



Chesterfield County Public Schools Student Registration Form

Student's Full Legal Name (Exactly as shown on birth certificate) Grade: _____ Student ID# _____

Legal Last Name Legal First Name Legal Middle Name Suffix

Date of birth: _____ Birth Certificate # _____ Gender: Male Female
Month Day Year

Country of Birth _____ State of Birth _____ City of Birth _____

Is the student an Immigrant? Yes If yes entry date in U.S. Schools _____ No

Immigrant – Individuals who are school aged 3 through 21; were not born in any State of the United States of America (including Puerto Rico and D.C.); and have not been attending one or more schools in any one or more States for more than three (3) full academic years.

Primary Language Spoken:

- What is the primary language used in the home, regardless of the language spoken by the student? _____
- What is the language most often spoken by the student? _____
- What is the language that the student first acquired? _____

If Language other than English contact the ESOL Welcome Center

Ethnic Group- 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?

No - Not Hispanic or Latino Yes - Hispanic or Latino

Race:

 Select all that apply

American Indian or Alaska Native Asian Black/African American White Native Hawaiian or Other Pacific Islander

Primary Address of Student/ Enrolling Parent

Relationship: Mother Father Legal Guardian Foster Parent Other _____

Last Name First Name Middle Initial Suffix

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____ Work Number _____

Mailing address (if different from primary address) _____
Address City State Zip

Parent Email Address _____

Contact Allowed: Yes No **Educational Rights:** Yes No **Custody:** Yes No **Student Lives with:** Yes No **Release To:** Yes No
Preferred method of contact: English Spanish

Student Name _____

Other Parent	Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____		
Last Name _____	First Name _____	Middle Initial _____	Suffix _____
Address _____		City _____	State _____ Zip _____
Home Phone Number _____		Cell Number _____	Work Number _____
Email Address _____			
Contact Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No Educational Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Student Lives with: <input type="checkbox"/> Yes <input type="checkbox"/> No Release To: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Other Parent	Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____		
Last Name _____	First Name _____	Middle Initial _____	Suffix _____
Address _____		City _____	State _____ Zip _____
Home Phone Number _____		Cell Number _____	Work Number _____
Email Address _____			
Contact Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No Educational Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Student Lives with: <input type="checkbox"/> Yes <input type="checkbox"/> No Release To: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Other Parent	Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____		
Last Name _____	First Name _____	Middle Initial _____	Suffix _____
Address _____		City _____	State _____ Zip _____
Home Phone Number _____		Cell Phone _____	Work Number _____
Email Address _____			
Contact Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No Educational Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Student Lives with: <input type="checkbox"/> Yes <input type="checkbox"/> No Release To: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Emergency Contact	Relationship: Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other _____		
Last Name _____	First Name _____	Middle Initial _____	
Home Phone Number _____		Cell Number _____	Other Number _____
Permission to Release Student to Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			

Court Order Information		
Does your child have court restrictions regarding a parent/legal guardian contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide copy of court documents)		
Date of Order: _____	Court Order Type: _____	Order Locality: _____
<i>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.</i>		

Student Name _____

Additional Student Information

Special Placement

Is the student in Foster Care? Yes No If yes, name of placing agency: _____

Does the student reside in a group home/foster home? Yes No

Name of Group Home _____

Social Worker's Name: _____ Social Worker's Number: _____

Special Instructional Placement

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

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

Transportation

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

Will the student ride a daycare bus? Yes No Provider Name: _____

Prior School Enrollment

Has the student previously attended Chesterfield County Public Schools? Yes No

CCPS school previously attended: _____ Grade _____

What school division is student transferring from? _____

What school is student transferring from? _____

Grade level at previous school _____ First time in 9th grade? Yes No If no, _____
School year attended

For School Personnel Only

School: _____

Responsible School _____ Serving School _____

Program Code: _____ Waiver Status: _____

Bus # _____ Entry Code _____ Date _____

For School Personnel Only

Birth Certificate
 Notarized Affidavit
Immunization Yes No
Physical Yes No

For School Personnel Only

Proof of Residency Provided Yes No
Date Provided _____

Deed
 Current Signed Lease
Residency Review Status: 30 day 60 day
 90 day Annual

School Personnel Initials _____