in accordance with the law.

I certify that the information I have provided on this form is true and accurate. I understand that making a false statement about my residency is a Class 4 misdemeanor. I understand that if I make such a false statement, I will be liable to the Hanover County School Board for tuition charges for the time my child(ren) is/are enrolled and that my child(ren) will be withdrawn. I authorize the Hanover County School Board to verify the accuracy of the information on this form with governmental agencies, landlords, lenders, and other sources. I authorize the Hanover County School Board to rely upon and use any information received from such contacts. If any change occurs in my residency after I submit this form, I am responsible for immediately notifying my child's/children's school(s) of the change.

Parent / Legal Guardian Signature: \_\_\_\_\_

DATE: \_\_\_\_\_



The Hanover County School Board does not unlawfully discriminate on the basis of age, sex, race, color, religion, disability or national origin in its employment practices or educational programs and activities. The Director for Special Education is designated as coordinator for non-discrimination for access to and implementation of programs under Section 504 and the Americans with Disabilities Act. The Assistant Superintendent of Human Resources is designated as coordinator for non-discrimination regarding personnel matters under Section 504 and the Americans with Disabilities Act. To contact Hanover County Public Schools by telephone, please call 804-365-4500.

REVISION 05-07-20

**Hanover County Public Schools**

Student Enrollment Form

20 \_\_\_\_ – 20 \_\_\_\_

FORM **SBO-23****Student Health Information**

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME(S)	PREFERRED NAME
BIRTHDATE (mm/dd/yyyy) ____ / ____ / ____			
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		HOME ROOM / HOME BASE TEACHER	

HAS YOUR CHILD TRAVELED OUTSIDE OF THE UNITED STATES IN THE PAST YEAR? ☐ YES ☐ NO IF YES, LIST LOCATION/S: \_\_\_\_\_

LIST MEDICATIONS TAKEN REGULARLY: \_\_\_\_\_

DOES YOUR CHILD HAVE A MEDICAL CONDITION THAT REQUIRES SPECIAL CARE? ☐ YES ☐ NO PLEASE INDICATE BELOW AND PROVIDE DETAIL:
☐ YES ☐ NO Allergies (State type of allergy, such as environmental, food, insect, etc., and treatment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Asthma (Medication) \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO ADD or ADHD (Medication) \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Cardiovascular (Condition, Cardiologist's name / phone) \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Diabetes (Physician's name / phone) \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Hearing Deficit \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Wears Hearing Device \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Juvenile Arthritis \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Migraines (Physician's name / phone, Medication) \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Physical Limitations \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Scoliosis \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Seizures (Neurologist's name / phone) \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Urinary Tract Problem (Condition, Urologist's name / phone) \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Vision Correction (Circle One: GLASSES CONTACTS) \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Wheelchair Bound \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Anxiety / Depression (Medication) \_\_\_\_\_  
 \_\_\_\_\_

☐ YES ☐ NO Other \_\_\_\_\_  
 \_\_\_\_\_
List any childhood diseases: \_\_\_\_\_  
 \_\_\_\_\_**PARENT AUTHORIZATION**

The school nurse / attendant may contact our family physician for medical information. In case of serious accident / illness, I request the school contact me first. If a person listed above cannot be reached, the school may make arrangements deemed necessary, including transportation to a medical facility via rescue squad to obtain medical assistance.

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL CHOICE: \_\_\_\_\_

Would you like information on low cost health insurance (Medicaid / FAMIS for children)? ☐ YES ☐ NO

Parent / Legal Guardian Name (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_



The Hanover County School Board does not unlawfully discriminate on the basis of age, sex, race, color, religion, disability or national origin in its employment practices or educational programs and activities. The Director for Special Education is designated as coordinator for non-discrimination for access to and implementation of programs under Section 504 and the Americans with Disabilities Act. The Assistant Superintendent of Human Resources is designated as coordinator for non-discrimination regarding personnel matters under Section 504 and the Americans with Disabilities Act. To contact Hanover County Public Schools by telephone, please call 804-365-4500.

## AFFIRMATION REGARDING EXPULSION

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 of a private school or 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 of the child

\_\_\_\_\_  
Date

### OR

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 of the child

\_\_\_\_\_  
Date

## Virginia Physical and Immunization Requirements for Kindergarten Entry Fall 2021

Please bring the completed **"School Entrance Health Form"** to our school as soon as possible to avoid a delay in your child's registration process.

The following documents must be on file at school **BEFORE** your child may start Kindergarten in a Virginia public school.

### Physical Exam:

- Must be performed on or after September 7, 2020 in order to start Kindergarten on September 7, 2021.
- Date of physical exam must be on the form.
- Physical exam must be signed by a US licensed physician or health care provider.

### Immunizations:

- Certificate of Immunizations must be signed by the physician or health care provider.
- Required immunizations include:
- **Diphtheria, Tetanus & Pertussis vaccine (DTaP, DTP)** to include a minimum of 4 doses with one dose on or after the 4<sup>th</sup> birthday.
- **Hepatitis B vaccine** to include a complete 3 dose series.
- **Measles, Mumps & Rubella vaccine (MMR)** to include a minimum dose of 2 measles, 2 mumps & 1 rubella vaccine (usually given together as MMR twice). The first dose must be at or after 12 months of age.
- **Polio vaccine** to include a minimum of 4 doses with one dose on or after the 4<sup>th</sup> birthday.
- **Varicella (Chickenpox) vaccine** to include one dose at or after 12 months of age and a second dose prior to Kindergarten. Children who have had chickenpox must have written documentation by the physician in order to be exempt from the vaccine requirement.
- **Hepatitis A vaccine** to include 2 doses with the first dose at or after 12 months of age

Please call Tracey Amos, RN, WHES Nurse at (804)723-2303 if you have any questions about these requirements.

**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 earlier than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parent or Legal Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Parent or Legal Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Child's Health Insurance: None ☐ FAMIS Plus (Medicaid) ☐ FAMIS ☐ Private/Commercial/ Employer Sponsored ☐ \_\_\_\_\_

**Box 1. Pre-Existing Conditions**

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes: Type 1		
Please list Life Threatening Allergies:			Diabetes: Type 2		
			Insulin pump		
Allergies (seasonal)			Head injury, concussion		
Asthma or breathing conditions			Hearing conditions or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart conditions		
Behavioral/Psych/ Social conditions			Lead poisoning		
Developmental conditions			Muscle conditions		
Bladder conditions			Seizures		
Bleeding conditions			Sickle Cell Disease (not trait)		
Bowel conditions			Speech conditions		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental Health conditions			Vision conditions		

Describe any other important health-related information about your child (☐ Feeding tube, ☐ Trach, ☐ Oxygen support, ☐ Hearing aids, ☐ Dental appliance, ☐ Wheelchair, Hospitalizations, etc.):

**Box 2. Medications**

List all prescription, emergency, over-the-counter, and herbal medications your child takes regularly (Home/ School):

Medication Name	Dosage	Time Administered ( Home/School)	Notes
1.			
2.			
3.			
4.			

Additional Medications (Name, Dose, Time Administered, Notes)

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)			

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 Interpreter: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM  
Part II - Certification of Immunization**

Check if the student's  
Immunization  
Records are attached  
using a separate form  
signed by HCP



**Section I**

See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box. Please contact your local health department for assistance with foreign vaccine records.

Student Name:		Date of Birth :		/ /		Sex:	
Race (Optional):		Ethnicity:		Hispanic		Non-Hispanic	

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
Diphtheria, Tetanus, Pertussis Vaccine (DTP, DTaP)	1	2	3	4	5
Diphtheria, Tetanus (DT) or Tdap or Td Vaccine (given after 7 years of age)	1	2	3	4	5
Tdap Vaccine booster	1				
Poliomyelitis Vaccine (IPV, OPV)	1	2	3	4	5
Haemophilus influenzae Type b Vaccine (Hib conjugate) only for children <60 months of age	1	2	3	4	
Rotavirus Vaccine (RV) only for children < 8 months of age	1	2	3		
Pneumococcal Vaccine (PCV conjugate) only for children <60 months of age	1	2	3	4	
Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Measles, Mumps, Rubella Vaccine (MMR vaccine)	1	2			
Measles Vaccine (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
Rubella Vaccine	1	2	Serological Confirmation of Rubella Immunity:		
Mumps Vaccine	1	2	Serological Confirmation of Mumps Immunity:		
Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3	4	
Hepatitis A Vaccine	1	2			
Meningococcal ACWY Vaccine	1	2			
Meningococcal B Vaccine	1	2	3		
Human Papillomavirus Vaccine (HPV)	1	2	3		
Influenza (Yearly)	1	2	3	4	5
Other	1	2	3	4	5
Other	1	2	3	4	5

**Certification of Immunization**

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section II**  
**Conditional Enrollment and Exemptions**

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date. .  
This section must be attached to Part I Health Information (to be filled out and signed by parent).

Student's Name: \_\_\_\_\_ Date of Birth:     
Parent or Legal Guardian Name: \_\_\_\_\_  
Parent or Legal Guardian Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**MEDICAL EXEMPTION:** As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap : ☐; DT/Td: ☐; OPV/IPV: ☐; Hib: ☐; PCV: ☐; RV: ☐; Measles : ☐;

Mumps: ☐; Rubella : ☐; VAR: ☐; Men ACWY: ☐; Men B: ☐; Hep A: ☐; HBV: ☐

This contraindication is permanent: [ ☐ ], or temporary [ ☐ ] and expected to preclude immunizations until: Date (Mo., Day, Yr.):   .

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): \_\_\_\_/\_\_\_\_/\_\_\_\_

**RELIGIOUS EXEMPTION:** The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

**CONDITIONAL ENROLLMENT:** As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on \_\_\_\_\_.

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.):

**Section III Requirements**

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).  
(Requirements are subject to change.)

### Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at [www.vahealth.org/schoolhealth](http://www.vahealth.org/schoolhealth).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ M ☐ F

<b>Health Assessment</b>	<b>Date of Assessment:</b> ____/____/____ <b>Weight:</b> _____ lbs. <b>Height:</b> _____ ft. ____ in. <b>Body Mass Index (BMI):</b> _____ <b>BP:</b> _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	<b>Physical Examination</b> 1 = Within normal    2 = Abnormal finding    3 = Referred for evaluation or treatment												
	HEENT	1	2	3	Neurological	1	2	3	Skin	1	2	3		
	Lungs				Abdomen				Genital					
	Heart				Extremities				Urinary					
<b>Tuberculosis Screening</b> Check the box that applies: <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified														
Test for TB Infection: TST IGRA Date: _____ TST Reading _____ mm    TST/IGRA Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive CXR required if positive test for TB infection or TB symptoms.    CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal														
<b>EPSDT Screens <u>Required</u> for Head Start – include specific results and date:</b> Blood Lead: _____ Hct/Hgb _____														

<b>Developmental Screen</b>	Assessed for:	Assessment Method:	Within normal	Concern identified:	Referred for Evaluation	
	Emotional/Social					
	Problem Solving					
	Language/Communication					
	Fine Motor Skills					
	Gross Motor Skills					
<b>Hearing Screen</b>	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box. <input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Referred			<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Hearing aid or another assistive device		
		1000	2000	4000		
	R					
	L					

<b>Vision Screen</b>	<input type="checkbox"/> With Corrective Lenses (Check if yes)					<b>Dental Screen</b>	<input type="checkbox"/> Problems Identified: Referred for Treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care <input type="checkbox"/> Unable to perform				
	Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not tested Distance    Both    R    L    Test used: _____ _____ 20/    20/    20/    _____ _____    _____    _____    _____										
	<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test-needs rescreen										

<b>Recommendations to (Pre) School, Child Care, or Early Intervention Personnel</b>	<b>Summary of Findings (check one):</b> <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):														
	<b>Allergy:</b> <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction    Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other: _____ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc) _____ Restricted Activity Specify: _____ Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____ Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school. Special Diet Specify: _____ Special Needs Specify: _____ Other Comments: _____														

**Health Care Professional's Certification (Write legibly or stamp)** ☐ By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Practice/Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_



## Hanover County Public Schools Registration Checklist

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

In order to register a student in Hanover County Public Schools, the parent/guardian must provide the following:

- ☐ PARENT/GUARDIAN PHOTO ID
- ☐ BIRTH CERTIFICATE - ORIGINAL or CERTIFIED COPY
- ☐ PHYSICAL EXAMINATION/HEALTH INFORMATION FORM (ELEMENTARY ONLY)
- ☐ PROOF OF IMMUNIZATION
- ☐ LEGAL CUSTODY/GUARDIANSHIP DOCUMENTS (IF APPLICABLE)
- ☐ RESIDENCY REQUIREMENTS (Choose the appropriate box below)

*Any person who knowingly makes a false statement concerning the residency of a child shall be guilty of a Class 4 misdemeanor. Falsification of information shall result in the withdrawal of the student(s) and assessment of the appropriate tuition charge.*

<p>1. <u>      </u> I AM THE HOMEOWNER. MUST BRING IN ONE OF THESE (which must reflect the resident's name and physical address):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> CURRENT MORTGAGE STATEMENT, DEED, OR SALES CONTRACT (SIGNED BY SELLER AND PURCHASER)</li></ul> <p style="text-align: center;"><b>AND</b></p> <p>TWO OF THE FOLLOWING (which must reflect the resident's name, physical address, and service address):*</p> <ul style="list-style-type: none"><li><input type="checkbox"/> CURRENT LAND-LINE TELEPHONE, CABLE, INTERNET, SATELLITE, WATER, GAS/OIL, OR ELECTRICITY BILL</li><li><input type="checkbox"/> VOTER REGISTRATION CARD</li><li><input type="checkbox"/> CURRENT AUTO REGISTRATION</li><li><input type="checkbox"/> W-2 TAX DOCUMENT FOR MOST RECENT TAX YEAR</li><li><input type="checkbox"/> COMBINED BILL AND RECEIPT FOR PERSONAL PROPERTY TAXES (PAID WITHIN THE CURRENT YEAR)</li><li><input type="checkbox"/> BANK STATEMENT, MEDICAL BILLS, OR OFFICIAL GOVERNMENT CORRESPONDENCE DATED WITHIN THE LAST TWO MONTHS</li></ul>	<p>2. <u>      </u> I RENT MY HOME. MUST BRING IN ONE OF THESE (which must reflect the resident's name and physical address):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> CURRENT SIGNED AND BONAFIDE LEASE (PERSON TO PERSON LEASE MUST BE NOTARIZED)</li></ul> <p style="text-align: center;"><b>AND</b></p> <p>TWO OF THE FOLLOWING (which must reflect the resident's name, physical address, and service address):*</p> <ul style="list-style-type: none"><li><input type="checkbox"/> CURRENT LAND-LINE TELEPHONE, CABLE, INTERNET, SATELLITE, WATER, GAS/OIL, OR ELECTRICITY BILL</li><li><input type="checkbox"/> VOTER REGISTRATION CARD</li><li><input type="checkbox"/> CURRENT AUTO REGISTRATION</li><li><input type="checkbox"/> W-2 TAX DOCUMENT FOR MOST RECENT TAX YEAR</li><li><input type="checkbox"/> COMBINED BILL AND RECEIPT FOR PERSONAL PROPERTY TAXES (PAID WITHIN THE CURRENT YEAR)</li><li><input type="checkbox"/> BANK STATEMENT, MEDICAL BILLS, OR OFFICIAL GOVERNMENT CORRESPONDENCE DATED WITHIN THE LAST TWO MONTHS</li></ul>	<p>3. <u>      </u> I LIVE WITH ANOTHER HANOVER COUNTY RESIDENT. MUST BRING THE FOLLOWING:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> NOTARIZED MULTIFAMILY DISCLOSURE FORM</li><li><input type="checkbox"/> PROOF OF THE HOST'S RESIDENCY AS EITHER A HOMEOWNER or RENTER (SEE BOX 1 OR 2)</li></ul> <p style="text-align: center;"><b>AND</b></p> <p>THE PARENT/GUARDIAN MUST PROVIDE TWO OF THE FOLLOWING WITHIN 60 DAYS (which must reflect the resident's name, physical address, and service address):*</p> <ul style="list-style-type: none"><li><input type="checkbox"/> CURRENT LAND-LINE TELEPHONE, CABLE, INTERNET, SATELLITE, WATER, GAS/OIL, OR ELECTRICITY BILL</li><li><input type="checkbox"/> VOTER REGISTRATION CARD</li><li><input type="checkbox"/> CURRENT AUTO REGISTRATION</li><li><input type="checkbox"/> W-2 TAX DOCUMENT FOR MOST RECENT TAX YEAR</li><li><input type="checkbox"/> COMBINED BILL AND RECEIPT FOR PERSONAL PROPERTY TAXES (PAID WITHIN THE CURRENT YEAR)</li><li><input type="checkbox"/> BANK STATEMENT, MEDICAL BILLS, OR OFFICIAL GOVERNMENT CORRESPONDENCE DATED WITHIN THE LAST TWO MONTHS</li></ul>
---	---	---

\*Hanover County Public Schools will accept only original documents for proof of residence. No copies or online printouts of such documents will be accepted. Copies of all documents presented for proof of residence will be retained in the student's cumulative file as part of the student's enrollment documentation.

Verified by \_\_\_\_\_ Date \_\_\_\_\_



# Kindergarten Information Sheet

Student's full name: \_\_\_\_\_

Student's nickname (what they would like to be called at school):  
\_\_\_\_\_

Birthday: \_\_\_\_\_

Circle one: Lives with- both parents mother father

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

Subdivision: \_\_\_\_\_

Phone number: \_\_\_\_\_

If you can be contacted by email please specify:  
\_\_\_\_\_  
\_\_\_\_\_

Work number of mother: \_\_\_\_\_

Work number of father: \_\_\_\_\_

Name of pre-school your child attended: \_\_\_\_\_

Will your child attend a Day Care Center after school next year? If so,  
please list the name of the center. Yes or No \_\_\_\_\_

Does your child have any special interests?  
\_\_\_\_\_  
\_\_\_\_\_

Is your child afraid of anything?  
\_\_\_\_\_

Does your child have difficulty with speech? Yes or No

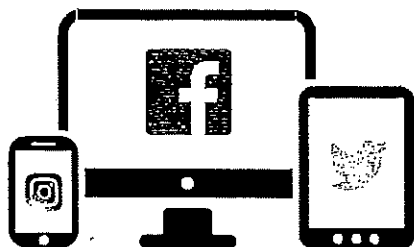
Can your child read? Yes or No

Other comments or information I should know about your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# HCPS Connects DIGITAL RESOURCES



Hanover County Public Schools offers a variety of digital resources for you and your student. These tools will help you stay up-to-date on important news, announcements, events, assignments, and grades.



## SOCIAL MEDIA

Follow the division social media pages to stay up-to-date with news, announcements, and events.

- Facebook - @HanoverCountyPublicSchools
- Twitter - @HanoverSchools
- Instagram - @hanovercountypublicschools

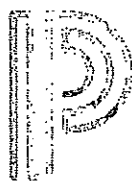
Find and follow your student's school for day-to-day activities.

## BLACKBOARD CONNECT

<https://hanover.bbcportal.com>



Sign up to receive emails and or phone calls about school events, closings, bus updates, and more.

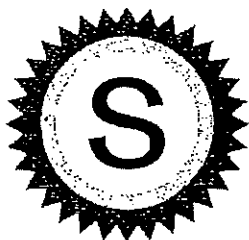


## POWERSCHOOL

### HOW TO FIND GRADES

PowerSchool Parent Portal allows guardians to view grades and attendance. Your school registrar will give you a code to create an account. <https://hanover.powerschool.com>

## SCHOOLGY



Schoolgy is where teachers post classroom materials and assign and collect homework electronically. It helps students stay organized and the class connected! Your Schoolgy Parent account will give you access to:

- The classes your child is enrolled in.
- Your child's upcoming assignments.
- School and class announcements.

### student access

<https://hcps.schoolgy.com>

### parent access

<https://app.schoolgy.com>

Get a code to join from PowerSchool

## GOOGLE SUITE

Google Suite provides various tools for students to collaborate and create from home and school in our protected domain. Parents only have access through shared links or through the student account.



## MY SCHOOL BUCKS

<https://www.myschoolbucks.com/>

A quick and easy way to pay student fees and add money to lunch accounts.



Washington Henry Elementary School  
Kindergarten Supply List  
2021-2022

- 6 Glue sticks (may ask for more as the year progresses)
- 1 Box of 16 count Crayola crayons
- 2 Boxes of tissues
- 1 Box of Washable Crayola markers -- **primary colors (Fat Markers)**
- 1 Black & White Composition Notebook
- 1 One subject Spiral Notebook

An art smock -- this can be an old, large shirt (**WITH NAME WRITTEN ON THE FRONT IN PERMANENT MARKER**)

**\*\*A nutritious snack each day/ NO-SPILL TOP water bottle to be refilled at home daily**

**\*\*Extra set of clothes (to be changed seasonally) in a large Ziploc bag with name on it**

- 1 Fiskar Scissors
- 1 Pink Pearl Eraser
- 1 Pocket folder -- with pockets only -- any design
- 2 Three prong pocket folders -- solid color
- 2 Box Ziploc bags-gallon size and snack
- 2 Box of Ziploc bags-quart and sandwich
- 1 Pack dry erase markers with eraser cap
- 1 Bottle of hand sanitizer
- 2 Pack of baby wipes
- 1 Highlighter
- 1 Standard size, **plastic** pencil box

***Additional Items Requested:***

***White or Color Cardstock***

***Clorox Disinfecting Wipes***

***Lysol Disinfecting Spray***

***Jumbo Size Ziploc Bags***

This list represents some supplies that teachers recommend students have and is not, by any means, all-inclusive or required. ***(no rolling backpacks please!)***

