

Welcome to Jamestown High School "Home of the Eagles"



Tamika Freeman, Registrar
3751 John Tyler Highway
Williamsburg, VA 23185

tamika.freeman@wjccschools.org
Phone: 757-259-3600x 31114/31122
Fax: 757-259-3723
Website: www.wjccschools.org/jhs

REGISTRATION PROCESS

● **1st Step-Verify your Residence and School Zone**

Check your School Zone and School Bus schedule by visiting our division website at www.wjccschools.org. Please choose the yellow school bus option-flashing box, then enter your address and zip code and click search

Transportation's number is at 757-565-0808 option 2

● **2nd Step Schedule an Appointment**

Please call Mrs. Freeman at 757-259-3600 x 31114/31122 or email tamika.freeman@wjccschools.org and schedule an appointment to register your student

● **3rd Step Registration Requirements**

The biological parent or legal guardian must be present.

We must have the following documents to complete your registration:

- Student Birth Certificate
- Immunization Records
- 2 Proofs of Residency are required with a parent ID/license**
Examples= (Evidence of Lease or Rental Agreement/contract, Utility Bill-gas, lights, water)
- Please **NO** Phone or Cable bills

If applicable, please also bring:

- Transcript/Report Card
- Custody documentation
- Copies of IEP, 504 Plan or Gifted documents



Jamestown High School

Attn: Tamika Freeman, Registrar

3751 John Tyler Highway

Williamsburg, VA 23185

Phone: 757-259-3600 ext. 31114/31122

Fax: 757-259-3723

tamika.freeman@wjccschools.org

Request for Release of Student Records/Information

Name Grade Date of Birth

Previous School

Previous School Address

City State Zip Code

Telephone Fax Number

The student named above has registered at our school please fax records to 757-259-3723 and mail to the school address above.

In compliance with the Family Educational Rights and Privacy Act, we are requesting the following information regarding this student:

- Official Transcript
- Most Current Report Card
- Grades for Current Marking Period/Withdrawal Grades
- Medical Immunization Records
- Special Education/IEP (Eligibility Minutes)/504 Plan Records (if applicable)
- Psychological/Sociological History Records
- Eligibility for Gifted/Talented services
- English-as-a-Second Language Records/Testing
- Achievement/Standardized Test/SOL Test Scores
- Attendance Records
- Discipline/Suspension/Expulsion Records
- Psychological/Sociological History Records

Parent/Legal Guardian Signature _____ Date _____

Verified by Registrar: _____ Date: _____ First Request _____
Second Request _____

Parental permission is not required when authorized school personnel (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 24673) request records.



School Year: _____ Student Registration Form · Williamsburg-James City County Public Schools

Student Information

Student's Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____ Suffix: _____ Male Female Grade Level: _____

Student's Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone Number: _____

STUDENT ETHNICITY:

Is the student Hispanic or Latino? (choose only one)

No, not Hispanic or Latino Yes, Hispanic or Latino (person of Cuban, Mexican, Puerto Rican, South American, Central American or other Spanish culture, regardless of race)

What is the student's race? (may choose one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachments.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the Black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Has the student ever attended school in the state of Virginia? Yes No If Yes, please provide the following:

Name of school: _____ City school is located: _____

Has the student ever attended a WJCC Public School? Yes No

If yes, please provide the following: Name of School: _____ Year: _____ Grade: _____

Parent/Guardian Information

Does your child have court restrictions regarding a parent/legal guardian contact? No Yes (please provide court documents)

Enrolling Parent/Guardian: Active Military? Yes No Member of National Guard Yes No Reserves Yes No

Have legal custody of student? Yes No Contact with student allowed? Yes No

Last Name: _____ First Name: _____

Relationship to Student: Father Mother Step-Father Step-Mother Legal Guardian Foster Parent

Other (please specify relation): _____ Financially responsible for student? Yes No

Lives with student? Yes No

Where do you pay taxes: James City County City of Williamsburg Other: _____

Mailing Address (if different from student's address): Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email address: _____

Can Pick-up Student? Yes No Have rights to student's educational records? Yes No

Parent/Guardian #2: Active Military? Yes No Member of National Guard Yes No Reserves Yes No
 Have legal custody of student? Yes No Contact with student allowed? Yes No

Last Name: _____ First Name: _____

Relationship to Student: Father Mother Step-Father Step-Mother Legal Guardian Foster Parent
 Other (please specify relation): _____ Financially responsible for student? Yes No

Address: Lives with student? Yes No If no, are school mailings allowed? Yes No

Where do you pay taxes: James City County City of Williamsburg Other: _____

Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email address: _____

Can Pick-up Student? Yes No Have rights to student's educational records? Yes No

Parent/Guardian #3: Active Military? Yes No Member of National Guard Yes No Reserves Yes No
 Have legal custody of student? Yes No Contact with student allowed? Yes No

Last Name: _____ First Name: _____

Relationship to Student: Father Mother Step-Father Step-Mother Legal Guardian Foster Parent
 Other (please specify relation): _____ Financially responsible for student? Yes No

Address: Lives with student? Yes No If no, are school mailings allowed? Yes No

Where do you pay taxes: James City County City of Williamsburg Other: _____

Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email address: _____

Can Pick-up Student? Yes No Have rights to student's educational records? Yes No

Other Children in the Family

	Name	Birth Date	Gender	School, if Attending
1				
2				
3				
4				

Emergency Contacts

	Name	Relationship to Student	Telephone Number	Can pick up student?
1			Cell <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Telephone Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			Cell <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Telephone Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			Cell <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Telephone Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Kindergarten Experience (only complete if enrolling student for kindergarten)

Bright Beginnings Head Start Private Program (please specify): _____
Time spent each week in the program: Less than 15 hours 15 to 29 hours 30 or more hours Didn't attend Pre-K program

Behavior Affirmation Statement

Please circle the appropriate response in both Statements 1 and 2 below.

STATEMENT 1

I affirm that _____ has or 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 willful infliction of injury to another person.

STATEMENT 2

I affirm that _____ has or has not been found guilty of or adjudicated delinquent for any offense listed in subsection G of § 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or its territories.

I am aware that making a false statement herein constitutes a class 3 misdemeanor.

Birth Certificate Affidavit – Complete ONLY if birth certificate is not available

Student's Age _____ Student's Date of Birth _____
City/State/Country of Student's Birth _____

I have been notified that Section 22.1-3.1 of the Code of Virginia requires me to present a certified copy of the student's birth record upon enrollment. I am unable to provide a certified birth record for the following reason:

I can/will provide the following written documentation of the student's identity and age (attach copy):

Parent Signature

By signing below, I certify that all information on this student registration form is true and accurate to the best of my knowledge and belief.

Parent/Guardian Signature: _____ Date: _____

SCHOOL OFFICE USE ONLY

Serving School: ELEMENTARY: CBB DJM JBB JR MES MW NES RB SH
SECONDARY: BMS LHM TMS JHS LHS WHS

Teacher Name: _____ Homeroom: _____

Student ID #: _____ Bus Route: AM: _____ PM: _____

Entry Date: _____ Entry Code: _____

Birth Certificate Number: _____ Birth Place: _____

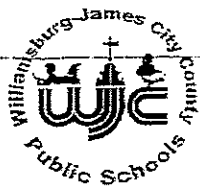
Proof of residency documents provided (two forms required):

Gas/Water/Electric Lease/Mortgage Other: _____

Health Physical and Immunizations received: Yes No If No, still need _____

Enrolling Parent/Guardian photo ID presented to School Official: Yes No

Court Documents provided (if previously noted): Yes No



RESIDENCY VERIFICATION AFFIDAVIT

Williamsburg-James City County Public Schools, Williamsburg, VA 23187

Student: _____ School: _____ Student: _____ School: _____

Student: _____ School: _____ Student: _____ School: _____

According to the Code of Virginia (22.1-3), education is free to students who reside within the boundaries of the school division. The residency of students is the permanent place of lodging provided by parents or legal guardians for themselves and their children where they pay regular monthly bills and taxes and maintain a safe setting for their children to sleep, and where all normal activities of a family take place. Your residence address is:

Street (Physical) Address _____ City _____ Zip _____

PROOF OF RESIDENCY

Proof of residency must be demonstrated by at least two of the following documents. [If you are living in the home of another person and have no rental or lease agreement, that person must sign this document (see box below).] Please check each type of evidence provided below:

- Evidence of residence purchase or lease
Real estate tax assessment
Personal property (vehicle) tax assessment
Utility bill (gas/lights/water)
Temporary/Transitional Housing Verification

In addition, other items such as current driver's license, voter registration, and vehicle registration also may be accepted as secondary evidence. Other documents may be accepted at the discretion of the principal. (List item(s) provided: _____)

The Code of Virginia (22.1-264.1) states that any person who knowingly makes a false statement concerning the residency of a child for school enrollment shall be guilty of a Class 4 misdemeanor. By signing this affidavit, you are affirming that the address given on this and all other enrollment forms is the residence of the parent or guardian enrolling the student as defined above.

Signature of Parent/Legal Guardian _____

Date _____

NO PROOF OF RESIDENCY - LIVING WITH ANOTHER PERSON

If you are living in the home of another person and have no rental or lease agreement, that person must sign this document in person at the school office or before a notary, and provide proof of his or her residency. After initial enrollment, school officials may request further verification of residency.

The Code of Virginia (22.1-264.1) states that any person who knowingly makes a false statement concerning the residency of a child for school enrollment shall be guilty of a Class 4 misdemeanor. By signing this affidavit, you are affirming that the parent or legal guardian of the above-named student resides in your home at the address given on this form.

Signature (Person with whom parent/legal guardian resides) _____

Date _____

School Official Signature or Notary Signature/Seal and Printed Name _____

Date Commission Expires _____

PARENTS/GUARDIANS - PLEASE READ CAREFULLY

Changes in address must be reported to the school, along with verification of the new address. If there are indications that the student does not reside at a given address, the school may require additional current proof of residency, and may conduct its own investigation as needed. Should the school learn that the parent/guardian lives outside the boundaries of the school division, the student will be excluded from school. The School Division may require payment of tuition for the time in attendance as a non-resident and may file criminal charges, if applicable.



Williamsburg-James City County Public Schools
Williamsburg, VA 23185

NOTIFICATION OF EXCEPTIONALITY

At the time of registration, I informed JAMESTOWN HIGH SCHOOL that my
Insert School Name Here

child; Insert Student's Name Here last attended Former School in
Former City and State

Former City and State. To the best of my knowledge, the following

services were provided (check all that apply):

- Active IEP (Individualized Education Plan)
- Section 504 Plan
- Student Assistance Plan
- Program for Gifted and Talented
- Other (please specify) _____
- My child did not receive any of the services listed above

Parent or Guardian Printed Name

Parent/Guardian Signature

Date

FOR SCHOOL OFFICE USE:

If exceptionalities are noted, please forward a copy of this completed form to the appropriate school-base contact (i.e., Assistant Principal, Special Education Case Manager, 504 Compliance Officer, School VISIONS Specialist, etc.).

Copies to: _____



PRIMARY HOME LANGUAGE SURVEY

(Please Print)

Name: _____ Student # _____
(Last) (First) (Middle)

Phone: (H) _____ (W) _____ (C) _____ Grade _____ DOB _____

School: _____

In order to comply with both Virginia Department of Education and Federal regulations, please answer the following questions:

Part A:

*1. What is the first language the student learned to speak?

*2. What language does the student most often speak outside of school?

*3. What language is most often spoken by household members at home?

Part B:

4. In what country was the student born? _____

5. U. S. Entry Date (If applicable) _____

6. Was the student receiving English language support services (ESL, ESOL) at a previous school? Yes No

School Name: _____ Grade: _____

State/Country: _____ Years in School: _____

7. In what language would you prefer to receive information from the school?

(Parent/Guardian Signature)

(Date)

* If any answer to Questions 1-3 (Part A) is a language other than English your student qualifies for and will have the opportunity to be screened for English as a Second Language (ESL) service.
For additional support, contact the Coordinator, World Languages/ESL (757) 603-6443