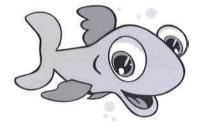
Welcome to Tappahannock

Elementary School



We Rock!

Home of the Rockfish!

Dear Kindergarten Parents:

WELCOME ABOARD! We can't wait for our new Kindergarten students to start school in September. Tappahannock Elementary School prides itself in providing a top notch elementary education program while surrounding students with love and understanding.

All of our kindergarten teachers are experienced, veteran teachers who understand the needs of students as they transition to the school setting. They are hardworking, passionate and caring individuals who work hard to ensure the success of each child.

As your child continues to grow and develop, there are simple things you can do at home to encourage learning. Your child will begin to ask questions. Take the time to have conversations with your child and explain the answers to their questions. Use as many words as you can around your child. The more words your child hears, the more words they will learn. Point out letters and numbers to your child. Talk about the sounds letters make and count the items around you. Most importantly, read to your child. Reading to your child once per day will enhance the skills needed to learn to read.

Once again, we are so excited to meet you and your kindergarten student.

Make sure you Like us on Facebook at: Tappahannock Elementary School Sincerely,

Angela Garland Gross

Principal

Essex County Public Schools Student Registration Form

Has the student <u>EVER</u> attended school in Essex If yes, which school did he/she attend?	County Public Schools?	Yes No Dates:	
Student Name:		,	
Last	First	Midd	lle
Mailing Address:	TO A CONTRACTOR OF THE CONTRAC		
Physical 911 Address:			
Student's Grade: Gender: Student's Ethnicity			Đ.
Answer BOTH questions: 1. Is this student Hispanic/Latino? No, no	t Hispanic/LatinoYes	Hispanic/Latino 🌝	
2. What is the student's race? (Choose one or m American Indian/Alaska Native Asian Black or African American		z	
Native Hawaiian or Other Pacific Islande White Parent/Guardian Information	er		8
Lives with: _ Both Parents _ Mother only _ Fa	ather only Other: Please	specify relationship	
Are there court documents regarding custody?		*If yes, please pro	
Parent/Guardian(s)Ms. Mr. Mr. & Mrs. Miss			***
Name:	Name:		4
(First) (Last) Employer:	(First) Employer:	(Last)	
Home Phone:	Home Phone:		
Work Phone:	Work Phone:		
Cell Phone:	Cell Phone:		
mail	Email		¥3
Vill student ride the school bus? Yes No	Bus #		
enrolling in kindergarten, please circle the preking (20) Coordinated (multi-funded) Kindergarten (21) Virginia Preschool Initiative (22) Title I Pre-K	ndergarten experience the (40) Government-Tuition (50) Private Provider	n Charged PreK Progra Home Provider	am 🐇
0) Special Ed Coordinated PreK	(61) Other	ş:	-

Student Health and Medical Information
Health: Excellent Good Fair Poor
Student Allergies: Foods Insect Bites Medications Other
Please provide details for any health condition or allergy:
List any serious illness or operation:
Name of Student's Doctor: Phone:
Student Educational History
Name of Last School Attended:
School Address:
Reason for Withdrawal:
Services Previously Received
IEP (Individualized Educational Plan) or 504 Plan Yes No
ESL (English as a Second Language) services Yes No
Gifted/Talented Identification Yes No Title I services Yes No
Supplemental Educational Services Yes No Other
Homeless Tuition Paid Student (County of Residence)
List any Honors, Dual Enrollment or Advanced coursework completed:
Discipline Status Certification
I hereby certify that: 1. I am the parent/legal guardian (court appointed) of:
(Print full name of student) is registering to enter Essex County Public Schools.
2. This student has not has been expelled from school attendance at a private or public school either in the Commonwealth of Virginia or in another state.
(Printed Name)
(Signature) (Date)



Essex Home Language Survey
Registrars: This form must be completed for <u>all</u> students registering in Essex Public Schools.

To be Completed by Parent or Guardian				
Under provisions of the Civil Rights Act of 1964, each student's dominant language must be identified. This information is essential in order for schools to provide meaningful instruction.				
Please answer the questions below accurately and completely.				
Student Name: Date of Birth Mo. Day Yr.				
Date of Entry to U.S Date of Entry to VA Public School Mo. Day Yr.				
Date of Entry to U.S. school				
<u>Please read:</u> the three questions below meet federal requirements for identifying and assessing language minority students in order to provide appropriate instructional support services for those students found to be English language learners. <u>If a language other than English is indicated on these questions, the student will be tested for English language proficiency and may qualify for English for Speakers of Other Languages services.</u> Parents/guardians will be informed of the results of the language proficiency assessment.				
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?				
Are you comfortable receiving information in English from the school? YES NO				
In which language do you prefer to receive oral communication from the school?				
In which language do you prefer to receive written communication from the school?				
Parent/Guardian Signature Date				

Residency Form

Student Name_	
Parent Name _	
911 Address	

Attach Copy of Proof

If you have difficulty in showing proof please see school registrar.

ESSEX COUNTY PUBLIC SCHOOLS PUPIL TRANSPORTATION INFORMATION 2018-2019

Due to the <u>ECPS Transportation protocol</u> of picking one bus in the morning and one in the afternoon, we want to make sure we know exactly where your child is at all times. Please complete the form as soon as possible and send it back to the school. We will update our records and make sure there is a smooth transition for your child's transportation needs.

Thank you very much	
New Student (Start Date	Bus Change (Start Date)
Student Name	Grade Teacher
911 Address	
Mother's Name	Cell
	Cell
My student will be a:	
Drop off in the morning at school	
Pick up in the afternoon from school	
Bus Rider as follows:	
Morning Location/Address of pickup and pe	rson responsible (Bus #)
Afternoon Location/Address of drop off and	person responsible (Bus #)
Signature:	Date:

Please allow a minimum of 48 hours for processing this request. Transportation may take longer to arrange in some circumstances.