

# Student Registration/Emergency Data Form

Basic Student Enrollment Information

**Student's Full Legal Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Pupil No.** \_\_\_\_\_

(Legal Last)

(Legal First)

(Legal Middle)

Suffix \_\_\_\_\_

Preferred First \_\_\_\_\_

Gender  Male  Female

Office use only

Office use only

**Birth Date** \_\_\_\_\_ **Proof of Age** \_\_\_\_\_ **Birth Cert. #** \_\_\_\_\_

(MM-DD-YYYY)

BC# verified on previous enrollment

Country of birth \_\_\_\_\_ State of birth \_\_\_\_\_ City of birth \_\_\_\_\_

**Ethnic Group and Race Categories:** The US Department of Education requires that **both** these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are **required** to make selections for both.

Is the student Hispanic or Latino? (Choose only one)

No, not Hispanic or Latino

Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

What is the student's race? (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 tribal affiliation or community attachments.)
- 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.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Ethnicity/Race Selected by School

**Pre-School Experience** (Elem. Only)

Make your selection below:

Identify the current or most recent PK program (please circle):

- |                                     |   |
|-------------------------------------|---|
| Coordinated Pre-K Classroom         | Government – Tuition Charged                |
| Virginia Preschool Initiative (VPI) | Private Provider                            |
| Title I Pre-Kindergarten            | Licensed Family Home Daycare Provider       |
| Head Start                          | No Formal or Institutional Daycare Provider |
| Coordinated Special Education       | Other                                       |
| Special Education Only              | No PreK (Pre-School) Program                |

Circle the time spent each week in the program:

- Less than 15 hours per week
- 15 hours or more but less than 30 hours per week
- 30 or more hours per week

**Primary Contact Information - (Primary Parent/Legal Guardian Living in Household)**

Relationship to student \_\_\_\_\_

Legal Guardian (court appointed?)  Yes  No (If so, original court documents must be provided to the enrolling school.)

(Primary Contact Legal Last)

(Primary Contact Legal First)

(Primary Contact Middle)

**House/Street #** \_\_\_\_\_ **Street Name** \_\_\_\_\_

**Apt. #** \_\_\_\_\_ **Dwelling Type** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Proof of Address** \_\_\_\_\_

Office use only

Alternate mailing address (Only a PO Box is acceptable) \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Home # \_\_\_\_\_ Emergency # \_\_\_\_\_

Primary E-mail address \_\_\_\_\_

**Additional Contact Information - (Additional Parent/Legal Guardian)**

Relationship to student \_\_\_\_\_ Lives with?  Yes  No

Legal Guardian (court appointed?)  Yes  No (If so, original court documents must be provided to the enrolling school.)

\_\_\_\_\_  
(Legal Last) (Legal First) (Legal Middle Initial)

House/Street # \_\_\_\_\_ Street Name \_\_\_\_\_

Apt. # \_\_\_\_\_ Complex/Subdivision \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Can pick up student?  Yes  No

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Home # \_\_\_\_\_ Emergency # \_\_\_\_\_

Primary E-mail address \_\_\_\_\_



**Court Order Information**

Does your child have court restrictions regarding a parent/legal guardian contact?  Yes  No

(Please provide copy of court documents.)

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.*

**Additional Contact Information – (List in Priority Call Order)**

1.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Can pick up student?  Yes  No

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

2.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Can pick up student?  Yes  No

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

3.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Can pick up student?  Yes  No

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

4.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Can pick up student?  Yes  No

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

5.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Can pick up student?  Yes  No

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

**Primary Language Spoken**

What is the first (**Primary**) language the student learned to speak? \_\_\_\_\_

What language does the student most often speak at home (**Home Language**)? \_\_\_\_\_

What language do other household members most often speak at home? \_\_\_\_\_

**If any language other than English, complete a primary home language survey form (ESL 6/30/08).  
Follow the ESL Welcome Center procedures in your Student Recordkeeper’s Manual.  
(ESL Welcome Center - Fax 757- 597-2877)**

Is the student a U. S. citizen?  Yes  No

**General Enrollment Information**

**School Divisions are required to collect information on the following categories of people. This information is used in conjunction with the federal “No Child Left Behind Act” and will help our school division provide important services to children and families who may have special needs.**

- Is the student an *immigrant*?  Yes  No  
*Immigrant* - Individuals who are aged 3 through 21; were not born in any State; and have not been attending one or more schools in any one or more States for more than three (3) full academic years.
- Is the student a *refugee*?  Yes  No  
*Refugee* – 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 definition excludes persons displaced by natural disasters or persons who, although displaced, have not crossed an international border. Also excluded are persons commonly known as “economic migrants,” whose primary reason for flight has been a desire for personal betterment rather than persecution per se. Specifically, the U. S. Immigration and Naturalization Service has issued to refugees an I-94 card that is stamped “Refugee” and which contains an alien number.
- Does the student reside in a foster home?  Yes  No *(If yes, please provide supporting data.)*
- Is the student *homeless or an unaccompanied youth*?  Yes  No  
*Homeless* – The term “homeless children and youth” (A) means individuals who lack a fixed, regular, and adequate nighttime residence...; and (B) includes (i) children and youths who are sharing housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings... (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar setting; and (iv) migratory children who qualify as homeless for the purposes of the subtitle because the children are living in circumstances described in clauses (i) through (iii).
- Is the student a *migrant*?  Yes  No  
*Migrant* – A ‘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 seasonal 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.

**Privacy Status – Release of Information**

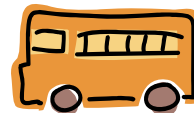
- I understand information that is classified as “directory information” may be disclosed under the guidelines explained in the Annual Notice to Students/Parents regarding student educational records and directory information located in the Rights and Responsibilities Handbook published each school year and in accordance with state and federal law, and that I may prevent disclosure of such information by providing written notice to the school.

\_\_\_\_\_ Parent/Legal Guardian Initials

**Physical Education Participation Acknowledgement**

- Please check one of the following statements in regard to your child’s participation in the physical education program offered in the public schools:  
 \_\_\_\_\_ To the best of my knowledge, my child has **NO PHYSICAL CONDITIONS** which prevent him/her from participating in the physical education program offered in the Newport News Public Schools.  
 \_\_\_\_\_ My child is **NOT ABLE TO PARTICIPATE** in the regular physical education program and requires activity modifications. A **Doctor’s Physical Education Modified Program Form**, available at all schools, must be filled out by a family physician and returned to the school before modifications can begin.

**Transportation/Day Care Information**



Will the student ride a **NNPS Bus**?  Yes  No **AM/PM or Both** (Circle One)

Other Transportation – **AM Pick-up** \_\_\_\_\_ **PM Drop-off** \_\_\_\_\_

Day Care Provider (If applicable)? \_\_\_\_\_

Before School  Yes  No After School  Yes  No Day Care Provider's Phone # \_\_\_\_\_

**Student Miscellaneous Information**

In order to assist Newport News Public Schools in complying with certain state/federal regulations regarding instructional programs, please complete the following:

**Affirmation for Prior Expulsion**

Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor. The registration document shall be maintained as a part of the student's scholastic record. (Code of Virginia 22.1 – 3.2)

**PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW**

My child, \_\_\_\_\_ (circle one) **HAS or HAS NOT** been expelled or long term suspended from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

▶ \_\_\_\_\_  
**Parent, Legal Guardian or Person having control or charge of child**

**Prior School District Information** (Last school district attended other than Newport News Public Schools - NNPS)

District \_\_\_\_\_ Name of School Attended \_\_\_\_\_

School Address \_\_\_\_\_  
(Include Street Address, City, State and Zip Code)

**Previous NNPS Attended** Serving School \_\_\_\_\_

Has the student previously attended a **NN Public School**?  Yes  No

If so, what school? \_\_\_\_\_, what school year? \_\_\_\_\_

Does this student have a current **IEP** (Special Ed.)?  Yes  No (If yes, provide copy of most recent **IEP**)

Does the student have a **504 Plan**?  Yes  No (If yes, provide copy of most recent **504**)

Is your child currently under the care of a physician/doctor for a **Chronic Medical Condition**?  Yes  No

\_\_\_\_\_  
▶ \_\_\_\_\_  
**Date** **Parent, Legal Guardian or Person having control or charge of child**

**I WILL NOTIFY THE SCHOOL WITH ANY CHANGES TO THE INFORMATION ON THIS FORM.**

**Admission Information** (Office Use Only) Date \_\_\_\_\_ HRM # \_\_\_\_\_ Grade \_\_\_\_\_

Serving School \_\_\_\_\_ Responsible School \_\_\_\_\_

Enrollment Code \_\_\_\_\_ Enrollment Reason \_\_\_\_\_

Proof of Immunization  Yes  No Physical Exam  Yes  No Records Requested  Date: \_\_\_\_\_

Code of Conduct  Internet AUP  PE Permission  Directory Info.  Agenda

Enrollment by \_\_\_\_\_ Data Entered by \_\_\_\_\_