



Westmoreland County Public Schools ENROLLMENT / INFORMATION FORM

Date: _____

New Enrollment

STUDENT _____
Last Name First Name Middle Name

Date of Birth _____ / _____ / _____

Phone (circle one): listed not listed (_____) _____ - _____ Grade _____ Gender _____

Residence Address _____
Street City Zip

Mailing Address _____
(If different from Residence address) Street City Zip

Ethnicity: Is the student Hispanic/Latino? Yes No

Race (Circle all that apply) American Indian/Alaskan Native; Asian; Black or African American; White; Native Hawaiian/other Pacific Islander

Full **Pickup** Address (Including 911#)
(If different from Residence address) Street City Zip

Full **Drop off** Address (Including 911#)
(If different from Residence address) Street City Zip

Are you a military family? (circle one) 1. Student is not military connected, 2. Active Duty, 3. Reserve, 4. National Guard (active or reserve)

Birth Certificate # _____ Place of birth _____

Student - State

Are you a Westmoreland County resident? (circle one) Yes or No

Does your child receive special education services (IEP) or have a 504 Plan?(circle one) Yes or No

If yes, explain _____

Parent/Guardian Information

MOTHER (circle one) Mrs. Ms. _____
First Name Last Name Relationship (Guardian, Step-Mother, etc.)

Address _____
Street City Zip Telephone Number

Employer _____ Occupation _____

Work Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address _____

FATHER Mr. _____
First Name Last Name Relationship (Guardian, Step-Father, etc.)

Address _____
Street City Zip Telephone Number

Employer _____ Occupation _____

Work Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address _____

Student resides with (circle one) **Mother** **Father** **Both** **Guardian**

Sibling Information

Name(s) of Sisters/Brothers	Date of Birth	School Now Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency/Medical

Emergency contact if parent(s) cannot be reached:

First Name _____	Last Name _____	Relationship to Student _____
Phone Number (____) ____ - _____		Cell Phone (____) ____ - _____

First Name _____	Last Name _____	Relationship to Student _____
Phone Number (____) ____ - _____		

First Name _____	Last Name _____	Relationship to Student _____
Phone Number (____) ____ - _____		

Student's Special Medical Alert _____
(Allergies, asthma, etc.)

Physician _____ Phone Number (____) ____ - _____

Previous School Information

*Please provide the following information even if your child attended a Pre-School program.

Last School Attended _____ Grade Placement _____

School Address _____ City _____ State _____ Zip _____

School Phone Number (____) ____ - _____ Check this box if this was a Pre-School program

For school use only:

Verified by: _____

Verified Date: _____

Records Requested: _____ Records Received: _____

Entry Code: _____ Entry date: _____

Data entry by: _____

Elementary Only:	PK Experience Codes*: (Circle one)
20 21 22 23 30 31 40 50 51 60 61 99	
	PK Weekly Time Codes*: (Circle one)
	1 15 30
*Refer to PK Experience Code list for detail description	

Local student ID #: _____
(search SASI if re-enrolling from a withdrawal prior to 9/08)

Data entry Date: _____

Westmoreland County Public Schools

MEP Eligibility Survey

Dear parents/guardians:

The Westmoreland County Migrant Education Program, MEP, is a federally funded program designed to support the educational progress of families who have moved to look for work in agriculture, fishing, forestry, dairies and horticulture. The program is designed to help children ages 0-21 who have moved on their own or with their parents within the past three years to seek or obtain temporary/seasonal work in activities related to:

*agriculture

*packaging/warehouses

*forestry

*dairy

*poultry

*commercial fishing

*beef

*shellfish

Please answer the following questions:

1. Have you or your family moved recently or within the past three years?

Yes No

2. Was the purpose of the move to work in the activities listed above or any related activities?

Yes No

3. Do you have children ages 0-21?

Yes No

Comments:

If you or your children moved to seek or obtain temporary or seasonal work, you or your children may qualify to receive the following services:

Transfer of Educational and Health Information (nationwide)

Educational/Health Services

Free Breakfast and Lunch

Participation in summer school

Name of Parents/Guardian: _____

Telephone Number: _____

Thank you for the time you took to fill-out the survey. Please feel free to contact our office at 804-493-8018 if you have any questions.

Please return survey to your child's school as soon as possible.

Mrs. Medina, EL/MEP Coordinator

Revised August 15, 2016

Washington District Elementary School
454 Oak Grove Road
Colonial Beach, Virginia 22443
Telephone (804) 224-9100 Fax (804) 224-1644
www.wd.wmlcps.org

Expulsion Statement

Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor. The registration document shall be maintained as a part of the student's scholastic record. (Code of Virginia 22.1-3.2)

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW

I, _____, affirm that _____
(Parent or Guardian Name) (Student's Name)

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, or Guardian signature)

(Date)

I, _____, affirm that _____

HAS been expelled from school attendance at a private 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, or Guardian signature)

(Date)

Vision Statement: To empower all students to achieve academic excellence, develop exemplary character, and make choices that result in a safe and healthy life