



WELCOME TO
GLOUCESTER COUNTY PUBLIC SCHOOLS

Student Registration Form

School's Name: _____

FOR OFFICE USE ONLY	
Student ID#	_____
Entry Date:	_____
YOG:	_____
Entry Code: _____	PK Code _____ PK Time _____
Homeroom #:	_____
Counselor/Teacher	_____
Team:	_____
Bus #:	_____

PLEASE PRINT ALL INFORMATION

Are you a resident of Gloucester County? Yes No Items accepted as proof of residency: lease/deed and current utility bill

Has your student ever attended a Gloucester County Public School? Yes No If yes, which school did your child attend?

Abington Achilles Bethel Botetourt Petsworth T. C. Walker Page Middle Peasley Middle High School

Student's Legal Name: _____
LAST FIRST MIDDLE NICKNAME

Gender: Male Female

Student's Ethnicity: SEE ATTACHED FORM

Student's Birth Date: ____/____/____ Place of Birth: _____ Birth Certificate # _____

Student's Grade Level: _____ If kindergarten, did your child have any pre-kindergarten education? Yes No
If yes, please provide brief description (i.e., licensed daycare provider, head start) _____

Language(s) spoken by student: English Spanish French Russian Chinese Tagalog Vietnamese Other _____

Language(s) spoken at home: English Spanish French Russian Chinese Tagalog Vietnamese Other _____
(If a language other than English is selected, please complete the attached Language Survey Form)

Student's Mailing Address: _____

Student's 911 Address-required: _____
(if different than mailing): Number Street Name City Zip Code

Student's Home Phone Number: _____

Does your child currently receive special services? YES NO If yes, please check all that apply:
 Speech Special Education 504 Gifted ESL Occupational Therapy/Physical Therapy Other _____

Is the student connected to the military? Yes No If yes, please check the appropriate box listed below:

Active Duty – the student is a dependent of a member of the active duty forces (full time) (Army, Air Force, Coast Guard, Marine Corps, Navy)

National Guard or Reserves – the student is a dependent of a member of the National Guard or Reserve Forces (Army, Air Force, Coast Guard, Marine Corps, Navy)

Student <u>Resides With:</u> <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Guardian/Custodian <input type="checkbox"/> Other _____	
Name: _____ Address (if different from student): _____ _____ Place of Employment: _____ Work Phone #: _____ Cell Phone #: _____ Email address: _____	Name: _____ Address (if different from student): _____ _____ Place of Employment: _____ Work Phone #: _____ Cell Phone #: _____ Email address: _____
If the student is NOT residing with BOTH biological/adoptive parents, please list other parent's information (i.e., name, address, etc.) 	

***EMERGENCY CONTACT INFORMATION
OTHER THAN PARENT***

(Our schools attempt to contact the parent/guardian first – the following information is for OTHER than parent/guardian)

Contact Person 1: _____ Phone #: _____ Relationship to Student: _____

Contact Person 2: _____ Phone #: _____ Relationship to Student: _____

Contact Person 3: _____ Phone #: _____ Relationship to Student: _____

GLOUCESTER COUNTY PUBLIC SCHOOLS

Name of School
Address of School
Principal of School
Phone number of School
Fax number of School

Last School Attended:

Name _____

Mailing address: _____

Phone #: _____ Fax#: _____

Name of Student _____ **Date of Birth** _____ **Grade** _____

By signing below I authorize the release of all scholastic records to include the following:

- Health, including immunization record
- Discipline
- Special Education
- 504
- Gifted
- Virginia SOL scores
- Virginia State Testing ID Number
- any other pertinent records

to Gloucester County Public Schools. I have willfully and knowingly provided the correct information. I will provide Gloucester County Public Schools any new information concerning my child as it occurs.

Before enrolling your child in Gloucester County Public Schools, you must provide the following:

- _____ Proof of Residency (notarized lease or deed or mortgage statement **AND** current utility bill)
- _____ Original Birth Certificate
- _____ Updated Immunization Record
- _____ Physical Exam Report
- _____ Transcript From Former School -can be unofficial (HIGH SCHOOL ONLY)
- _____ IEP and/or 504 (if applicable)
- _____ Legal Papers Referencing Student (if applicable)

Parent/Legal Guardian Signature

Date

No student can be prevented from participation in any program solely because of his/her race, color, national origin, sex, age, religion or disability. A procedure for resolving complaints alleging discrimination on the basis of race, color, national origin, gender, age, religion, or disability may be found in the manual for Policies and Regulations of the Gloucester County Public Schools. The Section 504 and Title IX Coordinator for the Gloucester County Public Schools is Mr. Bryan Hartley, Section 504 and Title IX Coordinator - Gloucester County Public Schools – 6099 T. C. Walker Road – Gloucester, VA 23061 – (804) 693-7856.

STUDENT REGISTRATION FORM (continued)

New Federal legislation, the No Child Left Behind Act, requires that all school divisions report student information regarding the areas listed below. Please read each statement, or have the registrar read the statements for you, and answer each question as requested.

Your child is considered to be Neglected/Delinquent if one of the following is true:

In order to be eligible to be counted as neglected/delinquent, a child age 5 through 17 must live in an “institution for neglected children and youth,” which means a public or private residential facility, other than a foster home, that is operated primarily for the care of children and youth who (a) have been committed to the institution or voluntarily placed in the institution under applicable State law due to abandonment, neglect, or death of their parents or guardians; and (b) have had an average length of stay in the institution of at least 30 days;

OR

Must live in an “institution for delinquent children and youth,” which means a public or private residential facility that is operated for the care of children and youth who (a) have been adjudicated to be delinquent or in need of supervision and (b) have had an average length of stay in the institution of at least 30 days.

Is your child Neglected/Delinquent? Yes _____ No _____

Your child is considered to be Homeless if one of the following is true:

- 1) Shares the housing of others due to loss of housing, economic hardship or similar reason;
- 2) Lives in motels, hotels, trailer parks or camping grounds due to lack of alternative adequate accommodations;
- 3) Lives in emergency or transitional shelters;
- 4) Abandoned in hospitals;
- 5) Awaits foster care placement;
- 6) Has a primary residence that is a public place or a place not designed for or ordinarily used as regular accommodation;
- 7) Lives in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings.

Is your child Homeless? Yes _____ No _____ If yes, which item above applies to your situation? _____

Your child is considered to be a Migratory Child if one of the following is true:

The term “migratory child” means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker, or a migratory fisher, and who, in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain temporary or season employment in agricultural or fishing work:

- (a) has moved from one school district to another;
- (b) in a State that is comprised of a single school district, has moved from one administrative area to another within such district; or
- (c) resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Is your child a Migratory Child? Yes _____ No _____

Name of Student: _____

Your child is considered to be a refugee if the following is true:

An individual who is outside his/her country and is unable or unwilling to return to that country because of a well-founded fear that she/he will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group. This does not include persons displaced by natural disasters or persons who, although displaced, have not crossed an international border or persons commonly known as “economic migrants,” whose primary reason for flight has been a desire for personal betterment rather than persecution.

Is your child a Refugee? Yes_____ No_____

Your child is considered to be an Immigrant if ALL of the following are true:

The term “immigrant children and youth” means individuals who:

- (a) are aged 3 through 21;
- (b) were not born in any State; and
- (c) have not been attending one or more schools in any one or more States for more than 3 full academic years.

Is your child an Immigrant? Yes_____ No_____

I have willfully and knowingly provided you with the correct information. I will provide you any new information concerning my child as it occurs.

Parent/Legal Guardian Signature

Date

No student can be prevented from participation in any program solely because of his/her race, color, national origin, gender, age, religion, or disability. A procedure for resolving complaints alleging discrimination on the basis of race, color, national origin, gender, age religion, or disability may be found in the manual for Policies and Regulations of the Gloucester County Public Schools. The Section 504 and Title IX Coordinator for the Gloucester County Public Schools is: Mr. Bryan Hartley, Coordinator – Section 504 and Title IX – Gloucester County Public Schools – 6099 T. C. Walker Road – Gloucester, VA 23061 – (804) 693-7856. Last updated 7-9-14

Gloucester County Public Schools

School Name will go here

Federal Ethnicity and Race

(Please Print)

Student Name: _____ Grade Level: _____
Last First Middle

Ethnicity:

Is the student **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race?

- Yes
- No

Race:

What is the student's race? Please select all that apply.

- American Indian or Alaska Native**: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American**: A person having origins in any of the Black racial groups of Africa.
- White**: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or Other Pacific Islander**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Parent/Guardian Signature

DATE