

**CUMBERLAND COUNTY ELEMENTARY SCHOOL**

**P.O. Box 190 – 60 School Road  
Cumberland, VA 23040  
Phone (804) 492-4212  
Fax (804) 492-9867  
Office of the Principal**

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

The above named student has enrolled in our school. Please forward the following information:

- |   |                                     |
|---|-------------------------------------|
| _____ Report Card                       | _____ Immunization Records/Physical |
| _____ Test Scores (SOL, Stanford, etc.) | _____ Birth Certificate             |
| _____ Social Security Number            | _____ Attendance Record             |
| _____ Disciplinary Records              | _____ Custody Papers                |
| _____ IEP and Related Information       | _____ Gifted & Talented Eligibility |
| _____ Speech Screening Information      |                                     |

Thank you for your help.

---

**PERMISSION FOR TRANSFER OF STUDENT'S PERMANENT RECORDS**

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

I, hereby authorize (Former School) \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

School Phone Number \_\_\_\_\_

School Fax Number \_\_\_\_\_

**Please release all pertinent information contained in the cumulative permanent record of my child to Cumberland County Elementary School.**

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*(Page left blank intentionally for 2-sided printing.)*

## EXPULSION VERIFICATION 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. The registration document shall be maintained as 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.

\_\_\_\_\_

Signature (Parent/Legal Guardian)

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.

\_\_\_\_\_

Signature (Parent/Legal Guardian)

Date

***(Page left blank intentionally for 2-sided printing.)***

# Cumberland County Public Schools-Student Registration Form

School Name: Cumberland Elementary School

**For Office Use ONLY**

Student ID # \_\_\_\_\_ Birth Certificate # \_\_\_\_\_ Enrolling in Grade \_\_\_\_\_

Place of Birth \_\_\_\_\_ Enrollment Date \_\_\_\_\_ US Citizen  Yes  No Date of Immigration \_\_\_\_\_

STI # \_\_\_\_\_

**Required 2 Proofs of Residency: 1 must be lease/deed/mortgage documents**

Information Verified by \_\_\_\_\_ Date: \_\_\_\_\_

Lease/Mortgage Papers  Utility bill (Phone)  Utility Bill (Electric)

Student Name: \_\_\_\_\_ Gender  Male  Female

(Last) (First) (Middle) (Preferred)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

City State Country

Social Security # \_\_\_\_\_

What Language(s) does the student speak at home? \_\_\_\_\_

|  |  |  |
|--|--|--|
| <p><small>In October 2007 the U.S. Department of Education published revised standards for collecting data on race and ethnicity. The new race and ethnicity categories allow multiracial individuals full recognition of their heritage. Individuals who are Hispanic can more accurately describe their race and Hispanic ethnicity.</small></p> | <p><b>Ethnicity</b><br/>Are you Hispanic or Latino?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p><b>Race <i>Select at Least One</i></b></p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> |
|--|--|--|

**Primary Household Information (where student lives)** This address is the student's legal address and is the address to which all mail intended for the student or the student's parents or guardian will be sent.

|                            |  |
|----------------------------|--|
| Parent or guardian 1 _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian<br><input type="checkbox"/> Self <input type="checkbox"/> Stepparent <input type="checkbox"/> Single Parent <input type="checkbox"/> Other |
| Last, First, Middle        |  |
| Parent or guardian 2 _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian<br><input type="checkbox"/> Self <input type="checkbox"/> Stepparent <input type="checkbox"/> Single Parent <input type="checkbox"/> Other |
| Last, First, Middle        |  |

Street Address: \_\_\_\_\_ Household Phone: \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if Different from Street Address: \_\_\_\_\_

Military Connected?  Yes  No If SO, Active Duty or National Guard/Reserve (Circle one)

Is this student considered homeless?  Yes  No

Cell Phone for Parent/Guardian 1 \_\_\_\_\_ Work Name & Phone for Parent Guardian1 \_\_\_\_\_

Cell Phone for Parent/Guardian 2 \_\_\_\_\_ Work Name & Phone for Parent Guardian 2 \_\_\_\_\_

**Secondary Household Information** Should this household receive mailings?  Yes  No Email?  Yes  No

|                            |  |
|----------------------------|--|
| Parent or guardian 1 _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian<br><input type="checkbox"/> Self <input type="checkbox"/> Stepparent <input type="checkbox"/> Single Parent <input type="checkbox"/> Other |
| Last, First, Middle        |  |
| Parent or guardian 2 _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian<br><input type="checkbox"/> Self <input type="checkbox"/> Stepparent <input type="checkbox"/> Single Parent <input type="checkbox"/> Other |
| Last, First, Middle        |  |

Street Address: \_\_\_\_\_ Household Phone: \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone for Parent/Guardian 1 \_\_\_\_\_ Work Name & Phone for Parent Guardian 1 \_\_\_\_\_

Cell Phone for Parent/Guardian 2 \_\_\_\_\_ Work Name & Phone for Parent Guardian 2 \_\_\_\_\_

**If Student lives in a foster home, please provide the following:**

Placing Agency: \_\_\_\_\_ Caseworker: \_\_\_\_\_ Agency/Caseworker Phone: \_\_\_\_\_

**Childcare/Babysitter Information:**

Provider Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is the childcare provider authorized to remove student from school?  Yes  No

Is the childcare provider responsible for transportation?  Yes  No

Did student ever attend Cumberland Elementary School before?  Yes  No If yes, when? \_\_\_\_\_

Did this student receive any special services in his or her last school?  Yes  No

If yes, please indicate type of special services received: (Check all that apply)

IEP  504  Speech  Remediation  Gifted and Talented  ESL  Other: (please explain) \_\_\_\_\_

Last School Attended: Name of School \_\_\_\_\_ Phone # \_\_\_\_\_

Address of School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did child attend PK?  Yes  No If yes, please select type of PK program (check all that apply):

Head Start  Public Preschool  Private Preschool  Day Care

Indicate any physical problems about which the school should know:

\_\_\_\_\_

Indicate any regular medication student is taking: \_\_\_\_\_

**Family Information: Please provide the information for all brothers/sisters currently living in the same household with student: (please include step-brothers/sisters)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**Emergency Information:**

Contact 1 - Name/Relationship \_\_\_\_\_

Day Phone (Home, Work, Cell) \_\_\_\_\_

Contact 2 - Name/Relationship \_\_\_\_\_

Day Phone (Home, Work, Cell) \_\_\_\_\_

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

\*\*\*\*\*ATTACH CUSTODY PAPERS IF APPLICABLE\*\*\*\*\*

**Cumberland County Public Schools  
Student Home Language Survey**

**Student's Name:** \_\_\_\_\_

**Date of Birth (Month/Day/Year):** \_\_\_\_\_

| <b>Parent/Guardian Questions</b>   | <b>Responses</b> |
|--|------------------|
| What is the primary language used in the home, regardless of the language spoken by the student? |                  |
| What is the language that the student first acquired?  |                  |
| What is the language most often spoken by the student?   |                  |
| Which language do you most frequently speak to your child?                                       |                  |
| In what language would you prefer to get information from the school?                            |                  |

***If parent/guardian responds with any language other than English for one or more questions, then the student is progressed to the language screening process.***

***(Page left blank intentionally for 2-sided printing.)***





Cumberland County Public  
Schools in conjunction with  
Albemarle Regional Migrant  
Education

Office of Migrant Education  
907 Henry Avenue  
Charlottesville, Virginia 22903  
Phone: (434) 296-3872 Ext. 3 and 8

Dear Parent/Guardian,

Please answer the following questions and **return to your school** so that you may be considered for Migrant Education Program Services. If your family qualifies, you may be eligible for services such as:

- Tutoring
- English Classes
- Summer Programs/Enrichment Activities
- Referrals to community services

Thank you,

Chip Jones, Ed.D.  
Assistant Superintendent of Finance and Operations  
Migrant Education Program

**1. Have you or someone in your family moved/travelled in the past three years in order to do agricultural work?**

Yes

No

**2. Please check all that apply below.**

- Growing, picking, or packing fruits and vegetables
- Growing, harvesting, or packing trees, shrubs, flowers, including working at a plant nursery
- Processing raw poultry, beef, or fish
- Working with livestock such as cattle, chickens, or hogs
- Working in timber or commercial fishing

**3. Parent/Guardian Name** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**4. School Name** \_\_\_\_\_

Parent/Guardian please return this form to your child's school.  
School staff: Please return this completed form to the Albemarle Regional  
Migrant Education Office.

*(Over, please)*



Cumberland County Public  
Schools in conjunction with  
Albemarle Regional Migrant  
Education

Office of Migrant Education  
907 Henry Avenue  
Charlottesville, Virginia 22903  
Phone: (434) 296-3872 Ext. 3 and 8



Estimado Padre/Tutor,

Por favor conteste a las siguientes preguntas y devuélvelo a su escuela para que pueda ser considerado para los servicios del Programa de Educación Migrante. Si su familia califica, puede ser elegible para servicios como:

- Servicios de Tutoría
- Clases de Inglés
- Programas de Verano/Actividades de Enriquecimiento
- Referidos a Servicios Comunitarios

Gracias,

Chip Jones, Ed.D.

Programa de Educación Migrante

**1. ¿Se ha mudado/viajado Usted o alguien de su familia durante los últimos tres años para hacer trabajo agrícola?**

**Si**

**No**

**2. Por favor indique todo lo que corresponda.**

Cultivar, pisar, o empacar frutas o verduras

Cultiva, cosechar o empacar árboles, arbustos, flores, incluso trabajo en un “nursery” de plantas

Procesamiento de alimentos crudos como carne de res, pollo, pavo, o pescado

Trabajar con ganado, gallinas, o cerdos

Trabajar con madera o en la pesca comercial

**3. Nombre del Padre/Tutor** \_\_\_\_\_

**Teléfono** \_\_\_\_\_

**4. Nombre de la Escuela** \_\_\_\_\_

Padre/Tutor, por favor devuelva este formulario a la escuela de su hijo/a.

**Cumberland County Public Schools**  
**Student Residency Form**

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Where does the student stay at night?

- |  |  |
|--|--|
| <input type="checkbox"/> In a house, mobile home, or apartment | <input type="checkbox"/> In another location that is not appropriate for people (e.g., an abandoned building)  |
| <input type="checkbox"/> In a shelter                          | <input type="checkbox"/> Temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own) |
| <input type="checkbox"/> In a motel/hotel                      |  |
| <input type="checkbox"/> In a car                              | <input type="checkbox"/> Other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)                      |
| <input type="checkbox"/> At a campsite                         |  |

Name of school: \_\_\_\_\_

Name of student: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ declare as follows:

(Name of parent/legal guardian)

I am the parent/legal guardian of \_\_\_\_\_

(Name of student)

Who is of school age and is seeking enrollment in **Cumberland County Public Schools**.

Since \_\_\_\_\_, our family has not had a permanent residence.

(Date)

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completing the form: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I can be reached for emergencies at: \_\_\_\_\_

***(Page left blank intentionally for 2-sided printing.)***

## Consent for Special Education Services for Transfer Students

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

Identified Disability \_\_\_\_\_

Current Services \_\_\_\_\_

The above named student received special education services in his/her previous school. With your consent, your child will receive special education services consistent with the existing IEP from the previous school. Based on information provided by you until the current IEP is received or based on information in your child's current IEP, your child will receive the following special education services until an IEP meeting is conducted:

---

---

---

---

---

---

I GIVE PERMISSION for my child, \_\_\_\_\_, to receive the special education services recommended above. I have received a copy of the Procedural Safeguards and I understand these rights.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I DO NOT GIVE PERMISSION for my child, \_\_\_\_\_, to receive the special education services recommended above. I have received a copy of the Procedural Safeguards and I understand these rights.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Note: Special Education Services begin when the parent gives written consent with or without a copy of current IEP.

*(Over, please)*

**Cumberland County Public Schools  
Statement of Special Education Services**

I, \_\_\_\_\_, parent or guardian of  
\_\_\_\_\_, state that he or she is not  
receiving special education services.

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

ACCEPTABLE COMPUTER SYSTEM USE AGREEMENT

**Each employee must sign this agreement as a condition for using the School Division's computer system. Each student and his or her parent/guardian must sign this Agreement before being granted use of the School Division's computer system. Read this Agreement carefully before signing.**

Prior to signing this Agreement, read Policy and Regulation IIBEA, Acceptable Computer System Use. If you have any questions about this policy or regulation, contact your supervisor or your student's principal.

I understand and agree to abide by the School Division's Acceptable Computer System Use Policy and Regulation. I understand that the School Division may access and monitor my use of the computer system, including my use of the internet, e-mail and downloaded material, without prior notice to me. I further understand that should I violate the Acceptable Use Policy and Regulation, my computer system privileges may be revoked and disciplinary action and/or legal action may be taken against me.

Student/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read this Agreement and Policy and Regulation IIBEA. I understand that access to the computer system is intended for educational purposes and the Cumberland County School Division has taken precautions to eliminate inappropriate material. I also recognize, however, that it is impossible for the School Division to restrict access to all inappropriate material and I will not hold the School Division responsible for information acquired on the computer system. I have discussed the terms of this agreement, policy and regulation with my student.

I grant permission for my student to use the computer system provided by Cumberland County Public Schools.

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

Parent/Guardian Name \_\_\_\_\_

(Please Print)

CUMBERLAND COUNTY PUBLIC SCHOOLS

***(Page left blank intentionally for 2-sided printing.)***



# SLIFE REGISTRATION

## Registration Document Questions to Determine SLIFE Status Division-wide

### Cumberland County Public School

|  |
|--|
| 1. Is your child aged eight or above?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 2. Is this the first school your child will attend in the United States? <i>(If No, please answer question 3)</i><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 3. If your child has attended any school in the United States before, provide the start date, grade(s), and name of the state.<br><br>Start date in first U.S. school (month/year) _____<br><br>Grade _____<br><br>U.S. State _____<br><br>School district _____<br><br>Name of the school _____ |

If you answered **YES** to Questions 1 **and** 2, please answer the following questions.

The answers provided will help the school offer your child more specific English language and academic support.

| Questions   |
|---|
| 1. What year did your child start school?   |
| 2. In which country or countries has your child attended school?  |
| 3. What was the last grade your child attended?   |
| 4. What was the last date your child attended school?   |
| 5. Did your child often have to miss school?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 6. About how much time has your child missed of school since they started in any country? This should only include time missed when schools were open for student attendance.<br><br>Weeks _____ Months _____ Years _____ |

\*Registrar, please contact School Counselor to determine SLIFE status and arrange for possible SLIFE services.

*(Page left blank intentionally for 2-sided printing.)*



## Internet and Device Access Cumberland County Public Schools



Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

*Please print*

Please answer the questions below regarding your device and internet access:

**How is your internet access? Please select ONE of the following options:**

1.  Internet access at home allows for live streaming, classroom instruction, real time interaction with teachers and classmates
2.  Internet access at home is available but too slow for live streaming or real time interaction
3.  Public connection NOT at home (coffee shop, fast food restaurant, recreation center, etc.)
4.  Other

**What device do you have for your child for remote learning?**

**Please select ONE of the following options:**

1.  Need or already have a school provided device (chromebook or laptop)
2.  Personal Device (desktop, laptop, chromebook or tablet)
3.  Shared with family members (desktop, laptop, chromebook, tablet)
4.  Smartphone only
5.  Any Public Device (library, community center, etc.)
6.  No device access

***(Page left blank intentionally for 2-sided printing.)***

CUMBERLAND COUNTY PUBLIC SCHOOLS

P.O. Box 170

Cumberland, Virginia 23040  
(804) 492-4724 (804) 492-3668  
Fax (804) 492-9374

**Screening Notification**

1. The screening process for all children enrolled in Cumberland County Public Schools, including transfers from out of state, is as follows:
  - a. All children (through grade three), within 60 business days of initial enrollment in a public school, shall be screened for speech, voice, and language to determine if a referral for an evaluation for special education and related services is indicated.
  - b. All children, within 60 business days of initial enrollment, shall be screened in the areas of vision and hearing to determine if a referral for an evaluation for special education and related services is indicated. In addition, the vision and hearing of all children in grades three, seven, and ten shall be screened during the school year.
  - c. All children (through grade three), within 60 business days of initial enrollment shall be screened for fine and gross motor function to determine if a referral for an evaluation for special education and related services is indicated.
  - d. The screening may take place up to 60 business days prior to the start of school. Cumberland County Public Schools may recognize screening reported as part of a child's preschool physical examination required under the Code of Virginia if completed within the above prescribed time line.
  - e. Specific measures or instruments will be employed which use:
    - 1) Both observational and performance techniques
    - 2) Techniques which guarantee nondiscrimination
  - f. Children who fail any of the above screening may be rescreened after 60 business days if the original results are not considered valid.
  - g. Children shall be referred to the special education administrator or designee not more than five business days after screening or rescreening if results suggest that a referral for evaluation for special education and related services is indicated. The referral should include the screening results.
2. Cumberland County Public Schools shall establish and maintain screening procedures to assure the identification of children with suspected disabilities residing within its jurisdiction and requiring special education. Cumberland County Public Schools shall provide all applicable procedural safeguards. These include the following:
  - a. Written notice to parents of the scheduled screening and, if the child fails the screening, the results of the screening;
  - b. Confidentiality; and
  - c. Maintenance of the student's scholastic record.
3. A child study committee shall be established at each school to review records and other performance evidence of the children referred through a screening process, or by school staff, the parent or parents, or other individuals.
  - a. All referrals to the child study committee shall be made to the principal or designee. The committee shall include:
    - 1) The referring source, as appropriate (except if inclusion of referring source would breach the confidentiality of the child);
    - 2) The principal or designee;
    - 3) At least one teacher; and
    - 4) At least one specialist
  - b. The child study committee shall meet within 10 business days following receipt of the referral. The purpose of the meeting is to identify and recommend strategies to address the child's learning, behavior, communication, or development. This does not preclude the child study committee from making a referral for evaluation for special education and related services prior to implementing strategies. The child study committee shall refer the child to the special education administrator or designee within five business days following the determination by the committees that the child should be referred for an evaluation for special education and related services.
  - c. Actions by the committee shall be documented in writing and shall include information upon which a decision was based.

*(Page left blank intentionally for 2-sided printing.)*