



KING GEORGE COUNTY SCHOOLS

EMPOWER ♦ ENGAGE ♦ INSPIRE

Families,

The following forms are included in this packet.

All of these forms are contained in the electronic PowerSchool Enrollment system for both New Student Enrollment and Returning Students Updates.

Please do not print or complete the paper copy of these forms unless you are missing documents or the school registrar has directed you to do so.

If you have any questions, please contact your child's school.

- Nighttime Residence Form
- Verification of Residence and/or Change of Address
- Student Transportation and Waiver of Supervision
- Criminal Conviction and Juvenile Delinquency Adjudication Affirmation
- Tuberculosis Risk Assessment
- Virginia School Entrance Physical
- Media Opt-Out Form
- Acknowledgment of Receipt

Regards,

Mary Fisher
Supervisor of Student and Family Services
King George County Schools



King George County Schools Primary
Nighttime Residence Form
2023-2024

Your child may be eligible for educational services through the McKinney-Vento Act. Eligibility is based on primary nighttime residence and can be determined by completing this form and returning to your child's school.

Please complete the following for all school aged children.

Child's Full Name (First and Last)	If new to KG, last school attended	Current KG School	Grade	Gender	Special Ed?

1. Is your **current** address a **temporary living arrangement**? NO YES
 **If NO, you are finished with this form. Please sign the bottom and submit to the office of your child's school.
 **If YES, please continue.
 1A. How long do you anticipate living at this address? _____
2. Is this temporary arrangement **due to a loss of housing (such as eviction) or economic hardship**? NO YES
 **If NO, you are finished with this form. Please sign the bottom and submit to the office of your child's school.
 **If YES, please continue.

Parent/Guardian Name: _____ Contact #: _____

Most recent address: _____

When did you leave this address? _____ Why did you leave this address? _____

Current address: _____

If you answered YES to both questions above, please check any that apply.

The above address where the student(s) live(s) is with/in:

1. A place not designed for ordinary sleeping arrangements such as substandard housing, a park, an abandoned building, a car, a campground, or campsite, etc.
2. A shelter or transitional housing, including those serving runaways and victims of abuse
3. Another family, friends, or relatives, or moving from place to place due to a loss of housing and/or economic hardship
4. A motel or hotel
5. Other: _____

Residency and Educational Rights

Students who are in temporary, inadequate, and homeless living situations have the following rights:

- Enrollment in the school they last attended or the school in whose attendance area they are currently staying;
- Access to classes, activities, meals, Title I, transportation, and other educational programs and comparable services that students in other living situations also participate in without being separated or treated differently due to their housing situations.

Are there any immediate needs or concerns that we can help your student with such as school supplies, school meals, community resources, etc.? _____

By signing below, I acknowledge that I have received and understand the above rights and that the information I have provided on this form is true and accurate. Questions about these rights can be directed to your school social worker or the Supervisor of Student and Family Services, KGCS McKinney-Vento liaison at 540-775-5833 ext. 8614.

Signature of Parent/Guardian/Unaccompanied Youth

Date

If BOTH boxes are marked YES, please sign and submit immediately to McKinney-Vento liaison. Do not maintain in student file.

Registrar or Social Worker

Date

McKinney-Vento Liaison

Date

For Office Use Only

Eligible for Services: YES NO: _____
 _____ PowerSchool _____ Nutrition Services _____ Transportation Required YES/NO _____ Transportation

After March 13, 2020: Check if related to COVID-19. Explain: _____



King George County Schools

Verification of Residence and/or Change of Address

New Student (DOB: ___/___/___)
 Change of Address - Same Zone
 Change of Address - New Zone
 School Year: _____

Student Name _____ School _____ Grade _____
First Middle Last (include Jr, II, etc)

Parent Name(s) _____ / _____
First Middle Last First Middle Last

Physical Address _____ Apt: _____
PO Box is not permitted Number and Street City State Zip

In order to enroll in King George County Schools, students must reside in King George with their parent(s) or legal guardian/custodian appointed by the courts. **It is a criminal offense to make an intentional false statement concerning a child's residence (§22.1 – 264.1 of the Code of Virginia).** Falsification of any information or documentation required for residency verification or the use of an address in a fraudulent manner may result in the revocation of student enrollment and possible prosecution. If at any time it is determined that the above child does not reside in King George County with the parent/legal guardian, you will be subject to tuition payments and/or revocation of student enrollment.

All documents provided must be current (may not be expired or must be dated within 30 – 60 day billing cycle). The enrollment process or change of address cannot be completed until all required proofs of residency are provided.

If this student has no fixed, regular, or adequate residence, or resides in a temporary place not ordinarily used as a residence, the school division may accept an alternative form of address that it considers appropriate. Please speak with your school registrar if you have questions.

<input type="checkbox"/> Option 1. The Enrolling Parent is the <u>HOMEOWNER</u> and this is the primary residence. <i>ENROLLING PARENT</i> must provide the following in their name, with the above address: Mortgage statement, signed deed, deed of trust, or ratified sales agreement* for the residence. <u>AND</u> ONE OF THE FOLLOWING: Current utility bill (gas, water, electric only) Letter from utility company verifying account Home insurance policy/statement/bill Real estate tax statement/bill <small>* If home is under construction or pending closing date, a Request for Conditional Enrollment must be submitted to the Supervisor of Student and Family Services. Additional documentation is required.</small>	<input type="checkbox"/> Option 2. The Enrolling Parent <u>RENTS</u> from a homeowner and this is the primary residence. <i>ENROLLING PARENT</i> must provide the following in their name, with the above address: Current signed and bona fide lease. Enrolling parent [<i>and child(ren) in some cases</i>] must be listed on the lease. After the expiration of a lease term, the parent must provide a new lease and supporting documents. <u>AND</u> ONE OF THE FOLLOWING: Current utility bill (gas, water, electric only) Letter from utility company verifying account Renter's insurance policy/statement/bill	<input type="checkbox"/> Option 3. The Enrolling Parents <u>LIVES WITH</u> another person and this is the primary residence. <i>ENROLLING PARENT</i> must provide the following in their name, with the above address: Shared Residency or Property Affidavit <u>AND</u> TWO OF THE FOLLOWING: Government issued photo ID Vehicle Registration Current utility bill (gas, water, electric only) Financial Record (paystub, state/federal taxes, government issued document) <u>AND</u> <i>HOMEOWNER/LEASE HOLDER</i> must provide: Two proofs of homeowner/lease holder's residency as required in the previous options. Refer to Option 1 - "Homeowner" OR Option 2 – "RENT" for more information.
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KGCS does not accept phone bills, medical statements, cable/satellite bills, or bank statements as proof of residency.

I, the parent/legal guardian, certify that the above-named student currently resides with me at the address listed above. I verify that all documents provided herewith are true and accurate. I am aware that KGCS staff may verify residency, including but not limited to conducting home visits and contacting landlords, and I hereby give my permission to do so. I understand I may be requested to provide new or additional proof of residency throughout my child(ren)'s enrollment in KGCS and I must provide this for my child(ren) to remain enrolled. If I and/or my child move(s), I understand that I am required to notify KGCS and submit updated documentation immediately. By signing this form, I agree to comply with the terms of this document.

Parent/Guardian/Custodian: _____ Date: _____

OFFICE USE ONLY: Special Enrollment Circumstances (attach supporting documents)

<input type="checkbox"/> Foster Care	<input type="checkbox"/> Exchange Program	<input type="checkbox"/> Variance
<input type="checkbox"/> McK-V	<input type="checkbox"/> Conditional Enrollment	<input type="checkbox"/> Military POA
<input type="checkbox"/> Other: _____		



King George County Schools

Student Transportation and Waiver of Supervision

2022-2023



The objective of the King George County Public Schools Transportation Department is to provide a safe and efficient ride to and from school for all students. The following information helps us achieve this objective. Complete the information below and return to the transportation office or directly to your child's school. For more information, please read KGCS policies in regards to student transportation, which can be found on the division website.

Val Picarello, Supervisor of Student Transportation
vpicarello@kgcs.k12.va.us
 Phone: 540-775-3870
 Fax: 540-775-3873

Please note: If you move, you must complete a Change of Address form at your child's school before transportation can be assigned. Contact your child's school for more information.

I. GENERAL INFORMATION

Effective Date _____ Transportation Status NEW STUDENT REVISION
 Student Name _____ School _____ Grade _____
 Home Address _____

II. TRANSPORTATION REQUEST

Please select only **one** of the following options.

- BOTH - My child will ride the school bus both in the morning and afternoon.
- AM - My child will ride the school bus in the mornings only.
- PM - My child will ride the school bus in the afternoons only.
- NONE - My child will not ride the school bus, unless I contact the transportation department **at least 3 days prior to the date of the services needed** or I send a note to my student's school.

III. STUDENT SUPERVISION

KGCS Policy EEA-R outlines the responsibilities for student supervision at bus stops. Bus drivers will not permit students to disembark the school bus at stops other than the student's regular bus stop unless written permission is submitted to the school by the parent and the school forwards the information to the bus driver. Should the environment at any bus stop where a student has not been met, appear to be insecure, the bus driver will have the right to notify the Transportation Department and return the student back to school.

Kindergarten Kindergarten students **WILL NOT** be allowed to disembark the bus unless a parent, guardian, or preapproved individual above the age of 12 is at the bus stop to meet them. There is no exception for kindergarten students.

First Grade to age 9 Students WILL NOT be allowed to disembark the bus unless the student is met/supervised by a parent, guardian, or other individual authorized by the parent. The parent may sign the **Waiver of Student Supervision** below giving permission to release students without a parent/guardian on site.

Waiver of Student Supervision - Applies to First Grade through age 9 only.

My child meets criteria for a Waiver of Student Supervision (First Grade to age 9). My signature below is an acknowledgement that I am hereby waiving my child's supervision requirements in accordance with King George County School's Policy EEA-R.

 Parent/Guardian Printed Name

 Signature

 Date

IV. ALTERNATE BUS STOP INFORMATION

Alternate pickup/drop off address must be within the student's attending school attendance zone.

Childcare Provider's Name _____
 Childcare Provider's Address _____
 Days at the above Address Daily Monday Tuesday Wednesday Thursday Friday
 Time at the above Address Morning Only Afternoon Only Both AM/PM

By signing below, I am certifying that all information provided is accurate and correct. I have read and understand King George County Schools policies in regards to student transportation. I understand that I must notify my child's school at least three days prior to any requested changes.

Parent Name _____ Signature _____ Date _____

Phone _____ Email _____



King George County Schools

Criminal Conviction and Juvenile Delinquency Adjudication Affirmation

Section 22.1-3.2 of the Code of Virginia requires that prior to admission to any public school in Virginia, parents/guardians must provide "a sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated delinquent for any offense listed in subsection G of 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." These offenses include:

- Any firearm offense;
- Homicide;
- Felonious assault and bodily wounding;
- Criminal sexual assault;
- Manufacture, sale, gift, distribution or possession of Schedule I or II controlled substances or marijuana;
- Arson and related crimes;
- Burglary, robbery, and related offenses;
- Prohibited criminal street gang activity, including recruitment of other juveniles for a criminal street gang activity;
- An act of violence by a mob;
- Abduction of any person; or
- Threat of bodily harm pursuant to § 18.2-60.

PARENT/GUARDIAN AFFIRMATION

Student Name _____ DOB ____/____/____ Sex M F Grade _____
Last (include Jr, II, etc) First Middle

NO, the above named student **has not been** found guilty of or adjudicated delinquent for an offense listed above or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.

YES, the above registered student **has been** found guilty of or adjudicated delinquent for an offense listed above or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories, as indicated below. If more than one offense, all such offenses must be listed separately. Please use the back of this paper for all additional offenses. If court orders are available, please attach.

Type of Offense: _____ Date of Offense: _____

Jurisdiction (county, state) of Offense: _____

Name, Number for Probation Officer: _____
(if on active probation)

Parent Signature _____ Parent Name _____ Date _____

OFFICE USE: To be completed when parent indicates "YES" to conviction or adjudication of above offenses.

REGISTRAR

1. Inform family of the possible need for a School Board placement hearing. **Do not continue with enrollment.**
2. Notify principal and Supervisor of Student and Family Services.
3. Collect all disciplinary records and court documents and attach to this form.
4. Send completed form and supporting documents to Supervisor of Student and Family Services.

Registrar Signature _____ Printed Name _____ Date _____

PRINCIPAL

I have reviewed the student's file and request: _____ placement hearing _____ a direct referral (requires parent meeting)
_____ enrollment at KGCS; _____ other: _____

Principal Signature _____ Printed Name _____ Date _____

SUPERVISOR

Additional Information

Supervisor Signature _____ Printed Name _____ Date _____

All information on this form is strictly confidential. This form is not to be maintained in student cumulative records. If "NO" statement is checked, registrar maintains original in confidential file. If "YES" statement is checked, registrar maintains a copy and Supervisor of Student and Family Services maintains original in confidential file.



King George County Schools

Tuberculosis Risk Assessment – Planning District 16 Screening

Student Name: _____ School: _____ Grade: _____

Parent Name: _____ Date: _____

The United States Public Health Service and the Centers for Disease Control and Prevention (CDC) recommend that tuberculosis (TB) testing be performed on all individuals who may be at increased risk of TB. This screening form assists in determining who is required to be tested prior to enrollment in Virginia public schools. **All information will be kept confidential.**

1. Was the student born in a country outside of the United States?
 No Yes If yes, what country?
2. Has the student spent three or more consecutive months in a foreign country in the last five years?
 No Yes If yes, what country?
3. Has the student been exposed to or had contact with a person with active TB in the last year?
 No Yes If yes, who?
4. Was the student homeless/incarcerated or did he/she live in a shelter during the last two years?
 No Yes If yes, please give dates:
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 If yes, please explain:
6. Is the student currently taking oral steroid medication (other than inhalers), cancer treating drugs, or any other medication that might weaken his/her immune system?
 No Yes If yes, please explain:
7. Has the student ever had a positive test for TB or been treated for active TB disease or latent TB infection?
 No Yes If yes, please provide details:

8. Does the student have any of the following medical conditions?

a. Diabetes	No	Yes	e. Gastrectomy	No	Yes
b. Malnutrition	No	Yes	f. Silicosis	No	Yes
c. Cancer	No	Yes	g. Chronic renal failure	No	Yes
d. Congenital or acquired Immunodeficiency				No	Yes

INSTRUCTIONS FOR HEALTHCARE PROVIDER: Please complete the following when the risk assessment contains one or more positive (yes) answers. Return to the school nurse.

Date of TB test: _____

Type of TB Test (circle): TB skin test **OR** IGRA (interferon gamma release assay)

Test result: TB Skin Test: _____ mm induration **OR** IGRA result: Positive Negative Indeterminate

CXR ordered? No _____ Yes _____ If yes, result: _____

Treatment provided? No _____ Yes _____ If yes, what: _____

Name of Health Care Provider (please print): _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

SCHOOL BOARD REGULATIONS (JHCB-R) FOR TUBERCULOSIS SCREENING REQUIREMENTS

- I. Students entering school for the first time or returning after three months outside the United States must provide documentation from a licensed physician, nurse practitioner, physician assistant or registered nurse prior to entry of a:
- A. TB Risk Assessment documenting low risk for TB disease. All answers on the Risk Assessment should be negative. BCG vaccination does not exclude student from following protocol. – OR –
 - B. Documentation of a negative TB (Mantoux) skin test or interferon gamma release assay within the past 12 months or after exposure. – OR –
 - C. Written documentation of having successfully completed treatment for active tuberculosis disease.
- II. Students shall be excluded from school until the TB policy requirement is met. As part of the risk assessment and targeted screening process, questions arise concerning the definition “high prevalence country” for the purposes of completing the risk assessment tool and determining who should receive a test for tuberculosis (either a tuberculin skin test (TST) or interferon gamma release assay (IGRA).

High Burden TB Country List 2020: (Countries with TB incidence rates of $\geq 20/100,000$ population)

Data obtained from 2019 WHO Global Tuberculosis Report and reflects 2018 data: Updated 1/5/2020 VDH TB Program

Persons from these countries, including those returning from extended trips to these countries, should be screened for TB and TB infection. Persons from countries not found on this list should only be tested if symptomatic or if they have risk factors.

Afghanistan	Dominican Republic	Madagascar	Rwanda
Algeria	Ecuador	Malawi	Sao Tome and Principe
Angola	El Salvador	Malaysia	Senegal
Anguilla	Equatorial Guinea	Maldives	Serbia
Argentina	Eritrea	Mali	Sierra Leone
Armenia	Eswatini (<i>formerly Swaziland</i>)	Marshall Islands	Singapore
Azerbaijan	Ethiopia	Mauritania	Solomon Islands
Bangladesh	Fiji	Mexico	Somalia
Bangladesh	French Polynesia	Micronesia (<i>Federated States</i>)	South Africa
Belarus	Gabon	Moldova (<i>Republic of</i>)	South Sudan
Belize	Gambia	Mongolia	South Korea (<i>Republic of Korea</i>)
Benin	Georgia	Morocco	Sri Lanka
Bhutan	Ghana	Mozambique	Sudan
Bolivia	Greenland	Myanmar (<i>Burma</i>)	Suriname
Bosnia and Herzegovina	Guam	Namibia	Tanzania (<i>United Republic</i>)
Botswana	Guatemala	Nauru	Tajikistan
Brazil	Guinea	Nepal	Thailand
Brunei Darussalam	Guinea-Bissau	Nicaragua	Timor-Leste
Bulgaria	Guyana	Niger	Togo
Burkina Faso	Haiti	Nigeria	Tokelau
Burundi	Honduras	Niue	Trinidad
Cabo Verde	India	Northern Mariana Islands	Tunisia
Cambodia	Indonesia	North Korea (<i>Democratic People's Republic</i>)	Turkmenistan
Cameroon	Iraq	Pakistan	Tuvalu
Central African Republic	Kazakhstan	Palau	Uganda
Chad	Kenya	Panama	Ukraine
China	Kiribati	Papua New Guinea	Uruguay
China, Hong Kong SAR	Kuwait	Paraguay	Uzbekistan
China, Macao SAR	Kyrgyzstan	Peru	Vanuatu
Colombia	Lao (<i>Democratic Republic</i>)	Philippines	Venezuela
Comoros	Latvia	Portugal	Viet Nam
Congo	Lesotho	Qatar	Yemen
Cote d'Ivoire	Liberia	Romania	Zambia
Congo (<i>Democratic Republic of</i>)	Libya	Russian Federation	Zimbabwe
Djibouti	Lithuania		

**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
<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.

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				
		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 <u>Required</u> 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: _____	



King George County Schools
Media Release Opt-Out Form
2023-2024

King George County Schools (KGCS) publishes a variety of information about our schools, students, and activities in both printed and electronic form. KGCS recognizes the success of our students by featuring them and their accomplishments in a variety of formats, such as printed publications, social media, websites, television programs, radio shows, and video productions.

KGCS and organizations authorized by the school division may interview, photograph and/or videotape students during regular school hours and/or while participating in or attending student activities. In addition, your student may create original works as a result of an assignment or participating in a program/activity sponsored by KGCS. These original works may include, but are not limited to, stories, essays, charts, graphs, diagrams, poems, plays, cartoons, drawings, paintings, sculptures, musical compositions, videotapes, audio recordings and photographs.

PLEASE NOTE: If your student participates in school events that are open to the public, such as concerts, assemblies, athletics, or extracurricular school activities, there is the potential for photographing and videotaping of your student. By participating in these publicly accessible activities, you are allowing your student to be photographed or videotaped regardless of media release options. Further, schools may publish or otherwise disclose Directory Information as permitted by school board policy and in accordance with FERPA.

If you have questions regarding this, please contact your school administrator. For more information, see School Board Policy JO.

Parents have the right to OPT OUT of such media releases. Please check the corresponding box below, complete the requested information, and return to your child’s school by August 25, 2023.

*****THIS FORM IS ONLY REQUIRED IF YOU ARE CHOOSING TO OPT OUT.*****

I understand that photographs or videos may be used for informational purposes within the school system. They may also be used to provide information about King George County Schools’ programs and activities to the public through school system publications, displays, in newspapers and other print media, on television, and on the Internet.

I understand that students participating in school events that are open to the public, such as concerts, assemblies, athletics, or extracurricular school activities, have potential to be photographed and videotaped. By participating in these publicly accessible activities, I understand I am allowing my student to be photographed or videotaped regardless of media release options. Further, schools may publish or otherwise disclose Directory Information as permitted by school board policy and in accordance with FERPA.

Do NOT publish, display and/or use this student's photograph, image, name, or individual student work on any medium, including print, electronic, radio, and television. I understand the exceptions explained above and in Policy JO. This request to OPT OUT is valid for one school year and must be renewed annually.

Student’s Full Name: _____ Grade: _____
 Homeroom Teacher: _____ School: _____
 Parent Name: _____
 Parent Phone: _____
 Parent Email: _____
 Parent Signature: _____ Date: _____

*****THIS FORM IS ONLY REQUIRED IF YOU ARE CHOOSING TO OPT OUT.*****



King George County Schools
Acknowledgment of Receipt
2023-2024

THIS FORM IS REQUIRED FOR ALL STUDENTS

This form is included as part of the New Student Registration and Returning Student packet which is completed online in the Parent PowerSchool system. **Please do not complete this form unless your child's school has directed you to do so.** All of the documents below are available on the KGCS website at www.kgcs.k12.va.us. Parents/guardians should access the information and discuss it with their school-aged child(ren). Schools and public libraries can provide internet access if needed. If a printed copy of the information is needed, please contact the school and one will be provided.

Forms to be completed and returned to school by all students

- Acknowledgement of Receipt Form (this form)
- Primary Nighttime Residence Questionnaire
- Student Information Sheet (returning student may obtain pre-filled form from school)
- Transportation Waiver of Student Supervision (elementary)
- Bus Emergency Release Form (elementary)

Forms to be completed and returned to school only if applicable

- Free and Reduced Lunch Application
- Media Release Opt-Out Form
- School Messenger Activation (new students or changes)
- School and teacher specific forms as applicable

Policies, Rules, Regulations, and Notifications to be reviewed by the parent/guardian and student

- Student and Family Handbook and Student Code of Conduct
- Compulsory Attendance Law VA Code 22.1-254
- Parental Responsibility and Involvement Requirements VA Code 22.1-279.3
- Family Educational Rights and Privacy Act (FERPA), including release of Directory Information
- Technology Acceptable Use Policy (AUP)
- Required Notifications

By signing this Acknowledgment of Receipt, the parent and student shall agree to abide by all policies and regulations contained in each of the above-mentioned documents.

I am the parent of the below named child and by my signature I acknowledge that I have received the Welcome to School packet and a copy of the King George County Schools' Student and Family Handbook, which includes Section 22.1–279.3 of the Code of Virginia entitled "Parental Responsibility and Involvement Requirements," the Student Code of Conduct, and other notifications including but not limited to, those documents listed above. By signing this Acknowledgment of Receipt, I do not waive or abdicate, but do expressly reserve, any rights protected by the constitutions or laws of the United States and the Commonwealth of Virginia. I further understand that I have the right to express disagreement with the school's or school division's policies or decisions.

Elementary School Students: Parents/guardians are required to complete and sign this form, and return it to the child's school. Because of their ages, elementary students are not expected to sign, but may do so if desired.

Middle and High School Students: Parents/guardians and students are required to complete, sign and return this form. This form will be filed in the student's scholastic record.

Student's Full Name: _____	Grade: _____
Homeroom Teacher: _____	School: _____
Parent Name: _____	
Parent Phone: _____	
Parent Email: _____	
Parent Signature: _____	Date: _____
Student Signature: _____	Date: _____