



Poquoson City Public Schools
 Office of Student Services
 1033 Poquoson Ave.
 Poquoson, Virginia 23662
 Telephone: 757-868-3050
 FAX: 757-868-0043

4 Year Old IPOP-VPI Student Application Form

SHADED AREAS FOR OFFICE USE ONLY

The IPOP-VPI program is a free, half-day program for children living in Poquoson. Space is limited and eligible students must be 4 years old on September 30, 2021. (Eligible children must be born between October 1, 2016 and September 30, 2017). The goal of this program is to strengthen academic readiness for kindergarten. Students will be screened using a norm-referenced instrument. Eligibility will be based on the results of the screening and parents will be advised of the results. Transportation within Poquoson is provided to and from the program.

Instructions: - The application form is a required official record. Please PRINT all information legibly. If you need help filling out this form, please contact your child's school. If any information you provide should change in the future, please notify your child's school immediately.

Office use only

BIRTH RECORD INFORMATION				Bracken School Readiness Assessment																											
STUDENT'S LEGAL NAME - LAST		FIRST	MIDDLE	Pretest Yr Mo Day		Posttest Yr Mo Day																									
DATE OF BIRTH	SOCIAL SECURITY NO	SEX	Date of Application	DOT: DOB:		DOT: DOB:																									
PARENT 1 NAME		PARENT 2 NAME		CA:		CA:																									
EMAIL ADDRESS(S)		WORK PHONE(S)	Military <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Subtest</th> <th>Pre/Post</th> <th>Raw</th> <th>%Mastery</th> </tr> </thead> <tbody> <tr> <td>Colors</td> <td>Pre Post</td> <td>_____ _____</td> <td>_____ _____</td> </tr> <tr> <td>Letters</td> <td>Pre Post</td> <td>_____ _____</td> <td>_____ _____</td> </tr> <tr> <td>Numb./ Count.</td> <td>Pre Post</td> <td>_____ _____</td> <td>_____ _____</td> </tr> <tr> <td>Sizes/ Comp.</td> <td>Pre Post</td> <td>_____ _____</td> <td>_____ _____</td> </tr> <tr> <td>Shapes</td> <td>Pre Post</td> <td>_____ _____</td> <td>_____ _____</td> </tr> </tbody> </table>		Subtest	Pre/Post	Raw	%Mastery	Colors	Pre Post	_____ _____	_____ _____	Letters	Pre Post	_____ _____	_____ _____	Numb./ Count.	Pre Post	_____ _____	_____ _____	Sizes/ Comp.	Pre Post	_____ _____	_____ _____	Shapes	Pre Post	_____ _____	_____ _____		
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RESIDENCY				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="background-color: #e0e0e0;">School Readiness Composite-SRC</th> </tr> <tr> <th style="background-color: #e0e0e0;">Raw</th> <th style="background-color: #e0e0e0;">SS</th> <th style="background-color: #e0e0e0;">%Rank</th> <th style="background-color: #e0e0e0;">Desc.</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>____</td> <td>____</td> <td>____</td> </tr> <tr> <td>Post</td> <td>____</td> <td>____</td> <td>____</td> </tr> </tbody> </table>				School Readiness Composite-SRC				Raw	SS	%Rank	Desc.	Pre	____	____	____	Post	____	____	____								
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Pre	____	____	____																												
Post	____	____	____																												
ADDRESS	CITY	STATE	ZIP CODE																												
PARENT/GUARDIAN WITH WHOM STUDENT CURRENTLY RESIDES	RELATION TO STUDENT	HOME PHONE	CELL PHONE(S)																												
Do you have any academic readiness concerns? If yes, please describe: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ _____ _____ _____																															
I verify that all of the above supplied information is accurate and true to the best of my knowledge and give permission for my child to be screened for this program.																															
<i>Code of Virginia § 22.1-264.1. Misdemeanor to make false statements as to school division or attendance zone residency; penalty. Any person who knowingly makes a false statement concerning the residency of a child, as determined by § 22.1-3, in a particular school division or school attendance zone, for the purposes of (i) avoiding the tuition charges authorized by § 22.1-5 or (ii) enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges, pursuant to § 22.1-5, for the time the student was enrolled in such school division.</i>				“I have read VA Code § 22.1-264.1” Parent/Guardian Initial: _____																											
APPLICATIONS DUE IN THE OFFICE OF STUDENT SERVICES BY FEB. 15, 2021																															
PARENT/LEGAL GUARDIAN SIGNATURE		RELATIONSHIP TO STUDENT		DATE																											