Date:

	STUDENT					
New Enrollment	Last Name First Name Middle Name					
	Date of Birth//					
	Phone (circle one): listed not listed () Grade	Gender				
	Residence Address					
		Zip				
	Mailing Address	Zip				
	Ethnicity: Is the student Hispanic/Latino? Yes No					
New En	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					
State						
	Does your child receive special education services (IEP) or have a 504 Plan?(circle one) Ye	es or No				
Student -	If yes, explain					
Stu	MOTUED (circle one) Mrs. Ma					
	WOTHER (Circle one) Wirs. Wis.					
		Guardian, Step-Mother, etc.)				
	Address ()					
ion	Address () ()	Telephone Number				
mation	Address () Street City Zip Employer Occupation	Telephone Number				
Information	Address () Street City Zip Employer Occupation Work Phone () Cell Phone (Telephone Number				
dian Information	Address () Street City Zip Employer Occupation Work Phone () Cell Phone (Email Address FATHER Mr.	Telephone Number				
uardian Information	Address	Telephone Number) uardian, Step-Father, etc.)				
อกป/Guardian Information	Address	Telephone Number) uardian, Step-Father, etc.)				
Parent/Guardian Information	Address () Street City Zip Employer Occupation Work Phone () Cell Phone (Email Address FATHER Mr. First Name Last Name Relationship (G Address Street City Zip	Telephone Number				
Parent/Guardian Information	Address () Street City Zip Employer Occupation Work Phone () Cell Phone (Cell P	Telephone Number uardian, Step-Father, etc.) Telephone Number				
Parent/Guardian Information	Address () Street City Zip Employer Occupation Work Phone () Cell Phone (Cell P	Telephone Number) uardian, Step-Father, etc.) Telephone Number				

ıtion	Name(s) of Sisters/Broth	ners Date of Birth	School Now Attending	Grade
Sibling Information				
	Emergency contact if par	rent(s) cannot be reached:		
cal	First Name Phone Number ()	Last Name	Cell Phone ()	
Emergency/Medical	First Name Phone Number ()	Last Name	Relationship	to Student
Emer	First Name Phone Number ()		Relationship	to Student
	Student's Special Medica	al Alert	(Allergies, asthma, etc.)	
	Physician_		Phone Number ()	
	*Please provide the following in	nformation even if your child attend	ed a Pre-School program.	
chool	Last School Attended		Grade Placement	
Previous So Informatio	School Address		CityState2	Zip
<u> </u>	School Phone Number (_		Check this box if this was a Pre-Scho	ool program
Fors	chool use only:		Property of the second	
			Elementary Only: PK Experience Codes*: (Circle one) 20 21 22 23 30 31 40 50 51	60 61 99
Verified Date:		-	PK Weekly Time Codes*: (Circle one) 1 15 30	
Reco	rds Requested:	Records Received:		n
Entry Code: Entry date:			Local student ID #:(search SASI if re-enrolling from a withdrawal prior to 9	3/08)
Data entry by:			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

WESTMORELAND COUNTY PUBLIC SCHOOLS

HOME LANGUAGE REGISTRATION FORM

The information on this form must be collected on all students who register in Westmoreland County Public Schools. All information must be collected from parents and guardians in their native language if they are unable to read or speak English. This form meets requirements of the Equal Educational Opportunity Act 20 USC 1703 for identification of national origin minority children.

Last First		7/21	41.	
		Mid	are	
1. Where was the student born? Please provide city, s	state, and o	country.		
, =-	te, Country	7)		
2. Complete A-D.				
A. Last grade completed in native country B. Date student entered VA schools C. Circle all grades completed in U.S. schools: None PK K 1 2 3 4 5 6 7 8 9 10 11 12				
D. Student is: □Immigrant □Migratory □Refugee	□Exchan;	ge student		
. Has the student ever received EL, ESOL, or ESL service			o □ Not:	sure
If yes: (Dates School	District/Sta	ite)	
	English	Spanish	Chinese	Other
What is the primary language used at home, regardless of a language spoken by student?				
What is the language most often spoken by student?				
What is the language the student first acquired?	<u> </u>			
Please contact me. I would like more information about Please contact me. I would like more information about the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires that all language minority children be screened to determine the law requires the law requires that all language minority children be screened to determine the law requires the law requ	t the Migra ne English land ified of the res	ant Educat Iguage profici Sults.	ion Progra	m. Iemic suc
Signature of parent/guardian		Date		
	Telep	hone numl	oer	
Printed Name of parent/guardian				
Printed Name of parent/guardian OFFICIAL USE ONLY: TO BE COMPLETED BY S	SCHOOL	OFFICE :	STAFF	7

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

l,, affii (Parent or Guardian Name)	m that(Student's Name)
HAS NOT been expelled from school attendar or another state for an offense in violation of or drugs, or for the willful infliction of injury to	ice at a private school or public school in Virginia
(Parent, or Guardian signature)	(Date)
l,, affirm that	
HAS been expelled form school attendance at a state for an offense in violation of school board or for the willful infliction of injury to another pe	TOUCIAC rolating to the second
(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