

Prince William County Public Schools  
PO Box 389  
Manassas, VA 20108

STUDENT NAME \_\_\_\_\_ PERM ID # \_\_\_\_\_

RECORD DATA DISCLOSURE INFORMATION

Date/Location	Requestor Obtaining Disclosure of Student Educational Information (to include, agency, institution, eligible staff or faculty member) Print & Sign	Legitimate Interest in Seeking Disclosure of Student Educational Information	Purpose for Use of Student Educational Information	Authorized Custodian of Student Educational Record Signature

This information will be retained permanently within the Student Educational Record File 1

## **Required Registration Information**

Please bring the following documentation to complete your student's registration:

- **Original Birth Certificate**
- **Immunization Records**
  - Must be received prior to enrollment and in compliance per regulation 755-1.
  - Must be signed by a doctor or health official.
- **Proof of Residency (Three Documents Required)**
  - The following documents are acceptable (ONE REQUIRED)
    - Deed
    - Contract
    - Current Lease Agreement
    - Notarized Residency Affidavit
  - The following documents are acceptable for additional proof (TWO REQUIRED)
    - Valid Driver's License
    - Utility Bill/Hook-Up Documentation
    - Vehicle Registration
    - Voter Registration
    - Personal Property Tax Bill
    - Other
- **Proof of Guardianship (If Applicable)**

Please feel free to contact the Registrar with any questions or concerns:

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**Desirae D. Bruce**  
Registrar/Counseling Secretary  
Parkside Middle School  
8602 Mathis Avenue  
Manassas, Virginia 20110  
703-361-3106  
Direct Line: 571-719-2255  
brucedd@pwcs.edu

# Parkside Middle School

A Cambridge International School  
World Language Program

8602 Mathis Avenue • Manassas, VA 20110  
703.361.3106 • FAX 703.257.4878 • parksidems.schools.pwcs.edu  
*Dr. Mary Jane Boynton, Principal*

## Consent for Release of Information

Full Name of Student: \_\_\_\_\_

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

I hereby authorize:

Previous School: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

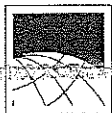
To release ALL educational records concerning my child to include:

- \_\_\_\_\_ An up-to-date transcript and/or report card
- \_\_\_\_\_ Grades at time of withdrawal
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ Discipline Records
- \_\_\_\_\_ Health/Immunizations/Physical Information
- \_\_\_\_\_ ALL IEP/Special Education Documents (if applicable)
- \_\_\_\_\_ Psychological and Social History Documents (if applicable)
- \_\_\_\_\_ ALL ESOL/ELL Information

To: Parkside Middle School (Attn: Desirae Bruce-Registrar)  
8602 Mathis Avenue  
Manassas, Virginia 20110  
Direct Line: 571-719-2255  
Fax: 703-257-4878  
Email: [brucedd@pwcs.edu](mailto:brucedd@pwcs.edu)

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

\_\_\_\_\_  
Date



Prince William County

Providing A World-Class Education

[www.pwcs.edu](http://www.pwcs.edu)



CAMBRIDGE  
International Examinations

Cambridge International School

# Prince William County Public Schools Registration Form

**STUDENT INFORMATION** (Please print) PLEASE COMPLETE ALL BLANKS EXCEPT SHADED AREAS

School Number

Legal Last Name		First Name		Middle Name		Grade	Gender
House Type	Street Number	Street Name (also designate Court, Drive, Lane, etc.)		(Apt#)	City	State	Zip
Mailing Address (if different from above)					10-digit Phone Number		
Prince William County Public School last attended, if applicable				Virginia Public School last attended (if not in Prince William Co.)			
Student's Birth Date		Birthplace (city, state/country)		Birth Certificate Number		Please circle yes or no Special Education Y / N	
Ethnicity - Please circle yes or no Hispanic or Latino Y / N		Race: Please circle all that apply		1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian or other Pacific Islander		5. White	
Most Recent School Attended			City, State		From MM / YY	To MM / YY	
Perm. ID#	G/T	ESOL	Sp. Ed.	New/Reentry	Base School	Transfer Code	

**PARENT/GUARDIAN INFORMATION** PLEASE COMPLETE ALL APPLICABLE INFORMATION USING N/A WHEN NECESSARY

Father's Full Name					*Military Connected: YES NO		
<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent (check as applicable)					Anticipated PCS _____ *Member of the Armed Forces or a civilian employee of the DOD who is employed on Federal property		
Street Number	Street Name (also designate Court, Drive, Lane, etc.)		(Apt#)	City	State	Zip	
10-digit Home Phone #	Employed by		10-digit Work Phone #	Ext.	Cell phone		
Work Address			City	State	Zip	E-Mail Address	
Mother's Full Name					*Military Connected: YES NO		
<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent (check as applicable)					Anticipated PCS _____ *Member of the Armed Forces or a civilian employee of the DOD who is employed on Federal property		
Street Number	Street Name (also designate Court, Drive, Lane, etc.)		(Apt#)	City	State	Zip	
10-digit Home Phone #	Employed by		10-digit Work Phone #	Ext.	Cell phone		
Work Address			City	State	Zip	E-Mail Address	
Verification of Residency in School Attendance Area:							
Deed or Contract		Lease		Affidavit		Other Documentation	
Foster Child Yes No		In-State Out-of-State		Give County and State of Foster Child			
If Tuition Student, is Tuition Paid by Parent Yes No		In-State Out-of-State		Tuition Code			
Medicaid Eligible Yes No							

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

**PRINCE WILLIAM COUNTY PUBLIC SCHOOLS - OFFICE OF SPECIAL EDUCATION**  
**P.O. BOX 389, MANASSAS, VIRGINIA 20108**

SUMMARY OF SCREENING RESULTS / FORM 15-10

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

FINE MOTOR GROSS MOTOR	HEARING	VISION	SPEECH LANGUAGE VOICE
Pass _____ Fail _____ Date _____ Personnel _____	Pass _____ Fail _____ Date _____ Personnel _____	Pass _____ Fail _____ Date _____ Personnel _____	Pass _____ Fail _____ Date _____ Personnel _____
GROSS MOTOR Pass _____ Fail _____ Date _____ Personnel _____	FINE MOTOR Pass _____ Fail _____ Date _____ Personnel _____		

Attachment to:  
Regulation 715-5  
February 13, 2013

PRINCE WILLIAM COUNTY PUBLIC SCHOOLS  
DISCLOSURE OF CHILD'S DISCIPLINARY AND CRIMINAL HISTORY PRIOR TO ENROLLMENT

Dear Parent or Guardian:

Under Virginia law and School Board regulation, you must provide the information requested below. You must disclose whether the child you are enrolling has ever been expelled, long-term suspended, or withdrawn from any school or placed in an alternative education program for disciplinary reasons, including an expulsion or long-term suspension which is pending at the time the student moves from another school or district. You must disclose this information regardless of whether it occurred in a public or private school location. The Virginia Code also requires disclosure of information concerning convictions or delinquency adjudications for criminal offenses including, but not limited to, those offenses listed on the reverse side of this document. Prince William County Public Schools also requires disclosure of charges for criminal offenses listed on the reverse side of this document.

You must complete this form before your child may be registered. The School Division will keep this document confidential as part of your child's scholastic record. **IF YOU MAKE A FALSE STATEMENT ON THIS FORM, YOU MAY BE GUILTY OF A CLASS 3 MISDEMEANOR.** A school employee will witness your signature.

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

1. Has the child you are enrolling ever been suspended for more than five days for a single infraction?  Yes  No

2. Is there disciplinary action pending against the child you are enrolling in the previous school district?  Yes  No  
What was/were the offense(s) which resulted in the child you are enrolling being suspended for the above?  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the child you are enrolling ever been placed on long-term suspension (10 or more consecutive days)?  Yes  No  
If yes, for how long? \_\_\_\_\_

4. Has the child you are enrolling ever been expelled?  Yes  No  
If yes, for what infraction? \_\_\_\_\_  
\_\_\_\_\_

5. Has the child you are enrolling ever been referred to or attended an alternative education program?  Yes  No  
If yes, name, address, and telephone number of program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has the child you are enrolling ever been withdrawn from any school for disciplinary reasons?  Yes  No  
If yes, for what reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has this child been charged or adjudicated delinquent for any criminal or other offense?  Yes  No If yes, what was the offense and what resulting consequences were imposed by the judicial system?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Witness: \_\_\_\_\_

(PLEASE REVIEW REVERSE SIDE OF THIS DOCUMENT)

STUDENT'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

Dear Parent/Guardian:

Prince William County Public Schools regulations require that enrolling students, **who have spent at least three consecutive months outside of the United States and U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands) during the previous five years**, submit proof of tuberculosis screening at the time of enrollment.

Such students are required to present documentary evidence as follows:

- A. A written report of a negative PPD test (Mantoux method) administered within 30 calendar days prior to school registration or written report from a health care provider stating that the student is cleared to start school, as deemed appropriate for the results of screening. This written report must be certified by the Department of Health, a physician, or a nurse practitioner licensed to practice medicine in the United States.

or

- B. A clearance letter from the Prince William Health District (PWHD) or licensed health care provider stating that the student is free of communicable tuberculosis (see Attachment II).

or

- C. A medical exemption to the testing requirement issued by a licensed physician or nurse practitioner, or a local health department in Virginia. If the exemption is temporary, the exemption document must indicate the conditions of the exemption and the date the exemption expires. A TB symptom assessment shall be done (see Attachment III). If the TB symptom assessment is positive, the student shall have a chest x-ray and evaluation for active disease before school entry.

Please check the statement below which applies to the enrolling student:

\_\_\_\_\_ The enrolling student has not resided outside the United States for three consecutive months in the past five years.

\_\_\_\_\_ The enrolling student has resided outside the United States for at least three consecutive months within the past five years and I understand that I must present evidence of tuberculin screening as described in this document.

**Students will not be permitted to enter school without written documentation as requested.**

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

\_\_\_\_\_  
Date

# Prince William County Public Schools

## Home Language Survey (HLS)

**Directions for Parent/Guardian:** Please enter a complete and accurate response for each number 1 through 10, using Not Applicable (N/A) when needed. If you have a question, please contact a school or office staff member who will be happy to help. Prince William County Public Schools (PWCS) offers free language support. If you are in need of a language other than English, please let us know the language or point to your language on the Language Assistance Poster.

**Student's Name (First, Last):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

For questions 1-4, write all applicable languages:

1. **What is the language that the student first acquired?** \_\_\_\_\_
2. **What is the language most often spoken by the student?** \_\_\_\_\_
3. **What is the primary language used in the home, regardless of the language spoken by the student?** \_\_\_\_\_
4. **In which languages do you prefer to receive communication from the school?** \_\_\_\_\_

*Please respond for both verbal and written:* Verbal: English or other \_\_\_\_\_ (please specify)  
 Written: English or other \_\_\_\_\_ (please specify)

*For Questions 8 and 9, please use school records, if available:*

5. **Country of Birth** \_\_\_\_\_  
 (same as entered on Registration Form)

8. **Did the student attend schools in the U.S. previously? Yes / No**  
 If Yes, Date of Original Entry into U.S. Schools \_\_\_\_\_  
 If No, Registrar will enter expected first date of attendance in PWCS \_\_\_\_\_

6. **Original Date of Entry into the U.S.A.** \_\_\_\_\_  
 (if born outside the U.S.A.)

9. **Did the student attend public schools in Virginia previously? Yes / No**  
 If Yes, Original Date of Entry into Virginia public schools K-12 \_\_\_\_\_ (date)  
 If No, Registrar enters expected first date of attendance in PWCS \_\_\_\_\_ (date)

7. **Date of Most Recent Entry into U.S.A.** \_\_\_\_\_  
 (if applicable)

**10. List ALL Schools Previously Attended**

School	Country / State	Grade Level	Dates (Start/End)	School Records Provided Yes/No

**Name of parent/guardian who completed the form** \_\_\_\_\_ (Please print first and last name)

**Relationship to Student** \_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*Federal regulations require school systems to survey every student at the time of enrollment regarding the student's home language and other languages the student may speak and/or understand. This form meets requirements of the Equal Educational Opportunity Act 20 USC 1703 for identification of national origin minority children. Based on this survey, a student may be assessed, as required by federal regulations, for English language proficiency.*

**OFFICIAL USE ONLY: TO BE COMPLETED BY OFFICE STAFF** (please print)

Form reviewed for completion and accuracy by:  
 PWCS staff member \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ School/Office \_\_\_\_\_

Home Language Survey forms are available at pwcs.edu, within the Translations Library. Circle the language provided to the family:  
 English, Spanish, Urdu, Arabic, Vietnamese, Farsi, Korean, Bengali, Amharic, French, Tagalog, Mandarin Chinese, Nepali

**Print Name of Person or Company providing interpretation services:** \_\_\_\_\_ **Specify Language** \_\_\_\_\_

<b>Routing: School Registrar Instructions</b>	<b>Routing: CRS Instructions</b>
If a language other than English is indicated in questions 1, 2, or 3 provide a copy of the Home Language Survey and Base School Verification Form to Central Registration Services <i>immediately</i> . Sent to CRS at Woodbridge or Manassas ( <i>circle one</i> ) Date Sent to CRS _____	Date Received by CRS _____ Initials _____ Date sent to Dept. Chair/Lead Teacher _____ <b>Home Language Identified in SMS</b> _____ Dates updated in SMS _____ / _____ / _____
<b>Home Language Identified in SMS</b> _____ Note: If school registrar completes the home language fields in SMS, please use guidance provided in PowerSchool SMS Training and Enrollment Manual.	<input type="checkbox"/> Updated HLS sent to Registrar for placement in File #1 and File #6 (used in cases when CRS does not have the original files)



## Registration Notification of Special Programs

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ The above named student **WAS NOT** enrolled in any Special Programs.

\_\_\_\_\_ The above named student **DID NOT** receive Special Education Services at his/her previous school, and **DID NOT** have an Individualized Education Plan (IEP).

\_\_\_\_\_ The above named student **WAS RECEIVING SPECIAL EDUCATION SERVICES** at his/her previous school and **DOES HAVE** an Individualized Education Plan (IEP).  
His/her disability is \_\_\_\_\_.

My son/daughter has previously been enrolled in the following Special Program(s):

\_\_\_\_\_ English as a Second Language (ESL/ESOL)

\_\_\_\_\_ Gifted and Talented Program (GT/SIGNET)

My son/daughter has previously been enrolled in the following Special Education Program(s):

\_\_\_\_\_ Educable Mentally Retarded (EMR)

\_\_\_\_\_ Hearing Impaired

\_\_\_\_\_ Other Health Impairment (OHI)

\_\_\_\_\_ Speech Impaired

\_\_\_\_\_ Emotionally Disturbed/Self-Contained (ED)

\_\_\_\_\_ Visually Impaired

\_\_\_\_\_ Learning Disability (LD)

\_\_\_\_\_ Multi-Handicapped

\_\_\_\_\_ Specific Learning Disability (SLD)

\_\_\_\_\_ Autism

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*If your student received Special Education services, a teacher from Parkside Middle School will be contacting you to complete a Prince William County IEP as soon as possible.*

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

Date \_\_\_\_\_



**EMERGENCY INFORMATION CARD**

*Please check the appropriate box below and sign at the bottom of each side of this card.*

<input type="checkbox"/> No changes needed; current information is complete and accurate		<input type="checkbox"/> See changes below		<input type="checkbox"/> Changes made online	
Student (Last, First, Middle):		Teacher:		Date of Birth:	
Grade:		A.M. Transportation:		P.M. Transportation:	
<input type="checkbox"/> Release of this child is restricted to certain individuals due to custody issues as specified in legal documents provided to the school.		<input type="checkbox"/> This child has a medical condition which school and emergency personnel must be aware. The condition is:			
<i>In the event of illness or injury involving your child, the information below will be used to assist school and emergency personnel.</i> <i>In the event of an emergency, school staff will call 911. Every attempt will be made to contact a parent/guardian or a designated emergency contact.</i>					
Parent/Legal Guardian:		Relationship:		<input type="checkbox"/> Student resides with	
Address:		City:		Zip Code:	
Business Address:		City:		Zip Code:	
E-mail Address:		Home Phone:		Business Phone:	
Cell Phone:		<input type="checkbox"/> Do not send text messages to this number			
Military-Connected:		Service Type:		<input type="checkbox"/> National Guard <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve Forces <input type="checkbox"/> Other	
Parent/Legal Guardian:		Relationship:		<input type="checkbox"/> Student resides with	
Address:		City:		Zip Code:	
Business Address:		City:		Zip Code:	
E-mail Address:		Home Phone:		Business Phone:	
Cell Phone:		<input type="checkbox"/> Do not send text messages to this number			
Military-Connected:		Service Type:		<input type="checkbox"/> National Guard <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve Forces <input type="checkbox"/> Other	
Emergency Contact:		Name:		Phone:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to pick up at school.		Name:		Phone:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to pick up at school		Name:		Phone:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to pick up at school		Name:		Phone:	
Child Care Provider (if applicable):		City:		Zip Code:	
Child Care Address:		City:		Zip Code:	
Social Worker (required for foster parent):		Phone:		Family Physician:	
Health Insurance:		If yes, covered by:		Date:	
Signature of Parent/Guardian:		Date:		Date:	
Signature of Social Worker (required for foster parent):		Date:		Date:	

*IF ANY INFORMATION ON THIS CARD CHANGES DURING THE SCHOOL YEAR,  
 PLEASE CONTACT THE STUDENT'S SCHOOL TO OBTAIN INFORMATION ABOUT HOW THE CHANGE WILL BE PROCESSED.*

## MEDICAL INFORMATION

<input type="checkbox"/> Allergies (specify below)			
<input type="checkbox"/> foods	EpiPen	Y	N
<input type="checkbox"/> medicines	EpiPen	Y	N
<input type="checkbox"/> bee stings/insects	EpiPen	Y	N
<input type="checkbox"/> seasonal			
<input type="checkbox"/> other	EpiPen	Y	N

<input type="checkbox"/> heart problems			
<input type="checkbox"/> physical disability			
<input type="checkbox"/> respiratory			
<input type="checkbox"/> concussion			
<input type="checkbox"/> hemophilia			
<input type="checkbox"/> vision problems			
<input type="checkbox"/> hearing problems			

<input type="checkbox"/> asthma			
<input type="checkbox"/> cancer			
<input type="checkbox"/> diabetes			
<input type="checkbox"/> seizures			
<input type="checkbox"/> glasses			
<input type="checkbox"/> hearing aid(s)			
<input type="checkbox"/> contact lenses			

List all medications and dosages your child receives on a continual basis:

I acknowledge that in an emergency, my child will be transported to the emergency room of the nearest hospital, and the hospital and medical staff will provide treatment which a physician deems necessary for the well-being of my child. **REMEMBER:** In compliance with Regulation 757-4, medication request forms must be completed for any medication to be administered at school.

### ACKNOWLEDGMENT OF PARENTAL RESPONSIBILITY UNDER VIRGINIA LAW

As a parent or guardian, I acknowledge that the "Code of Behavior" and summary of the Parental Responsibility Act, Virginia Code §22.1-279.3 may be found online under the "Code of Behavior" link at pwcs.edu. Copies may also be obtained at PWCS school offices. This law requires that I work with the schools to enforce the standards of student conduct and attendance in order that education may be conducted in an atmosphere free of disruption and threat to persons or property, and supportive of individual rights. This law also requires that schools provide opportunities for parental and community involvement in every school in the School Division. The law states that I may, through appropriate channels, express my disagreement with the manner in which the "Code of Behavior" has been implemented. Further, I may exercise my right to appeal a suspension or expulsion as provided by law (§22.1-277 of the Code of Virginia). Should I, however, willfully and unreasonably fail to comply with the requirements in the notice provisions of the "Code of Behavior," school officials are authorized under law (§22.1-279.3G of the Code of Virginia) to file a complaint with the juvenile and domestic relations court.

- The court, under §16.1-241.2 of the Code of Virginia, may upon a finding that I have willfully and unreasonably failed to cooperate, order that I do the following:
- meet to fulfill the request of the principal, to review the "Code of Behavior" and discuss my responsibility in matters of discipline and school attendance;
  - participate and/or have my child participate in parenting, counseling, or a mentoring program or treatment or be subject to other limitations and conditions as the court deems appropriate for failure to meet with school officials if my child is to be readmitted after a suspension, or is being expelled, or
  - pay a \$500 fine for failure to meet with school officials if my child is to be readmitted after a suspension, or is being expelled.
- The principal and other school officials will make every effort to enforce the School Board's policies fairly and consistently; address parents' concerns regarding implementation of the "Code of Behavior"; and ensure a safe learning environment for all students.

### ACKNOWLEDGMENT OF INTERNET ACCEPTABLE USE STANDARDS

I am aware of the Technology Misuse rules outlined in the "Code of Behavior" and I agree to abide by Prince William County Public Schools Acceptable Internet Use Standards as defined by Policy 295 and Regulations 295-1 and 295-2.

**PLEASE SIGN AND RETURN THIS FORM TO YOUR SCHOOL AS REQUIRED BY LAW.**

Signature of Student	Date
Signature of Parent/Guardian	Date

Signatures are an acknowledgement of receipt of the above information. Parents shall not be deemed to waive, but to expressly reserve, their rights protected by the constitutions or laws of the United States or the Commonwealth. A parent shall have the right to express disagreement with a school's or School Division's policies or decisions.

**IF ANY INFORMATION ON THIS CARD CHANGES DURING THE SCHOOL YEAR,  
PLEASE CONTACT THE STUDENT'S SCHOOL TO OBTAIN INFORMATION ABOUT HOW THE CHANGE WILL BE PROCESSED.**