



Caroline County Public Schools

16221 Richmond Turnpike, Bowling Green, VA 22427

Phone: (804) 633-5088 Fax: (804) 633-5563

Bowling Green Primary
(804) 633-6401

Madison Elementary
(804) 448-2171

Bowling Green Elementary
(804) 633-6101

Lewis and Clark Elementary
(804) 448-0175

Caroline Middle School
(804) 633-6561

Caroline High School
(804) 633-9886

Items Required for School Enrollment

- Original or Certified Birth Certificate
- Completed Physical Form
- Immunizations
- Proofs of Residency (2)
- Signed Release of Records (for students transferring from another school)
- Last report card or unofficial transcript (for placement of students transferring from another school)
- Special Needs Paperwork – IEP, 504, ESL, Gifted & Talented (if applicable)
- Custody papers (if applicable)

We will request all school records from previous school.



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Registration Checklist

Student Name: _____ Grade: _____

Student accompanied by parent/guardian if age 18 or under: Yes ___ No ___

Received

SASI Student ID Number: _____

_____ Registration Packet (including CCPS registration form, signed request for records, statement of residency, statement of discipline/expulsion statement, tuberculosis risk assessment, student health history form, home language registration form)

_____ Immunization Record

_____ or N/A School Physical (initial registration only)

_____ Proofs of Residency plus Photo ID (please provide **two** proofs of residency) (see reverse side/next page for list of acceptable documents)

_____ or N/A Multi-Family Form (if student and parent/guardian live with another family)

_____ Birth Certificate Verification

_____ or N/A Academic Records (transcript, last report card, withdraw grades)

Class Placement Complete: _____ Grades Entered into SASI: _____

_____ or N/A All Test Scores (including SOL scores if transferring from within VA)

_____ or N/A Legal Documents, Current Custody/Guardianship Papers

_____ or N/A Documentation for IEP/504/ESL/Gifted

_____ or N/A Parental Consent for Implementation Form (In-State: ___ Out-of-State ___)

_____ or N/A Completed SPEDSYS Form

Provided

Note: May differ by school

_____ Code of Conduct and/or School Handbook (to be signed and returned)

_____ Acceptable Computer Use Form (to be signed and returned)

_____ Bus Agreement (to be signed and returned)

_____ Notice to Households (free/reduced price lunch application)

_____ School Map, Agenda Book, and/or School Calendar

_____ Schedule/Room Assignment

Office use only: Registration

_____ Transportation Phone Number

Packet accepted by: _____



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Student Registration Form

School _____ School Year _____ Student # _____

Student's Full Name _____ Grade _____

First Middle Last

Sex _____ Ethnicity _____ Place of Birth _____ B.C.# _____

Date of Birth _____ Home Language _____

Is this child an immigrant? ___Yes ___No Is this child a refugee? ___Yes ___No
Is this child a foster child? ___Yes ___No Is this child homeless? ___Yes ___No
Does this child speak a language other than English? ___ Yes ___No

Mailing Address _____ City _____ State _____ Zip Code _____

911 Address (Road or Route #) _____

Mother's, Stepmother's, or Guardian's Name (circle one) _____

Father's, Stepfather's, or Guardian's Name (circle one) _____

The Child lives with: () Both Parents () Mother () Father () Other _____

Mother's work phone _____ Father's work phone _____

Place of employment _____ Place of employment _____

Cell Phone _____ Cell phone _____

Other _____ Other _____

Home Telephone _____ Home Telephone _____

Email address _____ Email address _____

Emergency Contact: These individuals may pick up and assume care of my child if I cannot be reached.

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Mode of transportation: () Car () Bus # _____ Other () _____ Miles from School _____

Other children in the family:

Name _____ Age _____ Name _____ Age _____ Name _____ Age _____

In an emergency, if I cannot be reached, the school has my permission to take my child to the nearest hospital. The hospital and medical staff have my permission to provide treatment, as deemed necessary by a physician, for the well-being of my child. ___Yes ___No

Parent/Guardian Signature _____ Date _____

Acceptable Proofs of Residency

- __1) A U.S. or Virginia income tax return from the previous year
(pre-K or Kindergarten initial enrollment)
- __2) A U.S. Internal Revenue Service tax reporting W-2 form from the current year
(pre-K or Kindergarten initial enrollment)
- __3) A deed or lease agreement to the residence
- __4) A voter registration card
- __5) A receipt for personal property taxes **paid within the last year**
- __6) A payroll check stub issued by an employer within the last three months
- __7) A utility bill issued within the last three months (telephone, electricity, cable)
- __8) A bank statement
- __9) A piece of mail with new forwarding address indicated by Post Office
- __10) A letter from Rappahannock Electric verifying the address



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Statement of Residency

Please complete the proper section below. In items 1 and 2, you are to initial the correct responses and complete the information requested at the bottom of that section. If items 3 or 4 are appropriate, please complete the requested information.

1. I am a resident of Caroline County and _____ **do not** live on federally owned property.
 _____ **do** live on federally owned property.

Name of Child _____

Signature of Parent or Guardian _____

Date _____

2. Guardianship:

- A. _____ I am the natural parent.
 B. _____ I have legal custody.
 C. _____ I am parent by legal adoption.
 D. _____ I certify that I am the foster parent of _____ who is a ward of _____ Department of Social Services.
 E. _____ I certify that I am a resident of Caroline County and keep _____ for his/her parents who are residents of _____ *Temporary guardianship papers required*

Signature of Parent or Guardian _____

Date _____

The following documents have been viewed by the enrolling designee:
(Photo ID **and** two documents required for residency verification)

Photo ID _____

Phone bill _____

Lease agreement _____

Other _____

Mortgage statement _____

*Multi-Family form _____

Electric bill _____

*Form to be copied and placed in the student's cumulative file.



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Birth Verification Form

State File Number: _____

Name of Registrant: _____

Date of Birth: _____ Sex: _____

Maiden Name of Mother: _____ Age: _____

Mother's Place of Birth: _____ Age: _____

Name of Father: _____ Age: _____

Father's Place of Birth: _____

Date Record Filed: _____ Date Issued: _____

**Please make sure you record the name, birth-date, and state file number exactly as it appears on the birth certificate.

Verified By: _____ Date: _____