



Prince Edward County Public Schools  
35 Eagle Drive, Farmville VA. 23901  
Phone: 434-315-2100 Fax: 434-392-1911

## **BIRTH CERTIFICATE VERIFICATION**

***Certified copy of state Birth Certificate for:***

Student Name \_\_\_\_\_  
(as printed on Birth Certificate)

Birth Certificate Number: \_\_\_\_\_

County of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_

Mother's Name (on certificate) \_\_\_\_\_

Father's Name (on certificate) \_\_\_\_\_

***Certificate presented for the purpose of School Enrollment:***

Signature of School Official \_\_\_\_\_

Date \_\_\_\_\_

**Please check the appropriate boxes:**

- I understand that my child will not be enrolled until he/she has received the required immunizations. A physical examination, health history and valid birth certificate are required.
- The school Nurse MAY administer over the counter medication in its original container and according to the administering guidelines with my permission.
- The School Nurse MAY NOT administer any medicine to my child without my permission.
- I DO give permission for the School Nurse to share medical information regarding my child with his/her current teachers and/or doctor.
- I DO NOT give permission for the School Nurse to share medical information regarding my child with his/her current teachers and/or doctor.

\_\_\_\_\_ In case of an emergency, and you cannot be reached, please initial giving PECPS permission to take your child to a Doctor or Dentist. It is understood that you will be responsible for your child's medical bill.

**EMERGENCY CONTACTS & PICK-UP**

Please list any individuals who have authorization to pick up your child from Prince Edward County Public Schools and/or can be reached during school hours in case of emergency.

Note: ANYONE attempting to pick up a child from any PECPS school will be required to show photo identification.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

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

**Prince Edward County Public Schools**  
**2021-2022 Pre-Kindergarten Program**  
*Frequently Asked Questions*

Please note that your child will not be considered for the Prince Edward Elementary Pre-k Program unless required documentation is submitted before June 1.

- **Residency Requirements-** Two of these documents must be submitted for proof of residence: Deed to home, Escrow paper, Tax receipt (real estate or personal property taxes), rental agreement with street address stated, affidavits stating parents/students in Prince Edward County, You must live in the county.
- **Verification of Income-** Every adult in the household should submit one of the following documents in order to verify the household income: 2020 Tax return, approval for TANF, Medicaid, SNAP, or FAMIS. All household income must be provided in order to be considered for the program. The lack of income verification will result in automatic placement on the waiting list.

**1. Will the teacher who screened my child discuss the results with me?**

No. The Principal will notify you by letter whether or not your child is selected for the program.

**2. What is the PALS screening instrument?**

PALS stands for the Phonological Assessment of Literacy Screening. PALS is used in grades Pre-K, K, 1 and 2 to assess students during the fall, winter and spring year.

**3. How many students will be selected for the Pre-Kindergarten Program?**

Funding for 2021-2022 has not been finalized, but, Prince Edward Elementary will serve the number of students that the state allocated with two additional classrooms.

**4. How will you select the students for the program?**

The funding for our pre-k program comes from the Virginia Pre-School Initiative, which is designed to serve students who are identified with at-risk factors. Students with economic need receive priority. Other factors include academic need, family structure, and educational level. All classes will have a ratio of no more than ten students to one adult.

**5. When will you notify parent(s) to let them know if their child qualifies for the program?**

The Principal will notify all parents by letter in late June or early July.

**6. What paperwork will I need to submit if my child is selected for the program?**

We will need the original Birth Certificate or certified copy of the state-issued Birth Certificate and the Virginia Immunization Form before school opens in August.

**7. To whom should I mail the paperwork if my child's paperwork is incomplete?**

You can mail the paperwork to Mrs. Kiona Smith, Registrar, Prince Edward Elementary School, 35 Eagle Drive Farmville, Virginia 23901 or drop it off at the school.

**8. When will the Pre-Kindergarten program begin?**

The program will start on the first day of school.

**9. Can my child ride the regular school bus?**

Yes, Mr. William Mayhew, Supervisor of Transportation will determine the bus number for all children based on the information provided by parents. She will send you this information by letter in July. To contact the Bus Transportation Department directly, please call 434-315-2100 x 3631.

**GUARDIAN /FOSTER PARENT INFORMATION**

**Legal Guardian/Foster Mother: (Circle One)**

Title: Dr./Mrs./Ms./Rev. (Circle One)

Name: \_\_\_\_\_  
 (Last) (First) (Middle)

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

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

Telephone: \_\_\_\_\_ Alt. Telephone \_\_\_\_\_

Day Time Phone: \_\_\_\_\_

Email \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Responsible for Student? \_\_\_\_\_ Contact Allowed? \_\_\_\_\_

Last Grade Parent Completed: \_\_\_\_\_

**Legal Guardian/Foster Father: (Circle One)**

Title: Dr. /Mr./Rev./Elder (Circle One)

Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Alt. Telephone \_\_\_\_\_

Day Time Phone: \_\_\_\_\_

Email \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Responsible for Student? \_\_\_\_\_ Contact Allowed? \_\_\_\_\_

Last Grade Parent Completed: \_\_\_\_\_

**If foster child, please complete and attach a copy of placement order:**

County/City from which the child was sent: \_\_\_\_\_

Agency placing child in foster home: \_\_\_\_\_

**Emergency Contacts (other than parent/guardian)**

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

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

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

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

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

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

Doctor's Name: \_\_\_\_\_

Medical Alerts (Ex. Asthma, Seizures, Daily Medications): \_\_\_\_\_

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

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

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

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

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

City/Town: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that I am a resident of Prince Edward County.

yes  No

If, no I understand the tuition requirements.

yes  No

I certify that I have legal custody of this student.

yes  No

Is there a court ordered custody for this student? If yes, please provide a copy

yes  No

I understand that my child will not be enrolled in school until my child has received

Required immunizations. A physical examination, a health history, and a valid birth

Certificate are required.

**Signature:** \_\_\_\_\_

Check one: Mother Father Stepmother Stepfather Foster Parent Legal Guardian

Falsification of any documents or information, either written or verbal, relative to this verification procedure, will result in the immediate revocation of enrollment for the student in Prince Edward County Public Schools and may result in a pro-rated bill for the tuition charges Criminal charges may be pursued for forgery as a Class 3 misdemeanor, Furthermore, VA Code, §22.1-3.2, of 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 child of school age...to report to a public school division of the commonwealth...for any offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Date**

Prince Edward County Public Schools  
35 Eagle Drive Farmville, VA 23901

**HOME LANGUAGE SURVEY**  
**(Completed by Parent or Guardian)**

Dear Parent/Guardian,

Under provision 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. Your cooperation in meeting this requirement is appreciated. Please answer the questions below accurately and completely.

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

Date of Entry to U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Entry to VA Public School: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

1. What is the primary language used in the home, regardless of language spoken by the student?

\_\_\_\_\_

2. What language does the student most often speak?

\_\_\_\_\_

3. What is the first language the student acquired?

\_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

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

Relationship to Student (Circle One):

Parent / Legal Guardian / Foster Parent

This procedure meets 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. If another language is indicated on the Home Language Survey, the student will be tested for English Language proficiency. Parents or Guardians will be informed of the results of the English Language proficiency assessment.

PRINCE EDWARD COUNTY PUBLIC SCHOOLS  
APPLICATION FOR OUT-OF-COUNTY ENROLLMENT  
2020-2021

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

Natural Parent(s) Parent by Legal Adoption \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone number(s): \_\_\_\_\_ (Day) \_\_\_\_\_ (Night)

County in which natural parent(s)/parent by legal adoption reside(s): \_\_\_\_\_

School in which you want your child enrolled          Elem. \_\_\_\_ Middle \_\_\_\_ High \_\_\_\_ Grade \_\_\_\_

Does your child qualify for special education services?    Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes, you must meet with the Coordinator of Exceptional Programs prior to the Principal’s approval of this form.
- I understand that if my child is in the special education program, I may be required to pay additional tuition based on additional costs.

On March 6, 2019, the School Board approved the waiver of the 2019-2020 Non-Resident Tuition Fee.

Approval and continuation of enrollment is contingent upon compliance with all rules and regulations, and satisfactory review of prior school records.

Application may be denied if additional staff or services are required.

\_\_\_\_\_  
Natural Parent/Parent by Legal Adoption Signature

Date \_\_\_\_\_

Circle One:    Approved    Denied

\_\_\_\_\_  
Principal’s Signature

Date \_\_\_\_\_

Circle One:    Approved    Denied

\_\_\_\_\_  
Superintendent’s Signature

Date \_\_\_\_\_

Office Use  
Student ID \_\_\_\_\_  
Entry Code \_\_\_\_\_

REVISED 03/3/2020

**PRINCE EDWARD COUNTY PUBLIC SCHOOLS  
STUDENT ENROLLMENT FORM**

Today's Date \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Jr.,II,III)

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_ Is either parent an active member of the military?  Yes  No

Federal Regulations race Ethnicity: Is the student Hispanic or Latino?  Yes  No  
Ethnic Category ( you may check more than one category):  American Indian/ Alaska Native  Asian/ Pacific islander  
 Black/ Not of Hispanic Origin  Hispanic  White/ Not of Hispanic Origin  Native Hawaiian/ Other Pacific Islander

Has this student previously attended Prince Edward County Public Schools?  Yes  No If yes, what grade? \_\_\_\_\_

County of Residence? \_\_\_\_\_ School Transportation? Miles? \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(Road/Street Name) (City/ Town) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(PO Box Number, Apt., Etc.) (City/ Town) (State) (Zip Code)

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student Resides with  Both Parents  Mother Only  Father Only  Legal Guardian(s)  Mother / Stepfather  
 Father/ Stepmother  Foster Family  Spouse Name(s): \_\_\_\_\_

Check if applicable:  Foster Home  Homeless  Migrant Worker  Refugee/ Immigrant  
Is this a temporary living situation? Yes or No

Siblings, if enrolled in Prince Edward County Public schools	
Name: _____	Name: _____ Grade: _____
_____	_____
_____	_____

What language(s) is (are) spoken in the home? \_\_\_\_\_

Was your child in any of the following:  Gifted  Special Ed  504 Plan  ESL  Other: \_\_\_\_\_  
(Please Specify)

PARENT INFORMATION	
Mother/Stepmother: (Circle one)	Father/ Stepfather: (Circle One)
Title: Dr./Mrs./Ms./Rev. (Circle One)	Title: Dr./Mr./Rev./Elder (Circle One)
Name: _____	Name: _____
(last) (First) (Middle)	(Last) (First) (Middle)
Address: _____	Address: _____
City: _____ State: _____ Zip _____	City: _____ State: _____ Zip _____
Telephone: _____ Alt. Telephone _____	Telephone: _____ Alt Telephone _____
Day Phone: _____	Day Phone: _____
Email _____	Email _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Responsible for Student? _____ Contact allowed? _____	Responsible for Student? _____ Contact Allowed? _____

Office Use  
Student ID \_\_\_\_\_  
Entry Code \_\_\_\_\_

REVISED 03/3/2020

**PRINCE EDWARD COUNTY PUBLIC SCHOOLS  
STUDENT ENROLLMENT FORM**

Today's Date \_\_\_\_\_

Last Grade Parent Completed: _____	Last Grade Parent Completed _____
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Prince Edward County Public Schools  
35 Eagle Drive Farmville, VA 23901

**STUDENT INFORMATION & EMERGENCY PICK-UP**

(Please Return to the School Nurse)

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

Grade: \_\_\_\_\_ Sex:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street Address City, State Zip

Student resides with: (check appropriate)

- Both Parents       Mother Only       Father Only  
 Mother & Stepfather       Father & Stepmother       Legal Guardian  
 Foster Family      Names: \_\_\_\_\_

Are there any custody restrictions affecting your child?       Yes       No  
If yes, a copy of the custody agreement needs to be on file with the school.

Mother's Name: \_\_\_\_\_

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

Occupation/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Occupation/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor: \_\_\_\_\_ Practice: \_\_\_\_\_

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

Medical Alerts and/or Allergies: \_\_\_\_\_

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

VERIFICATION TO ENROLL STUDENT IN PRINCE EDWARD COUNTY PUBLIC SCHOOLS

Circle status:

- 1.) Natural parent/parent by legal adoption
- 2.) Special Power of Attorney
- 3.) Loco parentis- court order
- 4.) Guardian- court appointed
- 5.) Acting loco parents- court appointed
- 6.) State agency placement document

Natural Parent/ Parent by Legal Adoption:

I, \_\_\_\_\_, \_\_\_\_\_  
(Print Name) (List status as circled above)

am seeking to enroll \_\_\_\_\_ him/her in Prince Edward County Public

Schools. I certify that I am the \_\_\_\_\_ and understand the consequences

of Falsification relative to this verification. The above listed student actually lives at

\_\_\_\_\_, and the

Telephone number located at that same address is \_\_\_\_\_.

Falsification of any documents or information, either written or verbal, relative to this verification procedure, will result in immediate revocation of enrollment for the student in Prince Edward County Public Schools. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor. Furthermore, Code of \_Virginia, Section 22.1-3.2, of 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 child of school age to report to a...public school division of the Commonwealth...for any offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_  
(List status as circled above)