



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.

A handwritten signature in black ink that reads "ALLOYD, Ph.D." with a stylized flourish.

Andrew Lloyd, Ph.D.
alloyd1@hampton.k12.va.us
757-727-2483

Patriot Operations Center
1589 Wingfield Dr., Ste. 5
Hampton, VA 23666
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HAMPTON CITY SCHOOLS WORLD LANGUAGES AND ENGLISH LANGUAGE LEARNERS

Andrew Lloyd, 哲学博士, 课程负责人
1589 Wingfield Dr., Ste.5
Hampton, Virginia 23666
757-727-2483

欢迎来到汉普顿市立学校 (Hampton City Schools)!

我们非常高兴并欢迎您和您的子女来到汉普顿。您收到此函和资料包, 是因为您在报名报上表明在您家有子女或成人正在使用英语以外的语言。根据此信息, 您的子女需要接受英语水平筛查, 以确定他/她是否有资格获得英语语言的支持和发展。

如需预约您子女的筛查, 请致电 **757-727-2483**, 英语语言学习者 (English Language Learners, ELL) 部门的一名成员将为您提供协助。我们也可以免费为您提供口译服务。

赴约该筛查时, 请携带子女的出生证明或护照以及家长/监护人的身份证明。一名测试专家将对学生进行筛查, 并将在筛查之后即时为您解释筛查结果。筛查后, 我们将引导您至您子女的学校, 并附上 ELL 部门的《学生安置表》(Student Placement Form) 以让您完成报名程序。

随附资料包包括:

- ELL 部门欢迎函 (ELL Department Welcome Letter)
- 英语版本和您在家使用的语言版本的《汉普顿市立学校报名表》(Hampton City Schools registration form) (若适用)
- 英语版本和您在家使用的语言版本的《ELL 部门报名表》(ELL Department Registration Form) (若适用)
 - 正反面均需填写赴筛查预约
- 英语版本和您在家使用的语言版本的《汉普顿市立学校疫苗接种要求》(Hampton City Schools vaccination requirements) (若适用)
- 显示所有学校地点的汉普顿地图
- 英语版本和您在家使用的语言版本的其他重要文件 (若适用)

我们期待您来并承诺您和您的子女将在汉普顿市立学校取得成功! 如有任何疑问或顾虑, 请随时与 ELL 部门联系。

Andrew Lloyd, 哲学博士
alloyd1@hampton.k12.va.us
757-727-2483

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STUDENT REGISTRATION FORM Prek - 12 Part A

HCS STUDENT ID#

STUDENT'S LEGAL NAME (as it appears on birth certificate or passport) <small>LAST (SUFFIX) FIRST MIDDLE</small>		STUDENT'S PREVIOUS NAME (if any) <small>LAST (SUFFIX) FIRST MIDDLE</small>	
PREFERRED NAME	DATE OF BIRTH <small>mm / dd / yyyy</small>	SSN <small>Last 4 digits (not required)</small>	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>
ETHNICITY (this must be answered) Is the student Hispanic/Latino or of Spanish origin?	Registering for GRADE LEVEL	Last Completed Grade Level	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) <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	CITY / STATE / COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	Full Name _____ Date of Birth _____
STUDENT'S RESIDENCE <small>House No. Street Name</small>	City	State	Zip Code
STUDENT'S HOME TELEPHONE () _____			
PARENT / GUARDIAN			
LAST (SUFFIX)	FIRST	MIDDLE	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"/>
Resides with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	Enter Address if different from Student's <small>House No. Street Name</small>	E-MAIL ADDRESS TELEPHONE: (Include Area Code) HOME _____ WORK _____ MOBILE _____ OTHER _____
OTHER PARENT/GUARDIAN	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"/>	Resides with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>
LAST (SUFFIX)	FIRST	MIDDLE	E-MAIL ADDRESS TELEPHONE: (Include Area Code) HOME _____ WORK _____ MOBILE _____ OTHER _____
OTHER PARENT/GUARDIAN	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"/>	Resides with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>
LAST (SUFFIX)	FIRST	MIDDLE	E-MAIL ADDRESS TELEPHONE: (Include Area Code) HOME _____ WORK _____ MOBILE _____ OTHER _____
OTHER PARENT/GUARDIAN	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"/>	Resides with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>
LAST (SUFFIX)	FIRST	MIDDLE	E-MAIL ADDRESS TELEPHONE: (Include Area Code) HOME _____ WORK _____ MOBILE _____ OTHER _____

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 757-727-2318

STUDENT REGISTRATION FORM

PreK - 12 Part B

LAST (SUFFIX) MIDDLE FIRST

STUDENT'S LEGAL NAME _____

Has the Student ever attended a Hampton City School? Yes No Is the Student currently long-term suspended or expelled from another school? Yes No
 Was the Student enrolled in a Virginia public school during the current year? Yes No

Name of School or PreSchool Last Attended _____
 If not a Hampton School, please enter complete address _____
 Street No. Street Name City State Zip Code School Phone (include area code) School Fax (include area code)

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.

FOSTER CARE INFORMATION OFFICE: If this section is completed, please send a copy of the registration to the Finance Office.

Placement Agency: _____	Parent/Stepparent/Guardian #1	Parent/Stepparent/Guardian #2
Name of Foster Parent _____	ACTIVE DUTY (Check one)	ACTIVE DUTY (Check one)
Enter Address if different from Student's _____	<input type="checkbox"/> Air Force	<input type="checkbox"/> Air Force
Street No. Street Name City State Zip Code	<input type="checkbox"/> Army	<input type="checkbox"/> Army
	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Coast Guard
	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Marine Corps
	<input type="checkbox"/> Navy	<input type="checkbox"/> Navy
	<input type="checkbox"/> National Guard	<input type="checkbox"/> National Guard
	<input type="checkbox"/> Reserves	<input type="checkbox"/> Reserves
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> National Guard	<input type="checkbox"/> National Guard
	<input type="checkbox"/> Reserves	<input type="checkbox"/> Reserves
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> National Guard	<input type="checkbox"/> National Guard
	<input type="checkbox"/> Reserves	<input type="checkbox"/> Reserves
	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Parent / Guardian Signature: _____ Date: _____ Print Name: _____
 Office: ID Verification and Expiration _____

SCHOOL USE ONLY

PROOF OF DATE OF BIRTH

Birth Certificate Number: _____
 Affidavit: _____

PROOF OF ADDRESS RECEIVED

Document Type(s): Gas / Water / Electric Bill Lease / Mortgage / Deed Other: _____

Records Requested (date): _____
 Records Received (date): _____

ENTRY DATE: _____ **ENTRY CODE:** _____ **ZONED SCHOOL IF OUT OF ZONE:** _____

SCHOOL: _____ **GRADE:** _____ **HOMEROOM:** _____

<input type="checkbox"/> 504	<input type="checkbox"/> Gifted Education	<input type="checkbox"/> ESL Referral	<input type="checkbox"/> Court / Custody Documentation
<input type="checkbox"/> Special Education	<input type="checkbox"/> Special Education Transportation	<input type="checkbox"/> Kindergarten Survey Form	<input type="checkbox"/> Physical Provided
<input type="checkbox"/> Foster Care sent to Finance	<input type="checkbox"/> Currently being evaluated or in Child Study	<input type="checkbox"/> Previous Retention	<input type="checkbox"/> Immunization Record Provided



学生注册表 PreK - 12 B 部分



姓名 (前缀) _____ 名字 _____ 中间名 _____ 姓氏 (前缀) _____

学生依法登记的姓名 _____

该学生是否曾就读于汉普顿学区内学校? 是 否 该学生目前是否被其他学校长期停课或开除? 是 否 该学生是否今年曾在弗吉尼亚州公立学校入学? 是 否

上次就读的学校或幼儿园名称 _____

如果不是汉普顿市立学校, 请填写详细地址 _____

街道名称 _____ 城市 _____ 州 _____ 邮政编码 _____

学校电话号码 (包括区号) _____

学校传真 (包括区号) _____

不考虑学生所说语言, 学生的家庭主要使用哪种语言? _____

学生最常说什么语言? _____

学生最先习得哪种语言? _____

如果是为学前教育注册, 请填写您的初始健康支持工作人员 (Healthy Start Support Worker) 的姓名 (如有): _____

如果是为幼儿园注册, 请务必填写幼儿园注册调查 SBO 表 413。

联系信息 办公室 - 如果您已填写此部分内容, 请将此登记表的副本提交至财务办公室。

安置机构: _____ 姓名 _____ 城市 _____ 州 _____ 邮政编码 _____ 姓氏 (前缀) _____ 养父母姓名 _____ 如果不与该学生同住, 请填写居住地址 _____ 街道名称 _____ 城市 _____ 州 _____ 邮政编码 _____ 填写学生的依法登记住址 _____ 街道名称 _____ 城市 _____ 州 _____ 邮政编码 _____	父亲/继父/监护人 1 现役职务 (勾选一项) <input type="checkbox"/> 空军 <input type="checkbox"/> 陆军 <input type="checkbox"/> 海岸防卫队 <input type="checkbox"/> 海军陆战队 <input type="checkbox"/> 海军 是否军人 <input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> 否 <input type="checkbox"/> 否 <input type="checkbox"/> 否 父亲/继父/监护人姓名 _____ 军衔 _____ 现役基地/设施名称 _____	母亲/继母/监护人 2 现役职务 (勾选一项) <input type="checkbox"/> 空军 <input type="checkbox"/> 陆军 <input type="checkbox"/> 海岸防卫队 <input type="checkbox"/> 海军陆战队 <input type="checkbox"/> 海军 是否军人 <input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> 否 <input type="checkbox"/> 否 <input type="checkbox"/> 否 父亲/继母/监护人姓名 _____ 军衔 _____ 现役基地/设施名称 _____
--	--	--

联系信息 父母/继父/监护人 1 和 2 的姓名 (是或否) 请填写在下方信息

父母/监护人姓名: _____ 日期: _____ 正楷姓名: _____

办公室: ID 认证和有效期 _____

SCHOOL USE ONLY

PROOF OF DATE OF BIRTH
 Birth Certificate Number: _____ Records Requested (date): _____
 Affidavit: _____ Records Received (date): _____

PROOF OF ADDRESS RECEIVED
 Document Type(s): Gas / Water / Electric Bill Lease / Mortgage / Deed Other: _____

ENTRY DATE: _____ ENTRY CODE: _____ ZONED SCHOOL IF OUT OF ZONE: _____
 SCHOOL: _____ GRADE: _____ HOMEROOM: _____

<input type="checkbox"/> 504	<input type="checkbox"/> Gifted Education	<input type="checkbox"/> ESL Referral	<input type="checkbox"/> Court / Custody Documentation
<input type="checkbox"/> Special Education	<input type="checkbox"/> Special Education Transportation	<input type="checkbox"/> Kindergarten Survey Form	<input type="checkbox"/> Physical Provided
<input type="checkbox"/> Foster Care sent to Finance	<input type="checkbox"/> Currently being evaluated or in Child Study	<input type="checkbox"/> Previous Retention	<input type="checkbox"/> Immunization Record Provided



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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 students 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

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



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学生登记表

学生姓氏: _____

学生名字: _____

出生日期: _____ 出生地: _____

原籍国: _____ 入境美国日期: _____

主要语言/母语: _____

弗吉尼亚学校入学日期: _____

在美国完成学业的年数: _____

在原籍国完成学业的年数: _____

父母/监护人姓名: _____

地址: _____

市、州和邮政编码: _____

电话: _____

学生是否为西班牙裔或拉丁美洲裔? 是 否

种族: 美国印第安人或阿拉斯加原住民 夏威夷原住民/其他太平洋岛民

亚裔 黑人或非裔美国人 白人

For Office Use

Refugee Yes No

Immigrant Yes No



HAMPTON CITY SCHOOLS WORLD LANGUAGES AND ENGLISH LANGUAGE LEARNERS

母语调查

按照法律要求，为确保所有学生都能够得到所需的教育服务，我们需要询问有关学生语言背景的问题。本表仅用于确定学生是否需要“英语学习者”(English Learner)服务，而不会用于移民事务或上报至移民当局。

学生姓名： _____

年级： _____ 年龄： _____ 出生日期： _____

1. 不考虑贵子女(学生)所说语言，家里主要使用哪种语言？ _____
2. 学生最先习得哪种语言？ _____
3. 学生最常说哪种语言？ _____
4. 家中成人最常说哪种语言？ _____
5. 学校发出书面通知给您时，您最希望学校使用哪种语言？ _____
6. 学校发出口头通知给您时，您最希望学校使用哪种语言？ _____

家长签名： _____

日期： _____

汉普顿市立学校非歧视原则声明

汉普顿市立学校在课程和活动安排中不会因种族、肤色、国籍、性别、残疾状况、年龄或其他受保护类别而歧视任何人士，且童子军以及其他指定青年组织将面向所有人群平等公开地招纳成员。我们已指定以下人士负责处理非歧视政策的相关问题：

Robbin G. Ruth, 人力资源执行董事
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 7th 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 7th grade. The final dose should be administered prior to entering 12th grade.

Human Papillomavirus (HPV) Vaccine - Effective July 1, 2021, a complete series of 2 doses of HPV vaccine is required for students entering the 7th grade. The first dose shall be administered before the child enters the 7th 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



学校与日托最低免疫要求

应提供文件证明，证明在公立或私立小学、中学或中学、幼儿托管中心、幼儿园、家庭日托之家或发展中心就读的学生，已接种如下所示规定剂数的疫苗，获得合适的适龄疫苗接种。必须根据疾病控制和预防中心、美国儿科学会和美国家庭医生学会的统一时间安排接种疫苗，且必须按照各剂接种时间间隔以及对年龄的要求接种（可在 <https://www.vdh.virginia.gov/immunization/immunization-manual/acip/> 获得相关信息）。**根据当前统一的时间安排或统一的补打疫苗时间安排（包括满足所有最低年龄和时间间隔要求）进行了疫苗接种的儿童，才能被认为达到了适合上学的免疫接种。（参阅“学校要求接种疫苗的补充指南”了解更多信息。）**

白喉、破伤风和百日咳 (DTaP、DTP 或 Tdap) - 至少 4 次适当间隔剂量。满四岁或刚满四岁的儿童至少必须接种一剂 DTaP 或 DTP 疫苗。因医学问题而免除接种百日咳组分疫苗 (DTaP 或 DTP) 的儿童，须接种 DT (白喉、破伤风) 疫苗。不符合接种破伤风和白喉最低要求的 7 岁及以上儿童需要接种成人 Td。所有进入 7 年级的儿童都需要接种有效的加强剂量 Tdap 疫苗。

脑膜炎球菌结合 (MenACWY) 疫苗 - 自 2021 年 7 月 1 日起生效，至少接种 2 剂 MenACWY 疫苗。在进入 7 年级之前应打第一针。在进入 12 年级之前应打最后一针。

人乳头瘤病毒 (HPV) 疫苗 - 自 2021 年 7 月 1 日起生效，进入 7 年级的学生须接种完整的 2 剂 HPV 疫苗。儿童进入 7 年级之前应打第一针。审查过卫生委员会批准的教育材料后，父母或监护人可自行决定为孩子选择不接种 HPV 疫苗。

乙型肝炎疫苗 - 所有儿童都须接种完整的 3 剂适当间隔的乙型肝炎疫苗。然而，FDA 已批准 只 适合 11-15 岁青少年且 仅在使用默克牌 (RECOMBIVAX HB) 成人配方乙型肝炎疫苗 时的 2 剂型时间安排。若 11-15 岁的青少年使用 2 剂型疫苗接种，则必须在学校表格上明确记录接种情况。

麻疹、腮腺炎和风疹 (MMR) 疫苗 - 至少接种 2 剂麻疹、2 剂腮腺炎和 1 剂风疹疫苗。（大多数儿童每种疫苗都接种 2 剂，因为通常接种的疫苗是 MMR 联合疫苗）。必须在 12 个月或以上时打第一针。必须在进入幼儿园之前打第二针，但可以在最小间隔之后、第 1 针和第 2 针之间的任何时间打。

流感嗜血杆菌 b 型 (Hib) 疫苗 - 本疫苗仅要求 60 个月以下儿童接种。初次疫苗包括 2 或 3 剂（具体取决于制造商）。但是，由儿童的当前年龄决定需要的剂数，而不是先前接受的剂数。年龄在 15 至 60 个月之间、未接种疫苗的儿童只须接种一剂疫苗。

肺炎球菌 (PCV) 疫苗 - 本疫苗仅要求 60 个月以下的儿童接种。需要接种 1 至 4 剂肺炎球菌结合疫苗，具体取决于首剂接种的年龄。

轮状病毒疫苗 - 本疫苗仅要求 8 个月以下的儿童接种。自 2021 年 7 月 1 日起，要求接种 2 剂或 3 剂轮状病毒疫苗（具体取决于制造商）。

脊髓灰质炎 (IPV) 疫苗 - 至少接种 4 剂脊髓灰质炎疫苗。在满四岁时或之后必须打一针。参阅补充指导文件，了解更多信息。

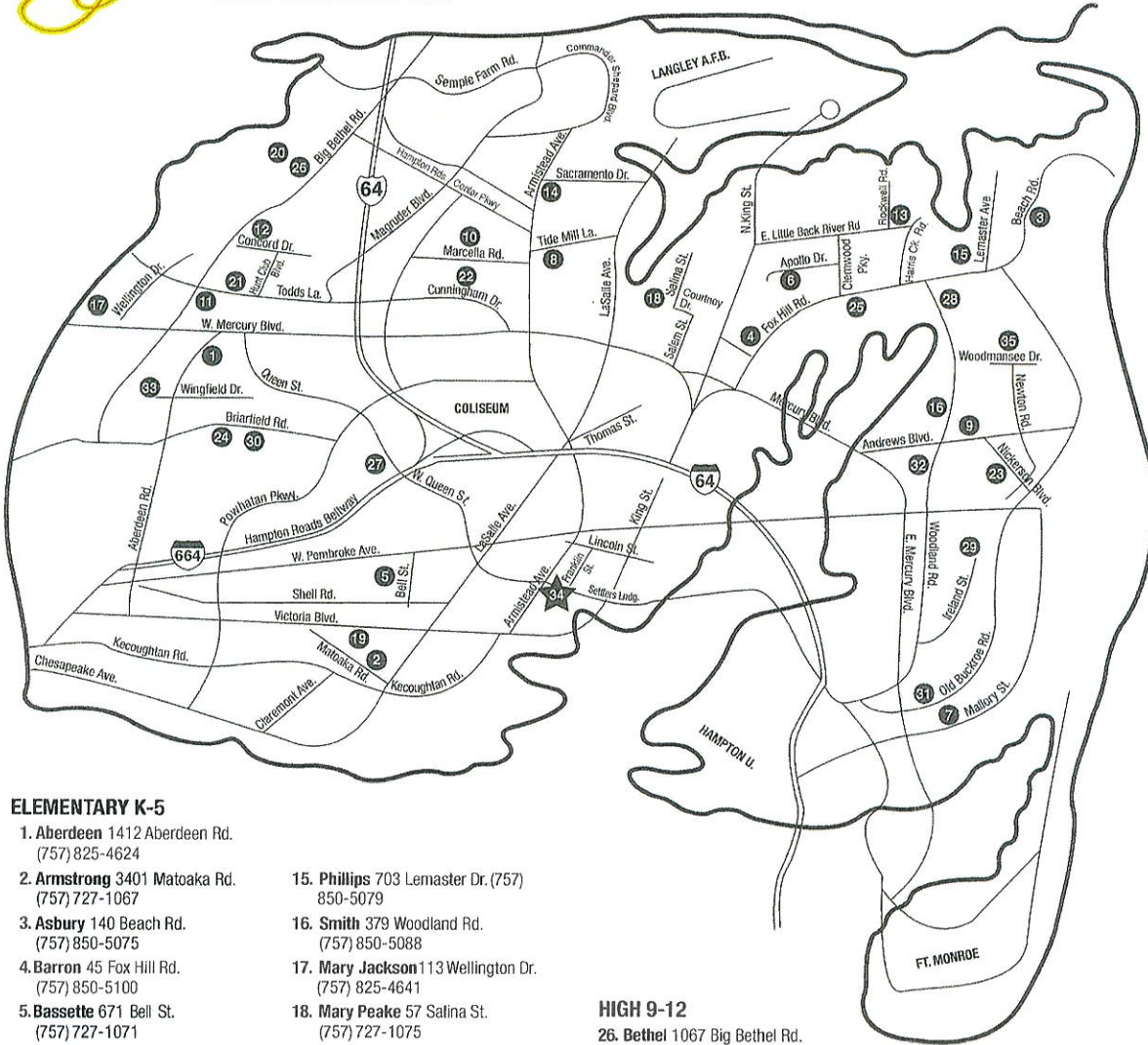
水痘 (Chickenpox) 疫苗 - 要求 1997 年 1 月 1 日及之后出生的所有儿童都必须在满 12 个月或更大时打一针水痘疫苗。自 2010 年 3 月 3 日起生效，必须在进入幼儿园之前打第二针，但可以在最小间隔之后、第 1 针和第 2 针之间的任何时间打。

甲型肝炎 (HAV) 疫苗 - 自 2021 年 7 月 1 日起生效，至少接种 2 剂甲型肝炎疫苗。应在满 12 个月或更大时打第一针。

如需更多信息，请致电 1-800-568-1929（仅在本州）或 804-864-8055 联系免疫接种部门。



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

PreK-8

- 19. **Andrews** 3120 Victoria Blvd. (757) 268-3333
- 20. **Phenix** 1061 Big Bethel Rd. (757) 268-3500

MIDDLE 6-8

- 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

HIGH 9-12

- 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

SPECIAL PROGRAMS & ADMINISTRATIVE OFFICES

- 30. **Adult and Alternative Learning Center** 1646 Briarfield Rd. (757) 727-1327
- 31. **Moton Early Childhood Center** 339 Old Buckroe Rd. (757) 727-1061
- 32. **Kigore Gifted Center** 339 Woodland Rd. (757) 850-5032
- 33. **Patriot Operations Center** 1589 Wingfield Dr.

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





2022-2023年 日历表

八月

- 8月8日-11日、15日-16日新教师安排 (根据分配)
- 8月17日-19日、22日-25日岗前培训日*
- 8月26日教师无需报到
- 8月29日开学第一天-全体学生报到

九月

- 9月2日学校和办公室关闭
- 9月5日劳动节 (学校和办公室关闭)

十月

- 10月4日进度报告
- 10月7日早退日*

十一月

- 11月7日第一学季结束
.....提前放学*
- 11月8日选举日/职业培训日
(学生无需报到)
- 11月15日报告单
- 11月23日-25日感恩节 (学校和办公室关闭)

十二月

- 12月13日进度报告
- 12月16日提前关闭*
- 12月19日-30日寒假 (学校和办公室关闭)

一月

- 1月2日学校和办公室关闭
- 1月16日马丁·路德·金纪念日
(学校和办公室关闭)
- 1月23日-26日高中考试安排
- 1月26日第一学期结束
- 1月27日教师自由工作日
(学生无需报到)
- 1月30日地区职业培训日
(学生无需报到)
- 1月31日第二学期开始

二月

- 2月7日报告单
- 2月17日提前放学*
- 2月20日总统纪念日 (学校和办公室关闭)

三月

- 3月2日进度报告
- 3月3日提前离校*
- 3月31日第三学季结束

四月

- 4月3日-7日春假 (仅12个月的教职工报到)
- 4月17日报告单

五月

- 5月10日进度报告
- 5月26日提前关闭*
- 5月29日纪念日 (学校和办公室关闭)

六月

- 6月7日-9日、12日提前放学*
高中考试安排
- 6月12日学生的最后一天
- 6月13日教师工作日
- 6月15日PHS 毕业典礼, 晚上7点
- 6月16日KHS 毕业典礼, 晚上7点
- 6月17日BHS 毕业典礼, 早上9点
HHS 毕业典礼, 下午1点半

* 岗前培训日 - 包括 .5 天校长 mtg/.5 天 SLP/1 天全部门 PD/.5 天教培/4.5 天教师自由工作时间。

* 提前放学 - 仅限小学/初中-正常放学时间前 2 小时-教师的自由工作时间/学校教职工留校进行 180 天的职业培训。

* 提前关闭 - 正常放学时间前 2 小时-限学生和教职工 (全部门)。

* 提前离校 - ES、MS、HS 学生提前 2 小时离校; 下午 PD 的全体教职工的正常工作时间。

恶劣天气 - 此日历表包括针对恶劣天气设定的“学生在家教学日” (banked student instructional day)。日历中不包含的天数由学监酌情处理。