



# 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

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<b>Primary Address of Student/ Enrolling Parent</b>	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 _____	
Mailing address (if different from primary address) _____				
Address		City	State	Zip
Parent Email Address _____				
<b>Contact Allowed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Educational Rights:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Custody:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Student Lives with:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Release To:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Preferred method of contact:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish				

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

<b>Other Parent</b>	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 _____			
<b>Contact Allowed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Educational Rights:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Custody:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Student Lives with:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Release To:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Other Parent</b>	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 _____			
<b>Contact Allowed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Educational Rights:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Custody:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Student Lives with:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Release To:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Other Parent</b>	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 _____			
<b>Contact Allowed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Educational Rights:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Custody:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Student Lives with:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Release To:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Emergency Contact</b>	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		

<b>Court Order Information</b>		
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 \_\_\_\_\_

## Student Health Information

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

Hospital Preference:  
\_\_\_\_\_

### Please List:

1. Medication taken regularly by student: \_\_\_\_\_

***Prescription medicines require physician's orders. Forms for medication are available in the school clinic.***

2. Allergies: \_\_\_\_\_

3. 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 \_\_\_\_\_

4. 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.***

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

- **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.**

\_\_\_\_\_  
Signature of Parent, Legal Guardian or Person Having Charge of Student

\_\_\_\_\_  
Date

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 9<sup>th</sup> 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 \_\_\_\_\_