



Clint M. Mitchell, Ed. D
Division Superintendent

COLONIAL BEACH PUBLIC SCHOOLS

400 Lincoln Avenue
Colonial Beach, Virginia 22443
(804) 224-0906
www.cbschools.net



Michelle Payne, Board Chair
Colonial Beach School Board

REGISTRATION FOR NEW STUDENTS

Dear Parent/Guardian:

Welcome to Colonial Beach Public Schools. We are so glad to have you! In accordance with the Colonial Beach Public Schools Administration and the Commonwealth of Virginia, school admission will be honored once the following items have been provided and verified:

1. **Original Birth Certificate** (No Copies)
2. **Current School Physical with immunizations**
The entire Health Entrance Form (pages 1-4) must be completed for:
 - ANY student (Grade K-12) entering a Virginia public school for the first time
 - Students transferring from another Virginia public school may provide previous entry physical
 - Students transferring from an Out of State school pay provide allowable documentation with comparable information (such as a physician's preferred physical form)
3. **Address Verification**-You must provide two of the following, both of which must contain the same current Colonial Beach address.
 - Current Driver's Licence (also used as a picture ID for School Policy)
 - Current utility bill (water, gas, or electric **only-no internet bill**)
 - Deed or mortgage statement

**For students residing outside of CBPS' boundaries, please see attached "Admission of Non-Resident Student". Proof of residence must still be provided.*

4. Legal Custody/Guardian Documents (If applicable: Passport or Military ID)
5. All enrollment forms

Please contact the Registrar at CBPS' Administrative Office (400 Lincoln Ave) or 804-224-0906 concerning enrollment questions.

**Translation and/or interpretation is available for parents who may need language support*

**Si necesita ayuda con el idioma en español, comuníquese con Melissa Michalicek a MMichalicek@CBSchools.net o llame al (804) 224-0906*

**neu quy vi can ho tro ngon ngur bang tieng Viet, Vui long lien lac coi Melissa Michalicek, MMichalicek@CBSchools.net, hoac goi so (804)224-0906*



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Admission for Students Residing Outside of CBPS' Division Boundaries

If a student is a resident of the Commonwealth but not of the school division, that student may be admitted into the Colonial Beach Public School system. Tuition charges, if any, will be reviewed each year. The Division Superintendent shall have the sole discretion for accepting or rejecting such applicants based on the best interest of Colonial Beach Public Schools, as determined by the Superintendent after a review of the student's application and other relevant evidence.

Relevant evidence includes but is not limited to:

- Current class size
- Academic Achievement
- Behavior
- Attendance
- Standardized Test Scores
- Parental involvement

Procedure for Admission

1. After receiving a completed Registration Packet, along with above documentation from previous schools, an admission decision will be made by the review committee. The school's building principal will head each review committee.
2. The review committee will complete their evaluation of the student application and their recommendation will be presented to the Superintendent.
3. Upon the approval of the Superintendent, parents will receive letters of decision.
4. Students may be admitted on a probationary or full enrollment status. Terms of probationary status will be documented in acceptance letter. Admission for full enrollment is valid through the end of the current school year and will be reviewed each year for continuation. In order to maintain full enrollment status, the student must continue to maintain the standards by which they were accepted.

Transportation

Transportation shall not be furnished to nonresident students except in those cases where:

- Agreements between divisions specify transportation services; or
- Federal or State legislation mandates the provision of transportation services; or
- Transportation services can be provided at no cost to the division

Regulation JEC-R can be viewed in its entirety in the Colonial Beach Public School's Board Policy Handbook.



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Colonial Beach School Board*

Colonial Beach Public Schools Authorized Request/Release of Student Records

Date:

Student:

Grade:

Student:

Grade:

Student:

Grade:

Student:

Grade:

- | | |
|--|---|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Physical Exam/Immunization Records |
| <input type="checkbox"/> Current Report Card | <input type="checkbox"/> Grades to Date of Withdrawal |
| <input type="checkbox"/> EIMS#(Testing ID# _____) | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> PALS Test Scores | <input type="checkbox"/> Instructional Reading Level |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Special Education (IEP) Records |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Legal Custodial/Guardian Documents |
| <input type="checkbox"/> Custody Records | <input type="checkbox"/> 504 Records |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Child Study & Eligibility Records | <small>(Parent will still need to provide original for enrollment purposes)</small> |

I _____ Parent/Guardian of the above listed student(s) authorize the release of all the above indicated records from Colonial Beach Public Schools. **I understand this is a generic release form that will be used for all schools or curriculum programs that request my student's personal information.**

Signature of Parent/Guardian

Date

Colonial Beach Public School Enrollment Verification

The signature and statement below provide confirmation of the above student's enrollment in Colonial Beach Public School.

Colonial Beach Public School Counseling Department

Date



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Student's Full Legal Name _____ Grade Entering _____ Student No. _____

(Legal Last Name) (Legal First Name) (Legal Middle) (Suffix)

Preferred First Name _____ Gender: ___ Female ___ Male Birth Date _____
(MM/DD/YYYY)

Birth Certificate # _____ State _____ Age at Enrollment: _____

(Office use: _____)
Signature Title Date

Primary Phone: _____

Legal Residence (Falses statement of residency is a violation of ode of VA 22.1-3 & 22.1-264.1)

Town Resident? ___ Yes ___ No

(If you do not reside in the Town of Colonial Beach you may attend by applying for tuition status. Please see enclosed information regarding Admission for Students residing out of town as well as CBPS School Board Policy JEC-R)

Home Address: _____
Street Address City State Zip

Alternate Mailing Address: _____ *(If a PO Box it must be in the same City and State)*

Enrolling Parent

Relationship: ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Legal Guardian ___ Other (Specify) _____

Name: _____ Phone: _____ Email: _____

Home Address: _____
Street Address City State Zip

Other Parent

Relationship: ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Legal Guardian ___ Other (Specify) _____

Name: _____ Phone: _____ Email: _____

Home Address: _____
Street Address City State Zip

Does you child have a court restriction regarding parent/guardian contact? ___ Yes ___ No

If so, a copy of court documents must be attached. Student educationl records and/or student will be released to parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Parent/guardian is responsible for providing current copies of all court orders.

I have read and understand the above statement.

Parent/Legal Guardian Signature Date



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Alert Now: Phone numbers and email address used to alert parents and students of absenteeism, tardiness, early, and/or late dismissals and other important school messages. Please print clearly.

Phone Number: _____ Email: _____
Phone Number: _____ Email: _____

Family Information-List all brothers and sisters between the ages of 3 and 20:

<u>First Name</u>	<u>Last Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>School</u>

Is the parent/guardian associated with military ___ Active ___ Reserve ___ National Guard

Last School Student Attended:

School Name	City/County	State

Phone # of last school attended: _____

Has the student attended U.S. school for more than 3 years? ___ Yes ___ No
Has the student ever been enrolled in a Colonial Beach Public School? ___ Yes ___ No Which? Elementary High School
Does the student have a current IEP (Special Ed.)? ___ Yes ___ No Does the student have a 504 Plan? ___ Yes ___ No
Is the student a Foster Child? ___ Yes ___ No If yes, which agency? _____

Pre-School Experience: (Elementary registration only)

Has the student participated in a Pre-Kindergarten (Preschool Program) ___ Yes ___ No

If yes - Circle which program identifies the current or most recent PK experience:

Circle the time spent each week in the program

Coordinated Pre-K Classroom	Government-Tuition Charged	
Virginia Preschool Initiative (VPI)	Private Provider	Less than 15 hrs per week
Title I Pre-Kindergarten	Licensed Family Home Daycare Provider	
Head Start	No formal or institutional Daycare Provider	15 hrs or more but less than 30 hrs per week
Coordinated Special Education	Other	
Special Education Only		30 or more hours per week

REQUIRED-Ethnic Group and Race: The US Department of Education requires that **BOTH** of these questions be answered. If both questions are not answered, school personnel are required to make selections for both.

- Is the student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or Origin, Regardless of race)
___ No, Not Hispanic or Latino ___ Yes, Hispanic or Latino
- What is the Student's race? (Select ALL that apply)
___ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachments)
___ Asian (A person having origins in any of the original peoples of the Far East, Southeast, Asia or the Indian Subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan the Phillipine Islands, Thailand and Vietnam)
___ Black or African American (A person having origins in any of the Black racial groups of Africa)
___ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands)
___ White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East)



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Emergency Contact Information:

Emergency Contact #1

Relationship ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Legal Guardian ___ Other(Specify) _____

Name: _____ Home #: _____

Address: _____
Street Address City State Zip

Cell #: _____ Work #: _____ Language Spoken: _____

Emergency Contact #2

Relationship ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Legal Guardian ___ Other(Specify) _____

Name: _____ Home #: _____

Address: _____
Street Address City State Zip

Cell #: _____ Work #: _____ Language Spoken: _____

Emergency Contact #3

Relationship ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Legal Guardian ___ Other(Specify) _____

Name: _____ Home #: _____

Address: _____
Street Address City State Zip

Cell #: _____ Work #: _____ Language Spoken: _____

Emergency Contact #4

Relationship ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Legal Guardian ___ Other(Specify) _____

Name: _____ Home #: _____

Address: _____
Street Address City State Zip

Cell #: _____ Work #: _____ Language Spoken: _____

Emergency Contact #5

Relationship ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Legal Guardian ___ Other(Specify) _____

Name: _____ Home #: _____

Address: _____
Street Address City State Zip

Cell #: _____ Work #: _____ Language Spoken: _____



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Health and Medical Information

In the event that a student's physical condition requires special consideration in any class or any regular medication, then a note from his/her doctor should be sent to the school. Indicate any physical, learning or emotional problems of which the school should be aware of: _____

All medication (prescription and/or other the counter) taken by the student during the day must be given to and administered by the school nurse.

Indicate any regular medications used by the student: _____

Please indicate any allergies which the student has: _____

Dentist: _____ Phone: _____

Physician: _____ Phone: _____

Immunizations: Documentary proof of immunizations signed by a physician/health department (as required under sec. 32.1 Code of VA) shall be submitted to school officials before any child is admitted for the first time to a Virginia Public School. The student shall be excluded if he/she has not complied with the immunization schedule or received an exemption within the required time. (Code of VA Sec. 22.1-271, 271.2)

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, Sec. 22, 1-3.2).

PARENT OR GUARDIAN MUST COMPLETE AND SIGN ONLY ONE OF THE STATEMENTS 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

I certify that all information is correct. I understand that I must notify the school should the residency of the listed person change within the school year. I understand that falsification of any of the previous information may be cause for legal action.

Parent/Legal Guardian Signature

Date



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HOME LANGUAGE SURVEY

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

STUDENT: _____

Last

First

Middle

1. Where was the student born? _____
 - Last grade completed in native county _____
 - Date student entered in United States Schools _____
 - Date student entered Virginia Schools _____
 - Circle all grades completed in U.S. Schools
PK K 1 2 3 4 5 6 7 8 9 10 11 12
2. Has the student ever received EL services? ___ Yes ___ No ___ Not Sure
3. What is the primary language used in the home, regardless of the language spoken by the student?
___ English ___ Spanish ___ Chinese ___ Other(Specify) _____
4. What is the language most often spoken by the student?
___ English ___ Spanish ___ Chinese ___ Other(Specify) _____
5. What is the language that the student first acquired?
___ English ___ Spanish ___ Chinese ___ Other(Specify) _____

The law requires that all language minority children be screened to determine English language proficiency for academic success in school. Screening takes approximately one hour or less and you will be notified of the results.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Phone Number

**Translation and/or interpretation is available for parents who may need language support*

**Si necesita ayuda con el idioma en espanol, comuniquese con Melissa Michalicek a MMichalicek@CBSchools.net o llame al (804) 224-0906*

**neu quy vi can ho tro ngon ngur bang tieng Viet, Vui long lien lac coi Melissa Michalicek, MMichalicek@CBSchools.net, hoac goi so (804)224-0906*



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MCKINNEY-VENTO ACT

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help administrators determine residency documents necessary for enrollment of this student.

SECTION 1: Presently, where is the student living?	
Section A	Section B
<input type="checkbox"/> In a shelter: Unsheltered <input type="checkbox"/> Awaiting placement by Foster Agency (Shelters) <input type="checkbox"/> With friends/family; doubled-up <input type="checkbox"/> In a motel/hotel or campsite Continue: If you checked a box in Section A, please complete the remainder of this form	<input type="checkbox"/> Choices in Section A do not apply STOP: If you checked this section, you do NOT need to complete SECTION 2. Please skip to SECTION 3 and complete the remainder of the form.

SECTION 2: Who does the student live with?		
<input type="checkbox"/> One Parent	<input type="checkbox"/> Two Parents	<input type="checkbox"/> One parent and another adult
<input type="checkbox"/> A relative, friend, or other adult that is the legal guardian	<input type="checkbox"/> Alone with no adults	<input type="checkbox"/> An adult that is not the parent or legal guardian

SECTION 3: School Enrollment Information	
School of Attendance	___ CBES (Grades PK-7) ___ CBHS (Grades 8-12)
Name of Student: _____	Gender: ___ Female ___ Male
DOB: ___ / ___ / ___	Age: ___ SS#: ___ - ___ - ___
Parent Name: _____	
Address: _____	

Parent/Guardian Signature

Date

**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 (<input type="checkbox"/> Feeding tube , <input type="checkbox"/> Trach , <input type="checkbox"/> Oxygen support, <input type="checkbox"/> Hearing aids, <input type="checkbox"/> Dental appliance, <input type="checkbox"/> 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				
	1	2	3	4	5
Diphtheria, Tetanus, Pertussis Vaccine (DTP, DTaP)					
Diphtheria, Tetanus (DT) or Tdap or Td Vaccine (given after 7 years of age)					
Tdap Vaccine booster					
Poliomyelitis Vaccine (IPV, OPV)					
Haemophilus influenzae Type b Vaccine (Hib conjugate) only for children <60 months of age					
Rotavirus Vaccine (RV) only for children < 8 months of age					
Pneumococcal Vaccine (PCV conjugate) only for children <60 months of age					
Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Measles, Mumps, Rubella Vaccine (MMR vaccine)					
Measles Vaccine (Rubeola)			Serological Confirmation of Measles Immunity:		
Rubella Vaccine			Serological Confirmation of Rubella Immunity:		
Mumps Vaccine			Serological Confirmation of Mumps Immunity:		
Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
Hepatitis A Vaccine					
Meningococcal ACWY Vaccine					
Meningococcal B Vaccine					
Human Papillomavirus Vaccine (HPV)					
Influenza (Yearly)					
Other					
Other					

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
<https://www.vdh.virginia.gov/immunization/requirements/>

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.vdh.virginia.gov/school-age-health-and-forms/school-health-forms-and-action-plans/

Student's Name: _____ Date of Birth: ____/____/____ Sex: M F

Health Assessment	Date of Assessment: ____/____/____ Weight: _____ lbs. Height: _____ ft. _____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment											
			1	2	3		1	2	3		1	2	3
		HEENT				Neurological				Skin			
		Lungs				Abdomen				Genital			
	Heart				Extremities				Urinary				
Tuberculosis Screening													
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													
EPSDT Screens Required for Head Start – include specific results and date:													
Blood Lead: _____ Hct/Hgb _____													

Developmental Screen	Assessed for:	Assessment Method:	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				
Hearing Screen	<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				

Vision Screen	<input type="checkbox"/> With Corrective Lenses (Check if yes)					
	Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not tested				Dental Screen <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	
	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						

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one):	
	<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):	
	Allergy: <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) <input type="checkbox"/> 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: _____ Date: _____
Practice/Clinic Name: _____	Address: _____
Phone: _____ - _____ - _____	Fax: _____ - _____ - _____ Email: _____



COLONIAL BEACH PUBLIC SCHOOLS

400 Lincoln Avenue
Colonial Beach, Virginia 22443
(804) 224-0906
www.cbschools.net



Clint M. Mitchell, Ed. D
Division Superintendent

Michelle Payne, Board Chair
Colonial Beach School Board

TRANSPORTATION REQUEST FORM

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Parent's Name: _____ Contact #: _____

Address where your child/children will get **ON** the bus:

If not the child's home address, please indicate:

Daycare Provider: _____ Other: _____

Address where your child/children will get **OFF** the bus:

If not the child's home address, please indicate:

Daycare Provider: _____ Other: _____

Please note the following important policies:

1. Pre-K, Head-Start, Kindergarten, 1st grade, and 2nd grade students will not be permitted to exit the bus if an adult is not present at the bus stop. These students will be returned to their school's building principal and/or the Police Department. Parents will be contacted to pick up the student and may be prohibited from using CBPS transportation.
2. Parents who board the school bus to make a complaint are in violation of Section 18.2 of the Code of Virginia. Questions or concerns may be address with the Coordinator of Transportation and/or school principal.
3. Any changes to a student's PICKUP location must be made ***in writing by the parent/guardian*** and provided to the school with at least 24 hours notice so that a bus pass can be given to the driver.
4. Any changes to a student's DROPOFF location must be made ***in writing by the parent/guardian*** before 1:30 PM the day of the change.
5. Requests by phone or email will not be accepted. Changes are subject to approval if the change requires a change in bus to assure adequate space is available on the bus. All written requests must contain:
 - Child's Name
 - Address of new location
 - Date change begins and date change ends
 - Parent Signature
6. A bus code of conduct must be signed and returned within 5 days or bus transportation privileges may be suspended.

Parent/Guardian Signature

Date

Office Use Only

Coordinator of Transportation Signature

Date

AM Bus # ___ Driver: _____ Stop Location: _____ Time: _____

PM Bus # ___ Driver: _____ Stop Location: _____ Time: _____



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TUBERCULOSIS RISK ASSESSMENT FOR ALL NEW STUDENTS

Student's Name: _____ School: _____ Grade: _____

The United States Public Health Services and the Center for Disease Control and Prevention recommends that tuberculosis (TB) skin testing be performed on all individuals who may be at increased risk of TB. Please complete the following form.

1. Was the student born in a country outside of the United States?
 No Yes What Country? _____
2. Has the student spend three or more consecutive months in a foreign country in the last five years?
 No Yes What Country? _____
3. Has the student been exposed or had contact with a person with active TB in the last year?
 No Yes Whom? _____
4. Was the student homeless or did he/she live in a shelter during the last two years?
 No Yes
5. Does the student have any of the following: persistent cough, coughed up blood, fever for more than one week, unexplained weight loss or HIV infection?
 No Yes
6. Is the student currently taking oral steroid medication (other than inhalers) or cancer treating drugs?
 No Yes
7. Has the student ever had a positive TB skin test or taken any treatment for TB disease or a positive TB test?
 No Yes If yes, please give results and dates: _____
8. Does the student have any of the following medical conditions?

a. Diabetes	NO	YES
b. Malnutrition	NO	YES
c. Cancer	NO	YES
d. Chronic renal failure	NO	YES
e. Congenital or acquired Immunodeficiency	NO	YES

Parent Certification

I certify that the answers given above are accurate and factual to the best of my knowledge

Signature of Parent/Guardian _____ Date _____

Office Use Only

INSTRUCTIONS FOR THE HEALTH CARE PROVIDER: Please complete the following when the risk assessment contains positive (yes) answers.

Date: _____

PPD Provided: No: _____ Yes: _____

CXR Provided: No: _____ Yes: _____

Results in millimeters: _____

Results: _____

Name of Health Care Provider (printed): _____

Address: _____

Telephone: _____

Signature: _____



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Division Superintendent

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Michelle Payne, Board Chair
Colonial Beach School Board

APPLICATION FOR ADMISSION OF NON-RESIDENT STUDENT

Please complete a separate form for each child. Return completed form(s) to:
 Colonial Beach Public Schools, Attn: Registrar, 400 Lincoln Ave, Colonial Beach, VA 22443

PLEASE PRINT OR TYPE:

Request is being made for school year: _____
 Name of Parent/Legal Guardian: _____
 Physical Street Address (required): _____
 Mailing Address (if different): _____
 Phone Number: _____
 School District in which you currently reside: _____

Name of Child:	Date of Birth:	Age:
School your child is assigned to attend:		
School your child is currently attending or last attended:		Grade:
School you are applying for your child to attend:		Grade:
Reason(s) for request: (This information is required. Attach additional sheets if necessary)		
If your child is currently enrolled, or has previously been enrolled, in an exceptional children's program, please check appropriate services below: <input type="checkbox"/> Gifted Education Program <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Emotional Disability <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Speech/Language Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Autism <input type="checkbox"/> Mild/Moderate Cognitive Disability <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Other (specify): _____		
Does your child require 504 accommodations or special medical attention? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please specify: _____		

 Signature of Parent/Legal Guardian

 Date



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Colonial Beach School Board

NOTICE

Colonial Beach Public Schools will give consideration for admission to non-resident students. Submission of a completed application does not guarantee admission. Each application for admission will be considered on an individual basis. Admission will be granted or denied in accordance with School Board Policy JEC, JEC-R and JEC-BR.

Within 15 calendar days of receipt of the application, the Superintendent, or his designee, will provide the applicant with written notification of the approval or denial of the application. If approval is granted, the following shall apply:

- Approval is for the current school year only. A new *Application for Admission of Non-Resident Students* must be completed for each subsequent school year.
- Transportation to and from school is the sole responsibility of the parent/guardian. The Superintendent or his designee may approve use of an already established bus stop within the school district.
- The student is subject to all policies, regulations, and guidelines of the school division, including the Code of Student Conduct.

IF YOU ARE APPLYING FOR ADMISSION TO COLONIAL BEACH PUBLIC SCHOOLS FROM ANOTHER SCHOOL DIVISION IN VIRGINIA, OR FROM OUT-OF-STATE, THE FOLLOWING PORTION OF THIS APPLICATION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY.

Is this student currently under a term suspension or expulsion from attendance at a private or public school?
___ NO ___ YES

Has the student been expelled for school attendance at private school or in a public school division of Virginia or another state for an offense in violation of School Board policies related to weapons, alcohol or drugs, or the willfull infliction of injury to another person? ___ NO ___ YES

Has this student been found guilty or adjudicated delinquent for any offense listed in subsection G of VA. Code Section 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories? ___ NO ___ YES

I, _____, declare, certify, and state under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

Signature: _____ Date: _____

This section to be completed by a Notary Public:

On this ____ day of _____ (month), _____ (year), personally appeared before me, the said named _____ to me known to be the person described in and who executed the foregoing statement and he/she acknowledged that he/she executed the same and been duly sworn by me, made oath that the statements in the foregoing statement are true.

Printed Name of Notary Public

Signature of Notary Public

Date Commission Expires: _____

This section to be completed by the Superintendent or Superintendent's Designee:

___ APPROVED ___ DENIED

Signature of Superintendent or Designee

Date