



HAMPTON CITY SCHOOLS  
**WORLD LANGUAGES  
AND ENGLISH  
LANGUAGE LEARNERS**

Andrew Lloyd, Ph.D., Curriculum Leader  
1589 Wingfield Dr., Ste. 5  
Hampton, Virginia 23666  
757-727-2483

Welcome to Hampton City Schools!

We are very excited to welcome you and your student to Hampton. You are receiving this letter and packet since you indicated on the registration form that a language other than English is spoken by the student or in the home by adults in the home. Based on this information, your student needs to be screened for English proficiency to determine if he/she is eligible for English language support and development.

To schedule your student's screening appointment, please call **757-727-2483** and a member of the English Language Learners (ELL) Department will assist you. Interpretation services are available at no cost to you.

When you come for your screening appointment, please bring the student's birth certificate or passport and parent/guardian's identification. The student will be screened by a testing specialist and the results will be explained to you immediately following the screening. After screening, you will be directed to your student's school with the ELL Department's Student Placement Form to complete the registration process.

Enclosed in this packet you will find:

- The ELL Department Welcome Letter
- The Hampton City Schools registration form in English and in your home language (where applicable)
- The ELL Department Registration Form in English and in your home language (where applicable)
  - Please complete both sides for your screening appointment
- Hampton City Schools vaccination requirements in English and in your home language (where applicable)
- A map of Hampton showing the location of all schools
- Other important documents in English and your home language (where applicable)

We look forward to welcoming you and ensuring you and your student are successful in Hampton City Schools! Please contact the ELL Department with any questions or concerns.

Andrew Lloyd, Ph.D.  
[alloyd1@hampton.k12.va.us](mailto:alloyd1@hampton.k12.va.us)  
757-727-2483



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Andrew Lloyd, Ph.D., Mkuu wa Mtaala  
1589 Wingfield Dr., Ste. 5  
Hampton, Virginia 23666  
757-727-2483

Karibu kwenye Hampton City Schools!

Tunafurahi sana kukukaribisha wewe pamoja na mwanafunzi wako hapa Hampton. Unapokea barua na kifurushi hiki kwa kuwa ulionyesha kwenye fomu ya usajili kwamba lugha nyingine isipokuwa Kiingereza inazungumzwa na mwanafunzi au nyumbani na watu wazima. Kulingana na maelezo haya, ujuzi wa Kiingereza wa mwanafunzi wako unahitaji kukaguliwa ili kubaini kama anastahiki kupata usaidizi na kuendelezwa katika lugha ya Kiingereza.

Ili kuratibu miadi ya ukaguzi ya mwanafunzi wako, tafadhali piga simu kwa **757-727-2483** na mshiriki katika Idara ya Wanafunzi Wanaojifunza Lugha ya Kiingereza (English Language Learners, ELL) atakusaidia. Huduma za ukalimani zinapatikana bila malipo.

Unapokuja kwa miadi yako ya ukaguzi, tafadhali leta cheti cha kuzaliwa au pasipoti ya mwanafunzi na kitambulisho cha mzazi/mlezi. Mwanafunzi atakaguliwa na mtaalamu wa majoribio na utaelezwa matokeo yake mara moja baada ya ukaguzi. Baada ya ukaguzi, utaelekezwa kwa shule ya mwanafunzi wako na Fomu ya kukubaliwa kwa Wanafunzi ya Idara ya ELL ili ukamilishe mchakato wa usajili.

Katika kifurushi hiki utapata:

- Barua ya Kukukaribisha katika Idara ya ELL
- Fomu ya usajili ya Hampton City Schools katika lugha ya Kiingereza na katika lugha yako ya nyumbani (inapohitajika)
- Fomu ya Usajili ya Idara ya ELL katika lugha ya Kiingereza na katika lugha yako ya nyumbani (inapohitajika)
- Tafadhali kamilisha pande zote mbili kwa miadi yako ya ukaguzi
- Masharti ya chanjo ya Hampton City Schools katika lugha ya Kiingereza na katika lugha yako ya nyumbani (inapohitajika)
- Ramani ya Hampton inayoonyesha mahali shule zote zilipo
- Hati zingine muhimu katika lugha ya Kiingereza na katika lugha yako ya nyumbani (inapohitajika)

Tunatazamia kukukaribisha na kuhakikisha kuwa wewe na mwanafunzi wako mmefaulu katika Hampton City Schools! Tafadhali wasiliana na Idara ya ELL ikiwa una maswali au masuala yoyote.

Andrew Lloyd, Ph.D.  
[alloyd1@hampton.k12.va.us](mailto:alloyd1@hampton.k12.va.us)  
757-727-2483

Patriot Operations Center  
1589 Wingfield Dr., Ste. 5  
Hampton, VA 23666  
[www.hampton.k12.va.us](http://www.hampton.k12.va.us)

# STUDENT REGISTRATION FORM

## PreK - 12 Part A

HCS STUDENT ID# \_\_\_\_\_

SBO 36 (Rev. 8/2017)

<b>STUDENT'S LEGAL NAME</b> (as it appears on birth certificate or passport) LAST (SUFFIX) / FIRST / MIDDLE				<b>STUDENT'S PREVIOUS NAME</b> (if any) LAST (SUFFIX) / FIRST			
PREFERRED NAME <i>mm / dd / yyyy</i>		DATE OF BIRTH <i>mm / dd / yyyy</i>		SSN Last 4 digits (Not Required)		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	
		REGISTERING FOR GRADE LEVEL		Last Completed Grade Level		Full Name	
ETHNICITY (this must be answered) Is the student Hispanic/Latino or of Spanish origin? <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		CITY / STATE / COUNTRY OF BIRTH		OTHER SCHOOL-AGE CHILDREN IN FAMILY <small>Write additional names on a separate sheet of paper and attach.</small>	
RACE (this must be answered - check ALL that apply)						Full Name	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White						Full Name	
STUDENT'S RESIDENCE <i>House No. Street Name</i>				Apartment No. City State Zip Code			
STUDENT'S HOME TELEPHONE ( )				Apartment No. City State Zip Code			
PARENT/GUARDIAN		Resides with Student? Has Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Relationship to Student (Check all that apply) Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/>		Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
LAST (SUFFIX)		FIRST		MIDDLE		E-MAIL ADDRESS <i>(Include Area Code)</i>	
Enter Address if different from Student's <i>House No. Street Name</i>		Apartment No. City State Zip Code		Apartment No. City State Zip Code		TELEPHONE: HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE <input type="checkbox"/> OTHER <input type="checkbox"/>	
OTHER PARENT/GUARDIAN		Resides with Student? Has Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Relationship to Student (Check all that apply) Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/>		Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
LAST (SUFFIX)		FIRST		MIDDLE		E-MAIL ADDRESS <i>(Include Area Code)</i>	
Enter Address if different from Student's <i>House No. Street Name</i>		Apartment No. City State Zip Code		Apartment No. City State Zip Code		TELEPHONE: HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE <input type="checkbox"/> OTHER <input type="checkbox"/>	
OTHER PARENT/GUARDIAN		Resides with Student? Has Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Relationship to Student (Check all that apply) Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/>		Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
LAST (SUFFIX)		FIRST		MIDDLE		E-MAIL ADDRESS <i>(Include Area Code)</i>	
Enter Address if different from Student's <i>House No. Street Name</i>		Apartment No. City State Zip Code		Apartment No. City State Zip Code		TELEPHONE: HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE <input type="checkbox"/> OTHER <input type="checkbox"/>	

In compliance with Federal and State Laws and Regulations, Hampton City Schools does not discriminate on the basis of race, color, national origin, sex, disability, age or other protected classes in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Robbin G. Ruth, Executive Director, Human Resources One Franklin Street, Hampton, VA 23669

# STUDENT REGISTRATION FORM

## Part B

### PreK - 12

<b>STUDENT'S LEGAL NAME</b> LAST (Suffix) <input type="text"/> FIRST <input type="text"/> MIDDLE <input type="text"/>	Has the Student ever attended a Hampton City School? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Student currently long-term suspended or expelled from another school? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the Student enrolled in a Virginia public school during the current year? Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Name of School or Preschool Last Attended If not a Hampton School, please enter complete address Street No. <input type="text"/> Street Name <input type="text"/>																									
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> School Phone (include area code) <input type="text"/> School Fax (include area code) <input type="text"/>																									
What is the primary language used in the home, regardless of the language spoken by student? _____ What is the language most often spoken by the student? _____ What is the language that the student first acquired? _____ If registering for Pre-Kindergarten, please enter the Healthy Start Support Worker (if any): _____ If registering for Kindergarten, please be sure to complete the Kindergarten Registration Survey SBO Form 413.																									
<b>MILITARY SERVICE INFORMATION: Parent/Stepparent/Guardian with whom child resides ONLY - If the parent, stepparent, or guardian is in the MILITARY, please fill out information below:</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Parent/Stepparent/Guardian #1</th> <th colspan="2">Parent/Stepparent/Guardian #2</th> <th colspan="2">Parent/Stepparent/Guardian</th> </tr> <tr> <th colspan="2">ACTIVE DUTY (Check one)</th> <th colspan="2">ACTIVE DUTY (Check one)</th> <th colspan="2">Name of Stepparent/Guardian</th> </tr> </thead> <tbody> <tr> <td colspan="2"> <input type="checkbox"/> Air Force  <input type="checkbox"/> Army  <input type="checkbox"/> Coast Guard  <input type="checkbox"/> Marine Corps  <input type="checkbox"/> Navy         </td> <td colspan="2"> <input type="checkbox"/> Air Force  <input type="checkbox"/> Army  <input type="checkbox"/> Coast Guard  <input type="checkbox"/> Marine Corps  <input type="checkbox"/> Navy         </td> <td colspan="2">           Rank <input type="text"/>            Name <input type="text"/>            Currently Active <input type="checkbox"/> YES <input type="checkbox"/> NO            Military Base/Installation <input type="text"/>            National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other <input type="checkbox"/>            Records Requested (date): _____            Records Received (date): _____         </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">           Name of Stepparent/Guardian <input type="text"/>            Rank <input type="text"/>            Name of Military Base/Installation <input type="text"/>            National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other <input type="checkbox"/>            Records Requested (date): _____            Records Received (date): _____         </td> </tr> </tbody> </table>		Parent/Stepparent/Guardian #1		Parent/Stepparent/Guardian #2		Parent/Stepparent/Guardian		ACTIVE DUTY (Check one)		ACTIVE DUTY (Check one)		Name of Stepparent/Guardian		<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy		<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy		Rank <input type="text"/> Name <input type="text"/> Currently Active <input type="checkbox"/> YES <input type="checkbox"/> NO Military Base/Installation <input type="text"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other <input type="checkbox"/> Records Requested (date): _____ Records Received (date): _____						Name of Stepparent/Guardian <input type="text"/> Rank <input type="text"/> Name of Military Base/Installation <input type="text"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other <input type="checkbox"/> Records Requested (date): _____ Records Received (date): _____	
Parent/Stepparent/Guardian #1		Parent/Stepparent/Guardian #2		Parent/Stepparent/Guardian																					
ACTIVE DUTY (Check one)		ACTIVE DUTY (Check one)		Name of Stepparent/Guardian																					
<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy		<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy		Rank <input type="text"/> Name <input type="text"/> Currently Active <input type="checkbox"/> YES <input type="checkbox"/> NO Military Base/Installation <input type="text"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other <input type="checkbox"/> Records Requested (date): _____ Records Received (date): _____																					
				Name of Stepparent/Guardian <input type="text"/> Rank <input type="text"/> Name of Military Base/Installation <input type="text"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other <input type="checkbox"/> Records Requested (date): _____ Records Received (date): _____																					
Placement Agency: _____ LAST (Suffix) <input type="text"/> FIRST <input type="text"/> MIDDLE <input type="text"/>																									
Name of Foster Parent _____ Enter Address if different from Student's Street No. <input type="text"/> Street Name <input type="text"/>																									
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>																									
Enter Legal Residence of Student Street No. <input type="text"/> Street Name <input type="text"/>																									
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>																									
Parent / Guardian Signature: _____ Office: ID Verification and Expiration _____																									
<b>SCHOOL USE ONLY</b>																									
<b>PROOF OF DATE OF BIRTH</b> Birth Certificate Number: _____ Affidavit: _____																									
<b>PROOF OF ADDRESS RECEIVED</b> Document Type(s): <input type="checkbox"/> Gas / Water / Electric Bill <input type="checkbox"/> Lease / Mortgage / Deed <input type="checkbox"/> Other: _____																									
ENTRY DATE: _____ SCHOOL: _____ <input type="checkbox"/> 504 <input type="checkbox"/> Special Education <input type="checkbox"/> Foster Care sent to Finance																									
ENTRY CODE: _____ GRADE: _____ <input type="checkbox"/> Gifted Education <input type="checkbox"/> Special Education Transportation <input type="checkbox"/> Currently being evaluated or in Child Study																									
HOMEROOM: _____ IF OUT OF ZONE: _____ <input type="checkbox"/> ESL Referral <input type="checkbox"/> Kindergarten Survey Form <input type="checkbox"/> Previous Retention																									
<input type="checkbox"/> Court / Custody Documentation <input type="checkbox"/> Physical Provided <input type="checkbox"/> Immunization Record Provided																									





# FOMU YA USAJILI WA MWANAFUNZI

## PICK - 12 Schertru ya B

MWISHO (KIAMBISSI TAMILI)		KWANZA	
JINA HALALI LA MWANAFUNZI Je, Mwanafunzi amewahi kusomea Hampton City School? Kiwa ya Hampton School, tafadhalii weka anwani kamili Nambani ya Barabara Jina la Barabara		Ndiyo <input type="checkbox"/> La <input type="checkbox"/> Je, Mwanafunzi amesimamishwa kwa muda mieu au kufukuzwa kwene shule nyingine? Je, Mwanafunzi alikuwa amesajiliwa katika shule ya umma ya Virginia mwaka wa sasa?	
Ndiyo <input type="checkbox"/> Ndiyo <input type="checkbox"/>		Ndiyo <input type="checkbox"/> La <input type="checkbox"/> Ndiyo <input type="checkbox"/> La <input type="checkbox"/>	
Fakasi ya Shule (fumishta msimbo wa eneo) ( )		Fakasi ya Shule (fumishta msimbo wa eneo) ( )	
Jina la Shule au Chekecheea Aliyosomea Mara ya Mwishi Kiwa ya Hampton School, tafadhalii weka anwani kamili Nambani ya Barabara Jina la Barabara		Simu ya Eneo Msimbo wa Eneo	
Nii lugha gani ya msingi inayotumiwa nyumbani, bila kujali lugha ambayo mwanafunzi anazungumza? Nii lugha gani ambayo mwanafunzi huzungumza sana? Nii lugha gani ambayo mwanafunzi alifahamu kwanza? Ilkwa anajisali kwenye Pre-Kindergarten, tafadhalii weka Healthy Start Support Worker (ikwi yupo): Ilkwa anajisili kwenye Chekecheea, tafadhalii hakikisha kuwa umejaza Kindergarten Registration Survey SBO Form 413.		Nii lugha gani ambayo mwanafunzi huzungumza sana? Nii lugha gani ambayo mwanafunzi alifahamu kwanza? Ilkwa anajisali kwenye Pre-Kindergarten, tafadhalii weka Healthy Start Support Worker (ikwi yupo): Ilkwa anajisili kwenye Chekecheea, tafadhalii hakikisha kuwa umejaza Kindergarten Registration Survey SBO Form 413.	
TAARIFA YA HUDUMA TA JESHI WAZINDUAWE KENYA Mzazi/Mazi wa Kambo/Mlezi		TAARIFA YA HUDUMA TA JESHI WAZINDUAWE KENYA Mzazi/Mazi wa Kambo/Mlezi	
Shirika la Makao: Jina la Mzazi Mlezi: MWISHO (Kiambissi Tamili)		Shirika la Makao: Jina la Mzazi Mlezi: TAARIFA YA HUDUMA TA JESHI WAZINDUAWE KENYA Mzazi/Mazi wa Kambo/Mlezi	
Weka Anwani ikwi ni tofauti na ya Mwanafunzi Nambani ya Barabara Jina la Barabara		Weka Anwani ikwi ni tofauti na ya Mwanafunzi Nambani ya Barabara Jina la Barabara	
Weka Nakazi Halali ya Mwanafunzi Nambani ya Barabara Jina la Barabara		Weka Nakazi Halali ya Mwanafunzi Nambani ya Barabara Jina la Barabara	
Sahilihi ya Mzazi / Mlezi:		Sahilihi ya Mzazi / Mlezi:	
Ofisi: Uthibitihaji na Muda wa Mwishi wa Kitambulisho		Ofisi: Uthibitihaji na Muda wa Mwishi wa Kitambulisho	
PROOF OF DATE OF BIRTH		PROOF OF ADDRESS RECEIVED	
Birth Certificate Number: _____		Document Type(s): _____	
Affidavit: _____		Gas / Water / Electric Bill <input type="checkbox"/>	
ENTRY DATE: _____		Lease / Mortgage / Deed <input type="checkbox"/>	
SCHOOL: _____		Other: _____	
GRADE: _____		HOMEROOM: _____	
ENTRY CODE: _____		ZONED SCHOOL IF OUT OF ZONE: _____	
504 <input type="checkbox"/>		ESL Referral <input type="checkbox"/>	
Special Education <input type="checkbox"/>		Gifted Education <input type="checkbox"/>	
Foster Care sent to Finance <input type="checkbox"/>		Special Education Transportation <input type="checkbox"/>	
Currently being evaluated or in Child Study <input type="checkbox"/>		Kindergarten Survey Form <input type="checkbox"/>	
Previous Retention <input type="checkbox"/>		Physical Provided <input type="checkbox"/>	
		Immunization Record Provided <input type="checkbox"/>	



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Student Registration Form

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

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

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

Place of Birth: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Entry Date into the U.S.: \_\_\_\_\_

Primary/Native Language: \_\_\_\_\_

Entry Date into a Virginia School: \_\_\_\_\_

Number of School Years Completed in the U.S.: \_\_\_\_\_

Number of School Years Completed in Native Country: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

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

Is the Student Hispanic or Latino?  Yes  No

Race:  American Indian or Alaska Native  Native Hawaiian / Other Pacific Islander  
 Asian  Black or African American  White

For Office Use

Refugee  Yes  No

Immigrant  Yes  No



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## Home Language Survey

To make sure that all students receive the education services they need, the law requires us to ask questions about students' language backgrounds. This form will be used only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

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

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

1. What is the primary language used in the home, regardless of the language spoken by the student?  
\_\_\_\_\_
2. What is the language that the student first acquired?  
\_\_\_\_\_
3. What is the language most often spoken by the student?  
\_\_\_\_\_
4. What is the language most often spoken by the adults at home?  
\_\_\_\_\_
5. In which language would you prefer to receive **written** school communications?  
\_\_\_\_\_
6. In which language would you prefer to receive **oral** school communications?  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Hampton City Schools Non-Discrimination Notice**

*Hampton City Schools does not discriminate on the basis of race, color, national origin, sex, disability, age or other protected classes in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies:*

*Robbin G. Ruth, Executive Director of Human Resources  
One Franklin Street  
Hampton, Virginia 23669  
757-727-2318*



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Fomu ya Usajili wa Mwanafunzi

Jina la Mwisho la Mwanafunzi: \_\_\_\_\_

Jina la Kwanza la Mwanafunzi: \_\_\_\_\_

Tarehe ya Kuzaliwa: \_\_\_\_\_ Eneo la Kuzaliwa: \_\_\_\_\_

Nchi Unayotoka: \_\_\_\_\_ Tarehe ya Kuingia Marekani: \_\_\_\_\_

Lugha ya Msingi/Asili: \_\_\_\_\_

Tarehe ya Kuingia kwenye Shule huko Virginia: \_\_\_\_\_

Idadi ya Miaka ya Shule Uliyokamilisha Marekani: \_\_\_\_\_

Idadi ya Miaka ya Shule Uliyokamilisha katika Nchi Asili: \_\_\_\_\_

Jina la Mzazi/Mlezi: \_\_\_\_\_

Anwani: \_\_\_\_\_

Jiji, Jimbo na Msimbo wa Eneo: \_\_\_\_\_

Nambari ya Simu: \_\_\_\_\_

Je, Mwanafunzi ni Mhispania au Mlatino?  Ndiyo  La

Mbari:  Mhindi Mmarekani au Mzaliwa wa Alaska

Mzaliwa wa Hawaii / Mwanakisiwa wa Pasifikasi Mwingine

Mwasia  Mmarekani Mweusi au Mwfrika Mmarekani  Mzungu

For Office Use

Refugee  Yes  No

Immigrant  Yes  No



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## Utafiti wa Lugha ya Nyumbani

Ili kuhakikisha kuwa wanafunzi wote wanapokea huduma za elimu wanazohitaji, sheria inatuhitaji kuuliza maswali kuhusu historia za lugha ya wanafunzi. Fomu hii itatumwa tu kuamua ikiwa wanafunzi wanahitaji huduma za Mwanafunzi wa Kiingereza na haitatumwa kwa masuala ya uhamiaji wala kuripotiwa kwenye mamlaka ya uhamiaji.

Jina la Mwanafunzi: \_\_\_\_\_

Daraja: \_\_\_\_\_ Umri: \_\_\_\_\_ Tarehe ya Kuzaliwa: \_\_\_\_\_

1. Ni lugha gani ya msingi inayotumiwa nyumbani, bila kujali lugha ambayo mwanafunzi anazungumza?  
\_\_\_\_\_
2. Ni lugha gani ambayo mwanafunzi alifahamu kwanza?  
\_\_\_\_\_
3. Ni lugha gani ambayo mwanafunzi huzungumza sana?  
\_\_\_\_\_
4. Ni lugha gani ambayo watu wazima huzungumza sana nyumbani?  
\_\_\_\_\_
5. Ungependa kupokea mawasiliano ya **maandishi** ya shule kwa lugha gani?  
\_\_\_\_\_
6. Ungependa kupokea mawasiliano ya **mdomo** ya shule kwa lugha gani?  
\_\_\_\_\_

Sahihi ya Mzazi: \_\_\_\_\_

Tarehe: \_\_\_\_\_

### *Notisi ya Kutobagua ya Hampton City Schools*

*Hampton City Schools haibagui kwa msingi wa mbari, rangi, asili ya taifa, jinsia, ulemavu, umri au madaraja mengine yaliyolindwa katika mipango na shughuli zake na inatoa ufikiaji sawa wa Maskauti Wavulana na vikundi vingine vya vijana viliviyoteuliwa. Mtu anayefuata ameteuliwa ili kushughulikia maulizo yanayohusu sera za kutobagua:*

*Robbin G. Ruth, Mkurugenzi Mtendaji wa Rasimali za Watu  
One Franklin Street  
Hampton, Virginia 23669  
757-727-2318*



## SCHOOL & DAY CARE MINIMUM IMMUNIZATION REQUIREMENTS

Documentary proof shall be provided of adequate age appropriate immunization with the prescribed number of doses of vaccine indicated below for attendance at a public or private elementary, middle or secondary school, child care center, nursery school, family day care home or developmental center. Vaccines must be administered in accordance with the harmonized schedule of the Centers for Disease Control and Prevention, American Academy of Pediatrics, and American Academy of Family Physicians and must be administered within spacing and age requirements (available at <https://www.vdh.virginia.gov/immunization/immunization-manual/acip/>). Children vaccinated in accordance with either the current harmonized schedule or the harmonized catch-up schedules (including meeting all minimum age and interval requirements) are considered to be appropriately immunized for school attendance. (See "Supplemental Guidance for School-required Vaccines" for additional information.)

**Diphtheria, Tetanus, & Pertussis (DTaP, DTP, or Tdap)** - A minimum of 4 properly spaced doses. A child must have at least one dose of DTaP or DTP vaccine on or after the fourth birthday. DT (Diphtheria, Tetanus) vaccine is required for children who are medically exempt from the pertussis containing vaccine (DTaP or DTP). Adult Td is required for children 7 years of age and older who do not meet the minimum requirements for tetanus and diphtheria. Effective A booster dose of Tdap vaccine is required for all children entering the 7<sup>th</sup> grade.

**Meningococcal Conjugate (MenACWY) Vaccine** - Effective July 1, 2021, a minimum of 2 doses of MenACWY vaccine. The first dose should be administered prior to entering 7<sup>th</sup> grade. The final dose should be administered prior to entering 12<sup>th</sup> grade.

**Human Papillomavirus (HPV) Vaccine** - Effective July 1, 2021, a complete series of 2 doses of HPV vaccine is required for students entering the 7<sup>th</sup> grade. The first dose shall be administered before the child enters the 7<sup>th</sup> grade. After reviewing educational materials approved by the Board of Health, the parent or guardian, at the parents or guardians sole discretion, may elect for the child not to receive the HPV vaccine.

**Hepatitis B Vaccine** - A complete series of 3 properly spaced doses of hepatitis B vaccine is required for all children. However, the FDA has approved a 2-dose schedule **ONLY** for adolescents 11-15 years of age AND **ONLY when the Merck Brand (RECOMBIVAX HB) Adult Formulation Hepatitis B Vaccine** is used. If the 2-dose schedule is used for adolescents 11-15 years of age it must be clearly documented on the school form.

**Measles, Mumps, & Rubella (MMR) Vaccine** - A minimum of 2 measles, 2 mumps, and 1 rubella. (Most children receive 2 doses of each because the vaccine usually administered is the combination vaccine MMR). First dose must be administered at age 12 months or older. Second dose of vaccine must be administered prior to entering kindergarten but can be administered at any time after the minimum interval between dose 1 and dose 2.

**Haemophilus Influenzae Type b (Hib) Vaccine** - This vaccine is required ONLY for children up to 60 months of age. A primary series consists of either 2 or 3 doses (depending on the manufacturer). However, the child's current age and not the number of prior doses received govern the number of doses required. Unvaccinated children between the ages of 15 and 60 months are only required to have one dose of vaccine.

**Pneumococcal (PCV) Vaccine** - This vaccine is required ONLY for children less than 60 months of age. One to four doses, dependent on age at first dose, of pneumococcal conjugate vaccine are required.

**Rotavirus Vaccine** - This vaccine is required ONLY for children less than 8 months of age. Effective July 1, 2021, 2 or 3 doses of Rotavirus Vaccine (dependent upon the manufacturer) is required.

**Polio (IPV) Vaccine** - A minimum of 4 doses of polio vaccine. One dose must be administered on or after the fourth birthday. See supplemental guidance document for additional information.

**Varicella (Chickenpox) Vaccine** - All children born on and after January 1, 1997, shall be required to have one dose of chickenpox vaccine administered at age 12 months or older. Effective March 3, 2010, a second dose must be

administered prior to entering kindergarten but can be administered at any time after the minimum interval between dose 1 and dose 2.

**Hepatitis A (HAV) Vaccine** – Effective July 1, 2021, a minimum of 2 doses of Hepatitis A vaccine. The first dose should be administered at age 12 months or older.

*For further information, please call the Division of Immunization at 1-800-568-1929 (in state only) or 804-864-8055.*

*Rev. 02/21*



## MAHITAJI YA CHINI YA CHANJO KWA SHULE NA KITUO CHA KULELEA WATOTO MCHANNA

Uthibitisho wa hati wa chanjo inayofaa kwa umri na idadi iliyowekwa ya dozi za chanjo imeonyeshwa hapa chini kwa mahudhurio katika shule ya msingi ya umma au ya kibinagsi, shule ya kati au sekondari, kituo cha kulelea watoto, shule ya kitalu, kituo cha kulelea watoto cha familia au kituo cha maendeleo. Chanjo lazima zitolewe kwa mujibu wa ratiba iliyowianishwa ya Vituo vya Kudhibiti na Kuzuia Magonjwa, Chuo cha Marekani cha Madaktari wa Watoto, na Chuo cha Marekani cha Madaktari wa Familia na lazima zdhibitiwe ndari ya mahitaji ya nafasi na umri (inapafikana kwa <https://www.vdh.virginia.gov/immunization/immunization-manual-acip/>). **Watoto waliopewa chanjo kwa mujibu wa ratiba ya sasa iliyowanishwa au ratiba zilizowanishwa (pamoja na kutimiza mahitaji yote ya chini ya umri na muda) wanachukuliwa kuwa wamechanjwa ipasavyo kwa ajili ya mahudhurio ya shule.** (Tazama "Mwongozo wa Ziada kwa Chanjo Zinazohitajika Shulenii" kwa maelezo zaidi.)

**Diphtheria, Pepopunda, na Pertussis (DTaP, DTP, au Tdap)** - Kiwango cha chini cha dozi 4 zilizopangwa ipasavyo. Mtoto lazima apate angalau dozi moja ya chanjo ya DTaP au DTP mnamo au baada ya siku ya kuzaliwa ya nne. Chanjo ya DT (Diphtheria, Pepopunda) inahitajika kwa watoto ambaao wameachwa katika kupewa chanjo ya pepopunda (DTaP au DTP) Td ya watu wazima inahitajika kwa watoto walio na umri wa miaka 7 au zaidi ambaao hawafiki mahitaji ya chini ya pepopunda na diphtheria. Ufanisi wa nyongeza ya kipimo A ya chanjo ya Tdap kinahitajika kwa watoto wote ambaao wanaingia darasa la 7.

**Chanjo ya homa ya Utu wa Mgongo (MenACWY)** - Itanza kutumika tarehe 1 Julai, 2021, kiwango cha chini cha chanjo ya dozi 2 za MenACWY. Dozi ya kwanza inapaswa kupokewa kabla ya kuingia darasa la 7. Kipimo cha mwisho kinapaswa kupokewa kabla ya kuingia darasa la 12.

**Chanjo ya 'Human Papillomavirus (HPV)** - Itanza kutumika tarehe 1 Julai, 2021, mfululizo kamili wa dozi 2 za chanjo ya HPV inahitajika kwa wanafunzi ambaao wanaingia darasa la 7. Dozi ya kwanza inapaswa kupokewa kabla ya mtoto kuingia darasa la 7. Baada ya kukagua nyenzo za kielimu zilizoidhinishwa na Bodii ya Afya, mzazi au mlezi, kwa uamuizi wa wazazi au walezi pekee, wanaweza kuchagua mtoto asipokee chanjo ya HPV.

**Chanjo ya Homa ya ini B** - Mfululizo kamili wa dozi 3 zilizopangwa vizuri za chanjo ya homa ya Ini B inahitajika kwa watoto wote. Hata hivyo, FDA imeidhinisha ratiba ya dozi 2 **TU** kwa vijana wa miaka 11-15 NA **TU wakati chanjo ya Homa ya ini B ya Merck Brand (RECOMBIVAX HB) ya Uundaji wa Watu Wazima** kimetumika. Kama ratiba ya dozi 2 imetumika kwa vijana wa miaka 11-15 lazima ifanyiwe kumbukumbu juu ya fomu ya shule.

**Chanjo ya Surua, Mabusha, na Rubella (MMR)** - Kiwango cha chini cha surua 2, mabusha 2, na rubella 1. (Watoto wengi hupokea dozi 2 za kila moja kwa sababu chanjo ya kawaida ambayo hupoureka ni mchanganyiko wa chanjo ya MMR) Dozi ya kwanza lazima itumike kwa walio na umri wa miezi 12 au zaidi. Dozi ya pili ya chanjo lazima itumike kabla ya kuingia shule ya chekechea lakini inaweza kupokewa wakati wowote baada ya muda wa chini kati ya dozi 1 na dozi 2.

**Chanjo ya Homa ya Mafua ya Haemofilasi ya Aina ya b (Hib)** - Chanjo hii inahitajika TU kwa watoto hadi umri wa miezi 60. Mfululizo msingi huwa na dozi 2 au 3 (kulingana na mtengenezaji). Hata hivyo, umri wa sasa wa mtoto na si idadi ya dozi zilizopokelewa kabla hutawala idadi ya dozi zinazohitajika. Watoto wa umri wa miaka 15 na miezi 60 ambaao hawajachanjo wa wanahitajika tu kupata dozi moja ya chanjo.

**Chanjo ya Pneumococcal (PCV)** - Chanjo hii inahitajika TU kwa watoto chini ya umri wa miezi 60. Dozi moja hadi nne, inategmea umri katika dozi ya kwanza, ya chanjo ya 'pneumococcal conjugate' zinahitajika.

**Chanjo ya Rotavirus** - Chanjo hii inahitajika TU kwa watoto chini ya umri wa miezi 8. Itanza kutumika tarehe 1 Julai, 2021, dozi 2 au 3 za chanjo ya Rotavirus (inategmea mtengenezaji) inahitajika.

**Chanjo ya Polio (IPV)** - Kiwango cha chini cha dozi 4 za chanjo ya polio. Dozi moja lazima itumike kwenye au baada ya siku ya kuzaliwa ya nne. **Tazama mwongozo wa ziada kwa maelezo zaidi.**

**Chanjo ya Varisela (Tetekuwanga)** - Watoto wote waliozaliwa tarehe au baada ya Januari 1, 1997, watahitajika kupata na dozi moja ya chanjo ya tetekuwanga kupokewa katika umri wa miaka 12 au zaidi. Itanza kutumika tarehe 3 Mechi, 2010, dozi ya pili lazima itumike kabla ya kuingia shule ya chekechea lakini inaweza kusimamiwa wakati wowote baada ya muda wa chini kati ya dozi 1 na dozi 2.

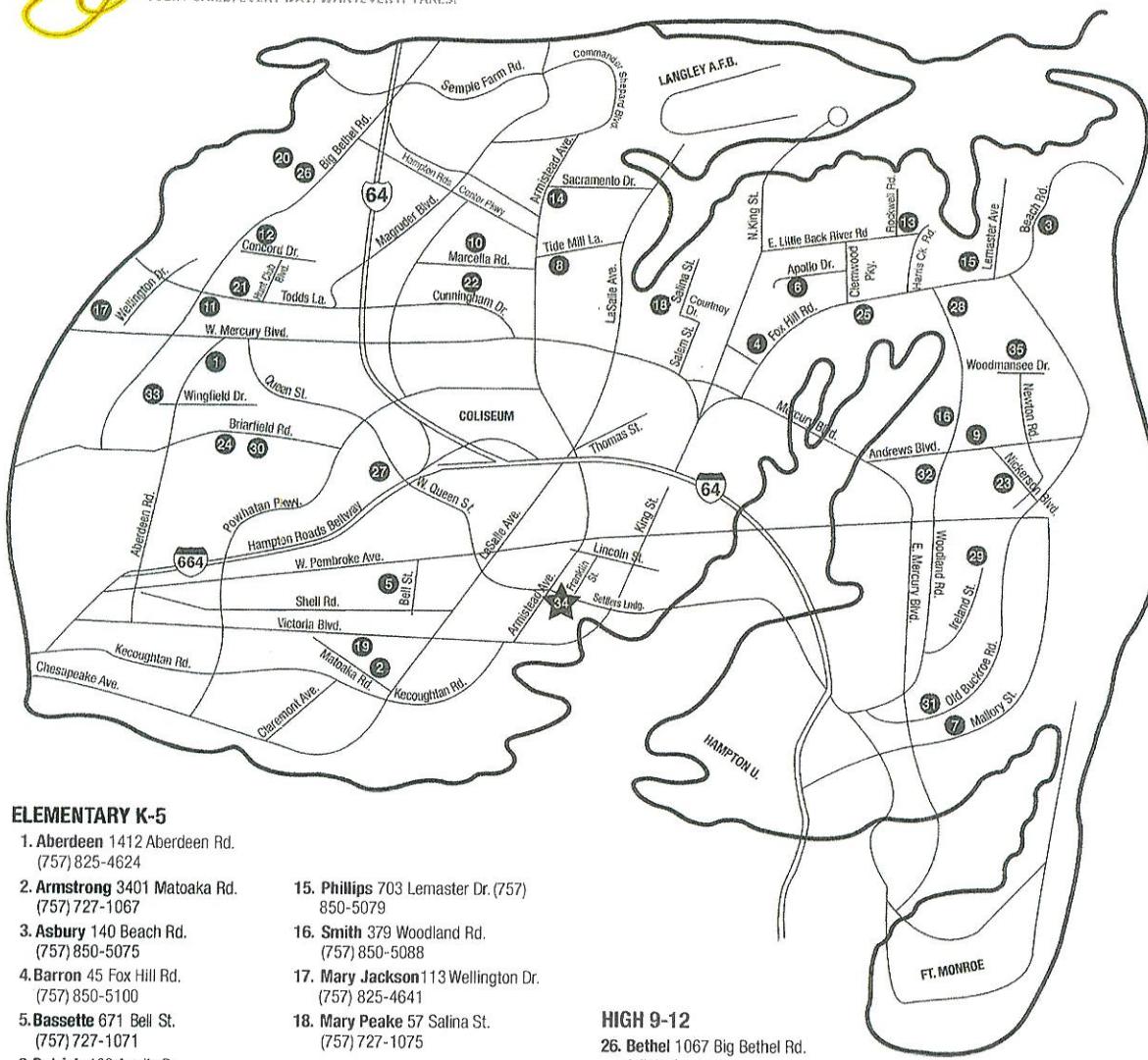
**Chanjo ya Homa ya ini A (HAV)** - Itaanza kutumika tarehe 1 Julai, 2021, kiwango cha chini cha dozi 2 za chanjo ya Homa ya ini A. Dozi ya kwanza inapaswa kutolewa kwa walio na umri wa miezi 12 au zaidi.

*Kwa maelezo zaidi, tafadhalii pigia Mgawanyiko wa Kinga katika 1-800-568-1929 (katika jimbo pekee) or 804-864-8055.*

*SBO 36 (Ilirekebishwa 02/21)*



## Area Map of Hampton City Schools



### **ELEMENTARY K-5**

1. Aberdeen 1412 Aberdeen Rd.  
(757) 825-4624
2. Armstrong 3401 Matoaka Rd.  
(757) 727-1067
3. Asbury 140 Beach Rd.  
(757) 850-5075
4. Barron 45 Fox Hill Rd.  
(757) 850-5100
5. Bassette 671 Bell St.  
(757) 727-1071
6. Patrick 160 Apollo Dr.  
(757) 850-5096
7. Bryan 1021 N. Mallory St.  
(757) 727-1056
8. Burbank 40 Tidemill Ln.  
(757) 825-4642
9. Mary Christian 2009 Andrews Blvd.  
(757) 850-5092
10. Cooper 200 Marcella Rd. (757) 825-4645
11. Forrest 1406 Todds Ln.  
(757) 825-4627
12. Kraft 600 Concord Dr.  
(757) 825-4634
13. Langley 16 Rockwell Rd.  
(757) 850-5105
14. Machen 20 Sacramento Dr.  
(757) 727-2900
15. Phillips 703 Lemaster Dr. (757) 850-5079
16. Smith 379 Woodland Rd.  
(757) 850-5088
17. Mary Jackson 113 Wellington Dr.  
(757) 825-4641
18. Mary Peake 57 Salina St.  
(757) 727-1075
19. Andrews 3120 Victoria Blvd.  
(757) 268-3333
20. Phenix 1061 Big Bethel Rd.  
(757) 268-3500
21. Tarrant 1435 Todds Ln.  
(757) 825-4520
22. Eaton 2108 Cunningham Dr.  
(757) 825-4540
23. Jones 1819 Nickerson Blvd.  
(757) 850-7900
24. Lindsay 1636 Briarfield Rd.  
(757) 825-4560
25. Syms 170 Fox Hill Rd.  
(757) 850-5050

### **MIDDLE 6-8**

26. Bethel 1067 Big Bethel Rd.  
(757) 825-4400
27. Hampton 1491 W. Queen St.  
(757) 825-4430
28. Kecoughtan 522 Woodland Rd.  
(757) 850-5000
29. Phoebus 100 Ireland St.  
(757) 727-1000
30. Adult and Alternative Learning Center 1646 Briarfield Rd.  
(757) 727-1327
31. Motor Early Childhood Center 339 Old Buckroe Rd.  
(757) 727-1061
32. Kilgore Gifted Center 339 Woodland Rd.  
(757) 850-5032
33. Patriot Operations Center  
1589 Wingfield Dr.

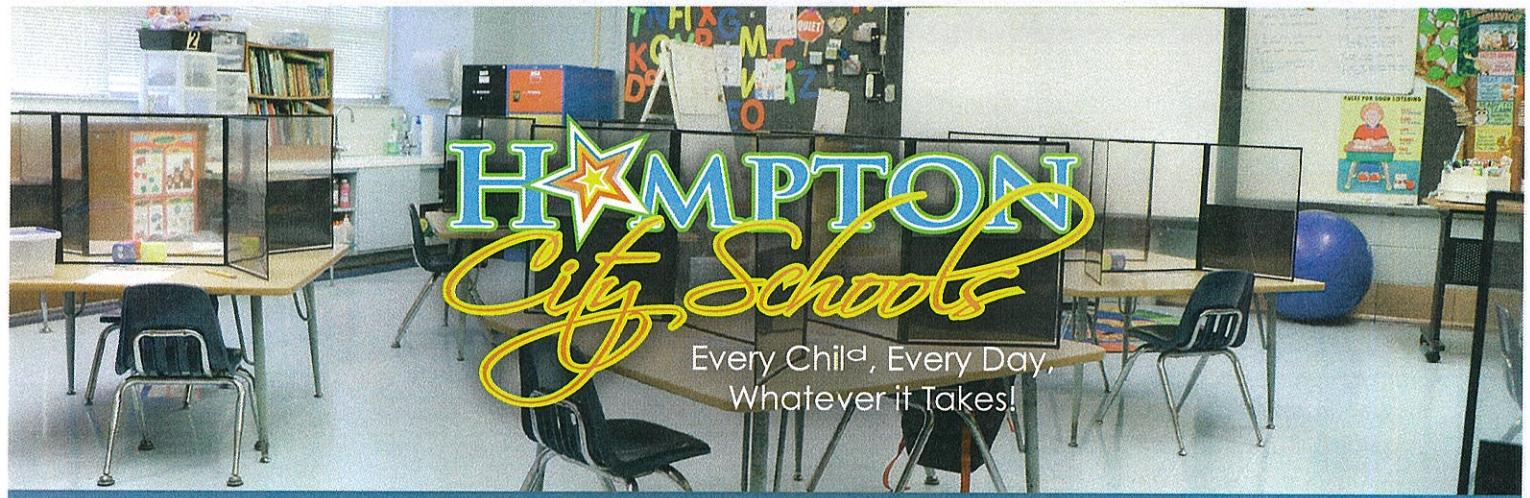
### **HIGH 9-12**

34. Hampton City Schools  
Administrative Center  
1 Franklin St.  
(757) 727-2000
35. Merrimack Operations Center  
2113 Woodmansee Dr.  
(757) 850-5123

### **SPECIAL PROGRAMS & ADMINISTRATIVE OFFICES**



REVISED 2021



## Orodha ya Ukaguzi ya Kurudi Shule

### KILA MTO, KILA SIKU, CHOCHOTE KILE!

#### Anapata Chanjo Zinazohitajika/Tathmini ya Mwili

- Amepokea chanjo zote zinazohitajika ili kuijunga katika kiwango cha darasa (DPT, Polio, Hep B, MMR, Varicella). Wanafunzi wa darasa la 7 sharti wapokee Tdap. Masharti mapya ya chanjo ni Meningococcal kwa wanafunzi wa darasa la 7 na 12 na Hep A kwa wale wa chekechea.
- Wanafunzi wapya wanapokea tathmini ya mwili sasa ikiwa wako katika PreK-5.

#### Kufikia Teknolojia ya Elimu

- Fungua akaunti ya Tovuti ya Mzazi (ikiwa wewe ni mgeni kwenye taarifa au hujawahi kuitumia) - <http://www.hampton.k12.va.us/parents/parent-portal/Creat-ing%20a%20Parent%20Portal%20Account.pdf?ls=1>
- Wezesha akaunti yako ya ParentSquare (ikiwa wewe ni mgeni kwenye taarifa au hujawahi kuitumia akanti yako) - [www.parentsquare.com](http://www.parentsquare.com)
  - Wazazi/Walezi sharti wabonyeze 'Ingia kwenye Akaunti,' kisha kwenye sehemu ya Jisajili, waandike barua pepe au nambari ya simu ambayo waliipa shule ya watoto wao na kubonyeza Nenda. ParentSquare itatuma kiungo kwa mzazi/mlezi atakachotomia ili kukamilisha kufungua akaunti yake.

**Unahitaji ufikiaji wa mtando?** Piga simu kwa huduma yetu ya teknolojia kwa (757-850-6875) kuuliza kuhusu mipango na huduma ambazo unaweza kustahiki.

#### Jaza na Uwasilishe Fomu za Wazazi

- Matarajio na Makubaliano ya Mwanafunzi/Mzazi/Mlezi ya COVID-19 2021-2022 (kupitia Tovuti ya Wazazi) - INAHITAJIKA MWAKA HUU
- Uthibitisho wa Ukaguzi wa Mwongozo wa Haki na Majukumu ya HCS - SBO 152 - UNAHITAJIKA KILA MWAKA
- Fomu ya Maelezo ya Saraka ya Wanafunzi - SBO 55 (kupitia Tovuti ya Wazazi) - INAHITAJIKA MARA MOJA PEKEE WAKATI WA KIPINDI CHA MASOMO YA MWANAFUNZI
- Ombi la Chakula Kisicholipiwa na cha Bei Iliyopunguzwa (ikiwa linahitajika)

#### Kudumisha Mawasiliano kati ya Shule

- Kuhudhuria mikutano ya jumla/uelekezaji
- Jiunge na PTA
- Weka alamisho kwenye tovuti za shule na taarifa - [www.hampton.k12.va.us](http://www.hampton.k12.va.us)
- Fuata akaunti za media za kijamii za taarifa na shule
- Ipe shule ya mtoto wako barua pepe na nambari ya simu unayotumia sasa

# KILA MTOTO, KILA SIKU, CHOCHOTE KILE!

## Mahudhurio

Kuhudhuria mara kwa mara ni muhimu kwa ukuaji wa kila mwanafunzi wa kielimu, kijamii, kihemko na kitabia. Wanafunzi ambao huhudhuria shule kikamilifu hujifunza zaidi, hukuza stadi muhimu za hisia-jamii na wana nafasi nzuri ya kufaulu baadaye.

Wazazi/Walezi wanapaswa kuwasiliana na shule ya watoto wao au Ofisi ya Huduma za Wanafunzi (757) 727-2135 ikiwa wana maswali kuhusu mahudhurio ya wanafunzi.



## Mwongozo wa Haki na Majukumu ya Wanafunzi

*Mwongozo wa Haki na Majukumu ya Mwanafunzi* wa Hampton City Schools una maelezo muhimu kwa wanafunzi na familia (k.m., kalenda ya shule, maelezo ya masomo, maelezo ya mahudhurio, maadili ya mwanafunzi). Mwongozo huu unapatikana kwenye tovuti ya HCS. Wanafunzi wa shule ya msingi watapokea nakala ya mwongozo katika ajenda yao ya wanafunzi. Wanafunzi wa shule ya sekondari watapokea nakala ya kielektroniki ya mwongozo huo kupitia barua pepe tarehe 7 Septemba, na nakala ya *Ukaguzi wa Mwongozo wa Hati ya Haki na Majukumu* inayosainiwa na kurejeshwa kwa mwalimu wa mtoto wako. Familia ambazo zingependa kupata nakala zinaweza kuwasiliana na shule ya mtoto wao. Tafadhali pitia mwongozo na maadili ya mwanafunzi na mwanafunzi wako ili kuhakikisha amejiandaa kwa mwaka mpya wa shule.

## Vyakula vyta shulenini kwa Mafunzo Pepe na Masomo ya Ana kwa Ana

Katika mwaka huu wa shule wa 2021-2022, wanafunzi wote wa HCS, masomo pepe na ya ana kwa ana, watapokea kiamsha kinywa na chakula cha mchana shulenini bila malipo.

## Masomo ya Ana kwa Ana

Kiamsha kinywa na chakula cha mchana kitatolewa katika shule zote za HCS. Vitafunio na vyakula vibadala vitapatikana kwa ununuzi ukitumia akaunti ya mwanafunzi wako ya chakula cha mchana, ambayo inaweza kufadhiliwa kupitia [MyPaymentsPlus](http://www.mypaymentsplus.com) kwa kutembelea [www.mypaymentsplus.com](http://www.mypaymentsplus.com) au kupakua programu.

## Masomo ya Mtandaoni

Wanafunzi wa mtandaoni watakuwa na chaguo la kuijandikisha kwa ajili ya kifurushi cha Chakula za Siku 5 kila wiki. Mawasiliano ya ziada yatatolewa kwa familia ambazo mtoto wao amejisajili kwenye masomo ya mtandaoni kuhusiana na mchakato wa usajili, maeneo ya kuchukuliwa, tarehe na nyakati.

## Usalama wa Mwanafunzi

Taarafa ya shule inaipa kipaumbele ustawi na maslahi ya wanafunzi. Wanafunzi, wafanyakazi, wazazi, na wanajamii wanahimizwa kuripoti wasiwasi juu ya uchokozi/unyanyasaji wa mtandaoni au dhulma kwa wakuu wa shule zao mara moja. Unaweza kuripoti matukio ukitumia namba ya haraka ya taarifa ya **SAFE na nambari ya TipText** kwa 757-504-0921. Pia, washauri wa shule pia ni nyenzo nzuri kwa wanafunzi na wazazi na wanaweza kutoa usaidizi wa ustawi wa hisia-jamii wa mtoto. Unaweza kufikia washauri kupitia barua pepe au simu au kwa kuwasiliana na shule ya mwanafunzi.

# KILA MTOTO, KILA SIKU, CHOCHOTE KILE!

## Mawasiliano ya Shuleni/Nyumbani

Kudumisha mahusiano ni muhimu katika mafanikio ya mwanafunzi. Taarafa ina zana mbalimbali Zinazotumika kuzipa familia taarifa.



Kama tunavyojitahidi kuzipa familia taarifa, tunakuhimiza ushiriki maswali yako na Matatizo moja kwa moja na shule au taarafa. Lengo letu ni kushirikiana nawe kufikia suluhu faafu kwa wakati zinazowafaa wanafunzi. Huku mtandao wa jamii ukiwa njia bora ya kuwasiliana, wazazi wanahimizwa kutumia mbinu zifuatazo ili maswali yao yajibiwe au kuhakikisha wametoa maoni yao.

### Kuhusu Mtoto Wako

Tafadhali wasiliana na mwalimu wa mtoto wako kupitia barua pepe au simu. Maswali na changamoto nyingi zinaweza kutatuliwa katika kiwango hiki. Ikiwa unahisi kuwa hatua hii haijatatua tatizo, wasiliana na Mwalimu mkuu au naibu mwalimu mkuu.

### Kuhusu Shule

Tafadhali wasiliana na ofisi kuu ya shule kupitia barua pepe au simu. Ikihitajika, omba kuzungumza na mwalimu mkuu au naibu mwalimu mkuu. Ikiwa bado utaendelea kutatizika baada ya kuarifu Wasimamizi wa shule, tafadhali wasiliana na Jengo la Usimamizi wa Shule.

### Maelezo Kuhusu Taarifa

Wasiliana na ofisi za usimamizi wa shule yetu kupitia mojawapo ya nambari za simu zilizoorodheshwa hapa chini.

### Wa Kupigia Simu

Nambari Msingi.....	757-727-2000
Huduma za Wanafunzi.....	757-727-2135
Meza ya Usaidizi wa Dijitali.....	757-850-6875
Idara ya Wafanyakazi.....	757-727-2300
Huduma za Chakula na Lishe.....	757-727-2350
Namba ya haraka ya USALAMA Shuleni.....	757-504-0921



## AGOSTI

- Tarehe 8-11, 15-16 Agosti ....Kuelekezwa kwa Walimu Wageni  
(kama ilivyopangwa)  
Tarehe 17-19, 22-25 Agosti ..Siku za Kabla ya Huduma\*  
Tarehe 26 Agosti .....Walimu Hawaripoti  
Tarehe 29 Agosti .....Siku ya Kwanza ya Shule - Wanafunzi Wote Kuripoti

## SEPTEMBA

- Tarehe 2 Septemba.....Shule na Ofisi Kufungwa  
Tarehe 5 Septemba.....Maadhimisho ya Siku ya Wafanyakazi  
(Shule na Ofisi Kufungwa)

## OKTOBA

- Tarehe 4 Oktoba .....Ripoti za Hatua  
Tarehe 7 Oktoba .....Siku ya Kurejea Nyumbani Mapema\*

## NOVEMBA

- Tarehe 7 Novemba.....Mwisho wa Kipindi cha Gredi ya Kwanza Kuachiliwa Mapema\*  
Tarehe 8 Novemba.....Siku ya Upigaji Kura/Siku ya Ukuzaji wa Taaluma (Wanafunzi Hawaripoti)  
Tarehe 15 Novemba.....Ripoti za Matokeo  
Tarehe 23-25 Novemba .....Likizo ya Shukrani  
(Shule na Ofisi Kufungwa)

## DESEMBA

- Tarehe 13 Desemba .....Ripoti za Hatua  
Tarehe 16 Desemba .....Kufunga Mapema\*  
Tarehe 19-30 Desemba .....Likizo ya Msimu wa Baridi  
(Shule na Ofisi Kufungwa)

## JANUARI

- Tarehe 2 Januari.....Shule na Ofisi Kufunguliwa Tena  
Tarehe 16 Januari .....Maadhimisho ya Siku ya Dkt. Martin Luther King (Shule na Ofisi Kufungwa)  
Tarehe 23-26 Januari.....Ratiba ya Mtihani ya Shule ya Upili  
Tarehe 26 Januari .....Mwisho wa Muhula wa Kwanza  
Tarehe 27 Januari .....Maadhimisho ya Siku ya Kazi ya Waalimu (Wanafunzi Hawaripoti)  
Tarehe 30 Januari .....Siku ya Maendeleo ya Taaluma katika Eneo (Wanafunzi Hawaripoti)  
Tarehe 31 Januari .....Kuanza kwa Muhula wa Pili

## FEBRUARI

- Tarehe 7 Februari.....Ripoti za Matokeo  
Tarehe 17 Februari.....Kurejea Nyumbani Mapema\*  
Tarehe 20 Februari.....Maadhimisho ya Siku ya Rais  
(Shule na Ofisi Kufungwa)

# KALENDYA 2022-2023

## MACHI

- Tarehe 2 Machi .....Ripoti za Hatua  
Tarehe 3 Machi .....Siku ya Kurejea Nyumbani Mapema\*  
Tarehe 31 Machi.....Mwisho wa Kipindi cha Gredi ya Tatu

## APRILI

- Tarehe 3-7 Aprili .....Likizo Msimu wa Kuchipua  
(Ripoti ya Wafanyakazi wa Miezi 12 pekee)  
Tarehe 17 Aprili.....Ripoti za Matokeo

## MEI

- Tarehe 10 Mei.....Ripoti za Hatua  
Tarehe 26 Mei.....Kufunga Mapema\*  
Tarehe 29 Mei.....Siku ya Maadhimisho  
(Shule na Ofisi Kufungwa)

## JUNI

- Tarehe 7-9, 12 Juni... Kuachiliwa Mapema\*  
Ratiba ya Mtihani ya Shule ya Upili  
Tarehe 12 Juni .....Siku ya Mwisho kwa Wanafunzi  
Tarehe 13 Juni .....Siku ya Kazi ya Waalimu  
Tarehe 15 Juni .....Sherehe ya Kuhitimu ya HHS, 7:00 jioni.  
Tarehe 16 Juni .....Sherehe ya Kuhitimu ya HHS, 7:00 jioni.  
Tarehe 17 Juni .....Shere ya Kuhitimu ya KHS, 09:00 asubuhi.  
Shere ya Kuhitimu ya BHS, 01:30 mchana

\* **Siku za Kabla ya Huduma** - Hizi zimeteuliwa kama .5 kwa siku kuu ya mtg /.5 kwa siku ya SLP kwa siku 1 katika taarifa PD /.5 mafunzo ya maudhui kwa siku 4.5 ya muda wa kazi wa mwalimu.

\* **Kuachiliwa Mapema** - Msingi/Kati pekee - saa 2 kabla ya kuachiliwa kwa kawaida - Hii ni kwa muda wa kazi wa mwalimu bila idadi kwa siku 180 wafanyakazi walio shulenii wanatalia kwa ukuzaji wa kitaalamu.

\* **Kufunga Mapema** - saa 2 kabla ya wakati wa kuachiliwa kwa kawaida - inatumika kwa wanafunzi na walimu (katika taarifa nzima).

\* **Kuachiliwa Mapema** - Wanafunzi wa ES, MS, HS huondoka saa 2 mapema; saa zote za kawaida za walimu na PD mchana.

**Hali ya Hewa Isiyo ya Kawaida** - Kalenda hii inajumuisha "siku moja ya ziada ya mafunzo kwa mwanafunzi" (banked student instructional day) kwa hali mbaya ya hewa. Siku za ziada ambazo hazijatumika zaidi ya zile zilizojumuishwa kwenye kalenda zitafidiwa kwa hiari ya msimamizi.