

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 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

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 9th 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 _____

For School Personnel Only	For School Personnel Only	For School Personnel Only
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 _____