



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, 2022. (Eligible children must be born between October 1, 2017 and September 30, 2018). 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		Subtest	Pre/Post	Raw	%Mastery	
RESIDENCY							Colors	Pre	_____	_____	
ADDRESS		CITY		STATE	ZIP CODE		Post	_____	_____	_____	
PARENT/GUARDIAN WITH WHOM STUDENT CURRENTLY RESIDES		RELATION TO STUDENT		HOME PHONE		CELL PHONE(S)		Letters	Pre	_____	_____
Do you have any academic readiness concerns? If yes, please describe: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ _____ _____ _____							Post	_____	_____	_____	
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.							Numb./	Pre	_____	_____	_____
<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>							Count.	Pre	_____	_____	_____
							Comp.	Pre	_____	_____	_____
							Shapes	Pre	_____	_____	_____
							Post	_____	_____	_____	_____
							School Readiness Composite-SRC				
							Raw	SS	%Rank	Desc.	
							Pre	_____	_____	_____	_____
							Post	_____	_____	_____	_____
							"I have read VA Code § 22.1-264.1" Parent/Guardian Initial: _____				
APPLICATIONS DUE IN THE OFFICE OF STUDENT SERVICES BY FEB. 25, 2022											
PARENT/LEGAL GUARDIAN SIGNATURE				RELATIONSHIP TO STUDENT				DATE			

