

2016-2017 REGISTRATION PACKET FOR NEW STUDENTS

SALEM HIGH SCHOOL
400 SPARTAN DRIVE
SALEM, VA 24153

Telephone: 540/387-2437 FAX: 540/387-2439

Counselors: Mr. Barrett - last Name A - E
Dr. Snow - last Name F - J
Ms. Meredith (Director) - last Name K - Q
Mrs. Parrish - last Name R - Z

Guidance Secretary/Registrar: Mrs. Tammy Chitwood

New Students Must Have:

- _____ 1. Birth Certificate (**REQUIRED**) - this can no longer be obtained from other schools
- _____ 2. Social Security Number
- _____ 3. Record of Medical Shots
 - last DPT/TD must be after age 4
 - last Polio must be after age 4
 - 2 MMR (Measles, mumps, rubella)
 - Hepatitis B - students entering 6th grade after July 1, 2001 must have three doses of Hepatitis B
- _____ 4. Unofficial transcript from last school and last report card (**REQUIRED**)
- _____ 5. Custody papers if applicable
- _____ 6. IEP or 504 if applicable
- _____ 7. Checkout/Withdrawal sheet from last school - N/A for summer(**REQUIRED**)
- _____ 8. Verification of Residency form and documents (**REQUIRED**)

*******Registration is by appointment only!*******