

**STUDENT REGISTRATION FORM** (Rev 8/15)

School Year \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**STUDENT INFORMATION**

Full Legal Name \_\_\_\_\_ / \_\_\_\_\_  
*Last First Middle Nickname*

Student's Address \_\_\_\_\_  
*Street City Zip*

Home phone (\_\_\_\_) \_\_\_\_\_ Neighborhood/Area: \_\_\_\_\_

Language spoken: by student \_\_\_\_\_ by parent/guardian \_\_\_\_\_ at home \_\_\_\_\_

Will the student ride a CCPS bus to and from school?  Yes  No Will the student drive?  Yes  No

**BIRTH RECORD** (A certified birth record or affidavit is required for registration – ethnicity/race required for state reports)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Birth Certificate # \_\_\_\_\_

Place of Birth \_\_\_\_\_  
*City State Country*

Student's ethnicity: choose **one**

Student's race: choose **all** that apply

Hispanic/Latino

American Indian or Alaskan Native

Asian

Not Hispanic/Latino

Black or African American

White

Native Hawaiian or Other Pacific Islander

**ENROLLING**

Name \_\_\_\_\_

**PARENT:** *Last First Middle Initial Suffix*

Relationship:  Mother  Father  Legal Guardian \_\_\_\_\_  Foster Parent  Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Parent Email \_\_\_\_\_ Employer: \_\_\_\_\_

**Custody:**

**Student lives with:**

**Contact Allowed:**

**Release to:**

**Educational Rights:**

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

**STUDENT REGISTRATION FORM**

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

**OTHER PARENT:** Name \_\_\_\_\_  
 \_\_\_\_\_  
*Last First Middle Initial Suffix*

Relationship:  Mother  Father  Legal Guardian \_\_\_\_\_  Foster Parent  Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Parent Email \_\_\_\_\_ Employer: \_\_\_\_\_

**Custody:** Yes  No     **Student lives with:** Yes  No     **Contact Allowed:** Yes  No     **Release to:** Yes  No     **Educational Rights:** Yes  No

**OTHER PARENT:** Name \_\_\_\_\_  
 \_\_\_\_\_  
*Last First Middle Initial Suffix*

Relationship:  Mother  Father  Legal Guardian \_\_\_\_\_  Foster Parent  Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Parent Email \_\_\_\_\_ Employer: \_\_\_\_\_

**Custody:** Yes  No     **Student lives with:** Yes  No     **Contact Allowed:** Yes  No     **Release to:** Yes  No     **Educational Rights:** Yes  No

**COURT ORDER INFORMATION** Does your student have court restrictions regarding a parent/legal guardian contact?  Yes  No  
 If yes, copy of court documents provided?  Yes  No

Date of Order \_\_\_\_\_ Court Order Type \_\_\_\_\_ Order Locality \_\_\_\_\_

*(Student educational records and/or student will be released to parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Enrolling parent/legal guardian is responsible for providing current copies of all court orders.)*

**EMERGENCY CONTACTS:** *(Permission to release student to those listed here)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

**STUDENT REGISTRATION FORM**

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

**Uniformed Services Connected Student** (means a student enrolled in a public school whose parent is serving in either (i) the active component of the U.S. Army, Navy, Air Force, Marine, Corps, Coast Guard, National Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services or (ii) the reserve component of the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard.)

Enrolling parent: is active in uniformed services?  Yes  No If yes, Branch \_\_\_\_\_

Enrolling parent: lives on federal property?  Yes  No If yes, site \_\_\_\_\_

Enrolling parent: employed on federal property?  Yes  No If yes, site \_\_\_\_\_

Other parent: is active in uniformed services?  Yes  No If yes, Branch \_\_\_\_\_

Other parent: lives on federal property?  Yes  No If yes, site \_\_\_\_\_

Other parent: employed on federal property?  Yes  No If yes, site \_\_\_\_\_

**SCHOOLING EXPERIENCE**

Month/Year entered school in Virginia \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Month/Year entered school in U.S. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Enrolled in Charles City Public Schools before?  Yes  No If yes, when? \_\_\_\_\_

Transferring from: School Name \_\_\_\_\_ Division Name \_\_\_\_\_

Last grade level successfully completed at previous school \_\_\_\_\_ First time in 9<sup>th</sup> grade (school year) \_\_\_\_\_

Has the student ever been retained?  Yes  No If yes, at which grade level? \_\_\_\_\_

Does the student have an active 504 plan?  Yes  No (If yes, please provide copy of 504)

Does the student have an active IEP plan?  Yes  No (If yes, please provide copy of IEP)

Did the student receive English language support services (ELL)?  Yes  No (If yes, please provide copy of LEP plan)

Was the student identified as gifted/talented program?  Yes  No (If yes, please provide copy of the paperwork)

Other individuals residing in the same household who currently attend Charles City County Public Schools?

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Elementary School Students Only:** What type of prekindergarten learning experience has your child had?

- HeadStart
- Private Provider
- Title I Pre-K
- VA Preschool Initiative
- Special Education Facility
- Other \_\_\_\_\_
- No Formal instructional PK program
- Licensed Family Home Daycare Provide

For any type of program checked above, indicate the number of hours weekly:  0-14  15-29  30 or more

**SCHOOL DISCIPLINE\***

In compliance with § 22.1-3.2 of the Code of Virginia as amended 2006, as evidenced by my initials below and signature at the end of this form, I swear/affirm that

- 1. I/we are the parent/s, guardian/s, or person/s having lawful custody and charge of the student named above (including social service representatives) who we seek to enroll as a student in the Charles City County School Division. *(Initial)* \_\_\_\_\_
- 2. The student named above is  not currently or  has been long term suspended or expelled from school attendance at a private school or in a public school division in the Commonwealth of VA or in another state for an offense in violation of the policies of such private school or public school division relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.
- 3. The child named above  does or  does not have any current charges pending.

Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

***\*Any person making a false statement shall be guilty upon conviction of a class 3 misdemeanor.***

**RESIDENCE VERIFICATION**

All verifications are subject to district approval. Parent/Legal Guardian must provide two (2) forms of verification in order to enroll a student. Please complete the sections applicable to your situation including one (1) each from Section A and B. Falsification on this form will be grounds for dis-enrolling the student.

Section A: Present one of the following in the Parent(s)/Guardian(s) name for residence verification.

- Utility Company Statement
- Bank Statement
- Auto/Homeowner/Rental Insurance Policy

Section B-1: If you are buying or own the home in which you live, please present one of the following:

- Property Tax Bill
- Close of Escrow Verification (with name/address)
- Mortgage Verification (with name/address)

Section B-2: If you are renting, leasing, or assigned to your residence, please present a lease/rental agreement or a military housing letter on official stationery signed by your apartment manager/landlord or base housing manager.

If you are not renting, leasing, buying/own or militarily assigned to a home in this district, please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval of School Official \_\_\_\_\_  
Signature

***Virginia Law makes an intentional false statement concerning a child’s residence a criminal offense (§ 22.1 - 264.1 of the Code of Virginia). By my signature, I verify that all information on this form is correct.***

Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT REGISTRATION FORM**

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

**SPECIAL CIRCUMSTANCES** (please check all that apply)

Is your student:  an immigrant  a refugee  migrant

**Immigrant Children** – aged 3 through 21; were not born in the U.S.; have not attended school in the U.S. for more than three (3) full academic years  
**Refugee Children** – is outside his/her country and unable to return due to well-founded fear of persecution (not displaced by natural disaster)  
**Migrant** - is or whose parent is a migratory agricultural worker; has moved from one school district to another

Is the student in foster Care?  Yes  No If yes, name of placing agency \_\_\_\_\_

Does the student reside in a group home?  Yes  No If yes, name of group home \_\_\_\_\_

Social Worker's Name: \_\_\_\_\_ Social Worker's Number: \_\_\_\_\_

Presently, are you and/or your family living in any of the following situations? (check all that apply)

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- Waiting for foster care placement
- Sharing the housing of others due to loss of housing, economic hardship or similar reason
- Living in a car, park, campground, abandoned building, or other accommodation
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- Living alone as a minor student without an adult (unaccompanied youth)
- Moving from place to place

Name of motel/shelter/general area of current residence \_\_\_\_\_

**STUDENT HEALTH INFORMATION** Please contact the school nurse, if student will need health related accommodations or if you have any questions.

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Medication taken regularly by student \_\_\_\_\_  
*Prescription medicines require physician's orders. Forms for medication are available in the school clinic.*

Allergies \_\_\_\_\_

Does your child have any of the following medical conditions? If yes, please request special medical forms for the school clinic.

- Asthma  Severe Allergies requiring an EpiPen  Diabetes  Seizures  Other \_\_\_\_\_

Any physical or medical problems about which the school should know: \_\_\_\_\_  
*If any are listed, the Parent/Guardian should write comments and suggestions on a separate piece of paper and attach to this form.*

- **If the school is unable to contact parent/legal guardian, I give permission for the school to contact my child's physician for clarification of any medical needs.**
- **I give school authorities permission, in an emergency, to secure necessary aid and transportation for the preservation of my child's health, at my expense.**

Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

<b>For School Personnel Only</b>	<b>For School Personnel Only</b>	<b>For School Personnel Only</b>
Responsible School _____	Birth Certificate _____ or Notarized Affidavit _____	Proof of Residency Provided _____ Date _____
Serving School _____	Medical Information _____ Immunization _____ Physical _____	Deed _____ Current Signed Lease _____
Program Code: _____ Waiver Status: _____	School Experience Paperwork _____ Given to SBO _____	Other _____
Bus # _____ Entry Code _____ Date _____	Primary Language not English Referral to SBO _____	Residency Review Status: <input type="checkbox"/> 30 day <input type="checkbox"/> 60 day
Impact Aid Code _____ Custody Papers _____	Special Circumstances Referral to SBO Social Worker _____	<input type="checkbox"/> 90 day <input type="checkbox"/> Annual
School Personnel Initials _____	School Personnel Initials _____	School Personnel Initials _____