

Shelly C. Boggess  
Principal

**Giles High School**  
1825 Wenonah Avenue  
Pearisburg, Virginia 24134  
Telephone: (540) 921-1711 Fax: (540) 921-3861

Eric E. Widdoes  
Assistant Principal

### Request for Student Records

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Phone Number: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_  
Former School Address: \_\_\_\_\_  
Former School Phone Number: \_\_\_\_\_  
Former School Fax Number: \_\_\_\_\_

**The following records will be needed to enroll in Giles High School:**

**Current Grades** as of the date of withdrawal

Transcript of Grades/**Credits earned in Grades 7-12** and Grading Scale

**Discipline Record** (if applicable, or a printout showing no discipline incidents)

Attendance Records (Truancy paperwork, if any)

Immunization Records **including Tdap booster**

School Physical (if in file)

SOL Test Results, PBA Results, and State Testing ID (for transfers within VA)

Standardized Test Scores

Birth Certificate or Birth Certificate Number

Most Current Custody Records (if applicable)

Technical Credential Certification (if earned)

Most Current Eligibility Minutes, Educational/Physical Testing, and IEP/504 Plan (when applicable)

Any Pertinent information/ recommendations to assist in scheduling the student

**Please scan and email, mail or fax to:**

Giles High School Guidance Department  
1825 Wenonah Avenue  
Pearisburg, Va 24134  
Phone (540) 921-1711 / Fax (540) 921-3861

\_\_\_\_\_  
Signature of Parent/Guardian or School Official

\_\_\_\_\_  
Date

Mrs. Kelley, [tkelley@gilesk12.net](mailto:tkelley@gilesk12.net)

Mrs. Rhodes, [mrhodes@gilesk12.net](mailto:mrhodes@gilesk12.net)

Ms. McMahan, [cmcmahan@gilesk12.net](mailto:cmcmahan@gilesk12.net)

**Giles County Schools: New Student Registration Form***Please Complete Both Sides of Form**Attach documentation regarding unique circumstances concerning legal guardianship of the below named student.*

Student's Name:

*Last**First**Middle**Generation (Jr, II, III etc.)*

Home Address:

Mailing Address

*If different...*

City, State, Zip:

Mailing City, State, Zip:

*If different...*

Home Phone:

Birth Date:

Birth Country:

Social Security #:

Please Complete Both Questions: 1) Ethnicity: Are you Hispanic or Latino (circle one) [YES] [NO]

2) Race: → Race Codes (check all that apply):

- ☐ American Indian/Alaskan Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

Grade Level (circle one):

KG	1	2	3	4	5	6
7	8	9	10	11	12	

Gender (circle one): Male Female

Previous 1)

*Include Town, State and/or Phone if Available*

Years:

Grade Level:

IEP [ ] 504 [ ]

School(s): 2)

Years:

Grade Level:

IEP [ ] 504 [ ]

3)

Years:

Grade Level:

IEP [ ] 504 [ ]

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Contact:

*Last**First*

Relationship:

Home Address:

City, State, Zip:

Employer:

Home Phone:

Work Phone:

Cell Phone:

Student Lives With: YES NO

Legal Guardian: YES NO

Email Address:

Parent/Guardian Contact:

*Last**First*

Relationship:

Home Address:

City, State, Zip:

Employer:

Home Phone:

Work Phone:

Cell Phone:

Student Lives With: YES NO

Legal Guardian: YES NO

Email Address:

Parent/Guardian Contact:

*Last**First*

Relationship:

Home Address:

City, State, Zip:

Employer:

Home Phone:

Work Phone:

Cell Phone:

Student Lives With: YES NO

Legal Guardian: YES NO

Email Address:

Parent/Guardian Contact:

*Last**First*

Relationship:

Home Address:

City, State, Zip:

Employer:

Home Phone:

Work Phone:

Cell Phone:

Student Lives With: YES NO

Legal Guardian: YES NO

Email Address:

**Giles County Schools: New Student Registration Form***Please Complete Both Sides of Form***EMERGENCY CONTACTS**

(The individuals below have authorization to pick up my child and can be reached during school hours at the number listed.)

**Emergency Contact #1:***Last**First*

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact #2:***Last**First*

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact #3:***Last**First*

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Medical Information** – Refer to Code of Virginia 22.1-270 Paragraph 1

Primary Doctor: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Alert: \_\_\_\_\_

Medical Alert: \_\_\_\_\_

Health Comment: \_\_\_\_\_

Does your child have health insurance YES NO

Would you like information about free/low cost health coverage YES NO

All children, within 60 days of initial enrollment in a public school, will be screened in the following areas to determine if formal assessment is indicated: (K-3) speech, voice, language, motor, vision, and hearing; (4-12) vision and hearing. All procedural safeguards shall be maintained during the screening process. Giles County Public Schools uses student social security numbers on all school related documents requiring a student identification number unless instructed not to do so by parents.

**Language Spoken At Home** \_\_\_\_\_**Current Living Situation/Homeless**

Check the box if you are living:

- ☐ In a shelter (or shelter space provided by New River Family Shelter)
- ☐ With relatives or others due to a lack of housing
- ☐ In a motel, campground or car due to a lack of alternative, adequate housing
- ☐ In housing that is inadequate or substandard.

**After School Plans:**

- ☐ Bus Number \_\_\_\_\_
- ☐ Walker \_\_\_\_\_
- ☐ Parent Picks Up \_\_\_\_\_
- ☐ In-School Child Care \_\_\_\_\_
- Other \_\_\_\_\_

**Military Connected Students:**

- ☐ Student is not military connected
- ☐ Student is a dependent of a member of the Active Duty Forces (full time) Army, Navy, Air Force, Marine Corps, or Coast Guard
- ☐ Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)

I hereby give my permission for school personnel or attending physician to administer emergency treatment in case of accident or illness and for pertinent health information to be shared with the school personnel involved in my child's care. In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent(s)/guardian(s) is responsible for all expenses. I certify that the above information is correct.

**Requires signature of all parents/guardians with whom the student resides.**

Print Parent/Guardian Name

Signature

Date

Print Parent/Guardian Name

Signature

Date

Giles County Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Title IX Coordinator - D. Scott Meade (Asst Supt of Curriculum) and Section 504 Coordinator - Michele Thompson (Dir. Of Special Education), 151 School Road, Pearisburg, VA 24134 - 540.921.1421

# Student Residency Questionnaire

## CONFIDENTIAL

Name of School \_\_\_\_\_ School Year: \_\_\_\_\_

Name of Student \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Sex: ☐ Male ☐ Female

*This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency questionnaire help determine the services the student may be eligible to receive.*

1. Is the student's current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this living arrangement due to loss of housing or financial difficulties? ☐ Yes ☐ No
3. Is the student unaccompanied (living in a household where no one is the parent or legal guardian) ? ☐ Yes ☐ No
4. Is the student in Foster Care? ☐ Yes ☐ No

**If you answered YES to any of the above questions, please complete the remainder of this form. If you answered NO, you may stop here and just sign the form at the bottom of this sheet.**

### Where is the student presently living?

- |  |  |
|--|--|
| <input type="checkbox"/> Doubled up with more than one family or relative  | <input type="checkbox"/> Awaiting foster care placement (could be temporary or emergency placement).         |
| <input type="checkbox"/> In a shelter  | <input type="checkbox"/> In foster care with a qualified foster care family                                  |
| <input type="checkbox"/> In a motel  | <input type="checkbox"/> With a stepparent, grandparent, relative, or caretaker that is NOT a legal guardian |
| <input type="checkbox"/> Moving from place to place  | <input type="checkbox"/> With friend(s) or alone.  |
| <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite | <input type="checkbox"/> Other: (please describe)  |
| <input type="checkbox"/> In housing that is inadequate or substandard  |  |

### Name of person living in household responsible for this student \_\_\_\_\_

Relationship (check one): ☐ Parent ☐ Legal Guardian ☐ Foster Parent ☐ Self  
☐ Caretaker (includes grandparents, stepparent, relative, or other adult that is not a legal guardian)

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived at this location \_\_\_\_\_

Other contact information \_\_\_\_\_

Does this student have siblings of any age? If so, please list name(s) and age(s): \_\_\_\_\_

Foster Care Information (if applicable): Placing Agency: \_\_\_\_\_

County of Biological Parents \_\_\_\_\_ Name of Caseworker \_\_\_\_\_

*I understand that the student listed above may be eligible for services based on McKinney-Vento Act 42 U.S.C. 11435. I may be contacted by a school official for additional information. I may also contact the guidance department at my student's school or the Homeless Liaison for more information.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: If the answer is "yes" to any of the first four questions, please fax a copy to Office of Homeless Liaison. Original should be maintained at the home school.

Giles High School

Custody Information

Name of Student \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Guardian(s) \_\_\_\_\_

1. Is there a custody issue concerning this child: yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Are current custody papers in your child's file? yes \_\_\_\_\_ no \_\_\_\_\_

3. Full custody

With: Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Name of custodial parent(s): \_\_\_\_\_

Name of guardian if applicable: \_\_\_\_\_

4. Joint custody

With: Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_

5. Physical custody

With: Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Giles County Public Schools  
151 School Road  
Pearisburg, VA 24134

**Expulsion Declaration Form**

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 and will forfeit the enrollment of the student in question. The registration document shall be maintained as a part of the student's scholastic record. (Code of Virginia 22.1-3.2)

**PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW**

I, \_\_\_\_\_, affirm that \_\_\_\_\_ has not been expelled from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

\_\_\_\_\_  
Parent, Guardian or person having control or charge of 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 child

\_\_\_\_\_  
Date



User accounts continue from one school year into the next. Accounts do not expire. Parents do NOT need to complete a new form each school year, unless a new child is entering the school.

### PowerSchool Acceptable Use Agreement

Access to your child's grades and attendance using the PowerSchool Parent Access through the PowerSchool Parent Portal ("PowerSchool") is being provided to you by the Giles County Public School District ("District") as another form of communication with teachers. This information will be helpful in facilitating relationships between parents, students and teachers; helping all of us in our efforts to support your child's education. Please read these guidelines carefully and once completed and signed by all parents/guardians, return to your school. Parents will be given access IDs and passwords. Once you've established your user name and password, do not share these with anyone.

**As a condition of using PowerSchool, I understand that I am agreeing to follow these guidelines:**

1. For concerns regarding your child's grades, please adhere to this protocol in the order listed:
  - a. Speak with your child.
  - b. Have your child talk to their teacher for clarification.
  - c. Parent/guardian may send an email or call the teacher and expect a response as soon as the teacher is reasonably able to respond.
  - d. Parent/guardian may request a meeting with the teacher.
  - e. After all of the above, a parent may contact school administration by phone or email.
2. Username and passwords are to be kept confidential.
3. The District accepts no responsibility in the event the username/password is shared, given, stolen, or in any other way becomes in the possession of a person other than your or your student.
4. The District does not provide technical support for your home and/or work computer system.

#### Acceptable Use Agreement:

1. I understand that the District is providing access to my student's academic information through PowerSchool as a privilege, and if it is abused, my account and access may be suspended and/or terminated. The following are considered abuses, although this is not an exhaustive list of the kinds of conduct that could result in termination of the privilege:
  - a. Disregard for the protocol for concerns regarding your child's grades found in the "As a Condition of Using PowerSchool" section of this Agreement (above);
  - b. Using obscene language;
  - c. Harassing, insulting or attacking others; and
  - d. Violation of other relevant District policies and procedures.
2. I understand that the District is not liable for any damages to my personal equipment incurred when connected or as a result of my connection or efforts to connect to PowerSchool.
3. I understand that the security of data transmitted through the internet using PowerSchool cannot be guaranteed, although PowerSchool utilizes security protocols.
4. In consideration of using the District's network and having access to my child's grades and attendance through PowerSchool, I hereby release the District and its officers, directors, employees, and agents from any claims and damages from my use or inability to use the system.
5. I am aware that, at times, the information in PowerSchool may be incorrect and I should follow the protocol listed in "As a Condition of Using PowerSchool" to address such concerns. We appreciate your patience and cooperation in this matter. Nothing in this provision, however, is intended to waive a parent's or student's rights under the Family Educational Rights and Privacy Act to seek the correction of errors in official school records.
6. I understand that my student's school(s) will continue to send report cards home at the end of each nine weeks.

By signing below, you acknowledge that you have read and agree to comply with this PowerSchool Acceptable Use Agreement.

School: \_\_\_\_\_ Student Name: \_\_\_\_\_

1. Parent/Guardian Name (Print Clearly): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature \_\_\_\_\_ Email: \_\_\_\_\_
2. Parent/Guardian Name (Print Clearly): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature \_\_\_\_\_ Email: \_\_\_\_\_
3. Parent/Guardian Name (Print Clearly): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature \_\_\_\_\_ Email: \_\_\_\_\_
4. Parent/Guardian Name (Print Clearly): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature \_\_\_\_\_ Email: \_\_\_\_\_

Disclaimer: This system is provided only as an educational support for you and your child. The information provided by the PowerSchool Parent Portal is not an official record. For official student records, contact your child's school. Neither the District nor Pearson Education, the publisher of PowerSchool, accept any responsibility for information provided by this system and/or for any damages resulting from information provided by this system.

School Copy

## Primary/Home Language Survey for All New Kindergarten and Incoming Students

### Instructions for schools in completing the survey:

1. Interview the parents or guardians of ALL new kindergarten and incoming students in grades K-12 and record all information requested.
2. Provide interpretation services whenever necessary.
3. Check to see that all questions on the form are answered.

Student Information (The parents or guardians should complete this section.)	
First Name: _____ Last Name: _____	Date of Birth: (Month/Day/Year)
Questions for Parents or Guardians	Response
What is the primary language used in the home, regardless of the language spoken by the student?	
What is the language most often spoken by the student?	
What is the language that the student first acquired?	
In what language do you prefer to receive oral communication from the school division?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify) _____ _____
In what language do you prefer to receive written communication from the school division?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify) _____ _____

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## SCHOOL & DAY CARE MINIMUM IMMUNIZATION REQUIREMENTS

Documentary proof shall be provided of adequate age appropriate immunization with the prescribed number of doses of vaccine indicated below for attendance at a public or private elementary, middle or secondary school, child care center, nursery school, family day care home or developmental center. Vaccines must be administered in accordance with the harmonized schedule of the Centers for Disease Control and Prevention, American Academy of Pediatrics, and American Academy of Family Physicians and must be administered within spacing and age requirements (available at <http://www.vdh.virginia.gov/Epidemiology/Immunization/acip.htm>). Children vaccinated in accordance with either the current harmonized schedule or the harmonized catch-up schedules (including meeting all minimum age and interval requirements) are considered to be appropriately immunized for school attendance. (See "Supplemental Guidance for School-required Vaccines" for additional information.)

**Diphtheria, Tetanus, & Pertussis (DTaP, DTP, or Tdap).** A minimum of 4 doses. A child must have at least one dose of DTaP or DTP vaccine on or after the fourth birthday. DT (Diphtheria, Tetanus) vaccine is required for children who are medically exempt from the pertussis containing vaccine (DTaP or DTP). Adult Td is required for children 7 years of age and older who do not meet the minimum requirements for tetanus and diphtheria. Effective July 1, 2006, a booster dose of Tdap vaccine is required for all children entering the 6<sup>th</sup> grade, if at least five years have passed since the last dose of tetanus-containing vaccine.

**Haemophilus Influenzae Type b (Hib) Vaccine.** This vaccine is required ONLY for children up to 60 months of age. A primary series consists of either 2 or 3 doses (depending on the manufacturer). However, the child's current age and not the number of prior doses received govern the number of doses required. Unvaccinated children between the ages of 15 and 60 months are only required to have one dose of vaccine.

**Hepatitis B Vaccine.** A complete series of 3 doses of hepatitis B vaccine is required for all children. However, the FDA has approved a 2-dose schedule ONLY for adolescents 11-15 years of age AND ONLY when the **Merck Brand (RECOMBIVAX HB) Adult Formulation Hepatitis B Vaccine** is used. If the 2-dose schedule is used for adolescents 11-15 years of age it must be clearly documented on the school form.

**Human Papillomavirus Vaccine (HPV).** Effective October 1, 2008, a complete series of 3 doses of HPV vaccine is required for females. The first dose shall be administered before the child enters the 6<sup>th</sup> grade. After reviewing educational materials approved by the Board of Health, the parent or guardian, at the parent's or guardian's sole discretion, may elect for the child not to receive the HPV vaccine.

**Measles, Mumps, & Rubella (MMR) Vaccine.** A minimum of 2 measles, 2 mumps, and 1 rubella. (Most children receive 2 doses of each because the vaccine usually administered is the combination vaccine MMR). First dose must be administered at age 12 months or older. Second dose of vaccine must be administered prior to entering kindergarten but can be administered at any time after the minimum interval between dose 1 and dose 2.

**Pneumococcal (PCV) Vaccine.** This vaccine is required ONLY for children less than two years of age. Two to four doses, dependent on age at first dose, of pneumococcal conjugate vaccine are required.

**Polio Vaccine.** A minimum of 4 doses of polio vaccine. One dose must be administered on or after the fourth birthday. See supplemental guidance document for additional information.

**Varicella (Chickenpox) Vaccine.** All susceptible children born on and after January 1, 1997, shall be required to have one dose of chickenpox vaccine administered at age 12 months or older. Effective March 3, 2010, a second dose must be administered prior to entering kindergarten but can be administered at any time after the minimum interval between dose 1 and dose 2.

For further information, please call the Division of Immunization at 1-800-568-1929 (in state only) or 804-864-8055.

**COMMONWEALTH OF VIRGINIA**  
**SCHOOL ENTRANCE HEALTH FORM**  
**Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

**Part I – HEALTH INFORMATION FORM**

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no earlier than one year before your child's entry into school.

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

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

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

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

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

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

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

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

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

**Box 1. Pre-Existing Conditions**

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

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

**Box 2. Medications**

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

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

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

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes ☐ No ☐ Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

I \_\_\_\_\_ (do) (do not) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Interpreter: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

☐

**Section I**

**See Section II for conditional enrollment and exemptions.**

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: \_\_\_\_\_

Race (Optional): \_\_\_\_\_

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	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)			Serological Confirmation of Measles Immunity:		
Measles Vaccine (Rubeola)			Serological Confirmation of Rubella Immunity:		
Rubella Vaccine			Serological Confirmation of Mumps Immunity:		
Mumps Vaccine					
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.): \_\_\_\_/\_\_\_\_/\_\_\_\_