



Stafford County Public Schools Student Registration Form

Student Information

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 Non-Binary
Month Day Year

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

Is the student an immigrant*? No Yes If yes, entry date into U.S School _____

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

The US Department of Education requires that both of the following 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.

Ethnic Group – Is the student Hispanic or Latino? No – Not Hispanic or Latino Yes – Hispanic or Latino

Race – Select all that apply to the student American Indian or Alaska Native Asian Black/African American White
 Native Hawaiian or Other Pacific Islander

Federal regulations require school systems to survey every student at the time of enrollment regarding the student's home language and other languages the student may speak. This form meets the requirements of the Equal Educational Opportunity Act 20 USC 1703 for identification of national origin minority children. Based on this survey, a student may be assessed, as required by federal regulations, for English language proficiency. Depending on the results of the assessment, the student may be found eligible for instruction through the English for Speakers of Other Languages (ESOL) Program. Parents/guardians will be informed about any such eligibility and will have the opportunity to accept or refuse ESOL services. This instruction is free and is offered as part of the student's regular school day.

What is the language that the student first acquired? _____

What is the language most often spoken by the student? _____

What is the primary language used in the home, regardless of the language spoken by the student? _____

Preferred language for communication/written materials _____

If Language other than English, contact the ESOL Welcome Center

We are required by law to ask the following questions to all English Learners (EL) who are aged 8 or older and have a current WIDA composite score of 1.0-2.9. If not applicable to your student, please skip to the next section.

These questions are intended to help us identify EL students who may be in need of additional academic support and/or interventions. The results of this questionnaire will only be shared with the teachers who work directly with your student.

1. Is your child or will your child be eight (8) years old or older by the first day they attend school? Age: _____
2. How many total years of school has your child attended? _____
3. Did your child often have to miss school? If no, skip to question 5. Yes No
4. About how much cumulative time has your child missed school since they started in any country?
 - a. Total Weeks _____
 - b. Total Months _____
 - c. Total Years _____
5. Does your child have a transcript from this previous school(s)? Yes No

Student Name _____

Primary Address of Student/Enrolling Parent

Relationship: Mother Father Legal Guardian Foster Parent Other _____

Last Name _____ First Name _____ Middle _____

Gender: Male Female Non-Binary

Primary/Physical Address:

Street Address _____ City _____ State _____ Zip _____

Mailing address (if different from primary address):

Street Address _____ City _____ State _____ Zip _____

Parent Email Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name _____

Work Address:

Street Address _____ City _____ State _____ Zip _____

Lives With? Yes No

Contact Allowed? Yes No

Custody? Yes No

Release To? Yes No

Preferred Language for Communication: English Spanish Other _____

Other/Additional Parent

Relationship: Mother Father Legal Guardian Foster Parent Other _____

Last Name _____ First Name _____ Middle _____

Gender: Male Female Non-Binary

Primary/Physical Address:

Street Address _____ City _____ State _____ Zip _____

Mailing address (if different from primary address):

Street Address _____ City _____ State _____ Zip _____

Parent Email Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name _____

Work Address:

Street Address _____ City _____ State _____ Zip _____

Lives With? Yes No

Contact Allowed: Yes No

Custody: Yes No

Release To: Yes No

Preferred Language for Communication: English Spanish Other _____

Student Name _____

| | | |
|---|---|--------------|
| Emergency Contact | Relationship: <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other _____ | |
| Last Name _____ | First Name _____ | Middle _____ |
| Home Phone _____ | Cell Phone _____ | Other _____ |
| Permission to Release Student to Emergency Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Language Spoken: | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ | |
| ***** | | |
| Emergency Contact | Relationship: <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other _____ | |
| Last Name _____ | First Name _____ | Middle _____ |
| Home Phone _____ | Cell Phone _____ | Other _____ |
| Permission to Release Student to Emergency Contact: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Language Spoken: | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ | |

Additional Student Information

| |
|--|
| Pre-K Experience (For Kindergarten Students ONLY) |
| Describe your child's pre-kindergarten experience within the year prior to beginning Kindergarten. (Select all that apply) |
| <input type="checkbox"/> Department of Defense Child Development Program – A preschool program operated by the DoD on a military installation |
| <input type="checkbox"/> Family Home Day Care Provider – The student is served by a preschool or child day care provided in home |
| <input type="checkbox"/> Head Start – The preschool classroom for at-risk 4-year-olds is funded by the federal Head Start grant in a community-based organization County/State _____ |
| <input type="checkbox"/> Public Preschool – A preschool program operated in the public school. This would include VPI, VPI+, Title 1, ECSE, and Head Start programs – both in the public school and if the school is the fiscal agent; the locally funded public preschool program County/State _____ |
| <input type="checkbox"/> Private Preschool/Day Care – The student is served by a preschool, child daycare, or other program provided by a private provider. This includes programs for-profit and no-profit providers, including faith-based programs and commercial daycare centers County/State _____ |
| <input type="checkbox"/> No Preschool Experience – The student has not had a formal classroom preschool experience. The student was at home with a parent, family member, caregiver, nanny, etc. |
| How much time per week did your child spend in the above selected setting? |
| <input type="checkbox"/> No time in a formal institutional Pre-K program |
| <input type="checkbox"/> Less than 15 hours per week |
| <input type="checkbox"/> 15 or more, but less than 30 hours per week |
| <input type="checkbox"/> 30 hours or more per week |

Court Order Information

Does your child have court restriction regarding a parent/legal guardian contact? Yes No (If yes, please provide a 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.

Discipline

Has your child ever been suspended, expelled, or dismissed from another school, public or private, in the Commonwealth of Virginia or in another state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person?

Yes No

Is your child presently suspended, expelled, or dismissed for any cause from any school? Yes No

Special Instructional Placement

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

Has the student had an IEP? Yes No If yes, please provide a copy of the IEP

Transportation

Will the student ride a SCPS bus? Yes No

If yes, please select one of the following: Both AM and PM AM Only PM Only

Will the student ride a daycare bus? Yes No If yes, provider name: _____

Prior School Enrollment

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

If yes, SCPS school previously attended: _____ Grade: _____

What school division is the student transferring from? _____

What school is the student transferring from? _____

Grade level at previous school _____ School year attended _____

Temporary Nighttime Residence

Does your child have a temporary living situation? Yes No

If yes, select the nighttime residence Hotel/Camper/Trailer Shelter Car Public Building

Living with another family due to loss of housing

Living with another family due to financial hardship

Awaiting foster care

Internet and Device Access at Home

Select the personal device to which your student has access:

- | | |
|---|---|
| <input type="checkbox"/> School Provided | <input type="checkbox"/> School Provided - Shared |
| <input type="checkbox"/> Personal Dedicated | <input type="checkbox"/> Personal – Shared with Family |
| <input type="checkbox"/> Smartphone Only | <input type="checkbox"/> Public Library, Community Center, etc. |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ |

Do you have broadband internet at home?

- Yes No

If yes, what type of internet do you have at home?

- | | |
|---|--|
| <input type="checkbox"/> COX Cable | <input type="checkbox"/> Comcast Cable |
| <input type="checkbox"/> Verizon Cable (FIOS) | <input type="checkbox"/> Satellite (DISH, HughesNet, ViaSat) |
| <input type="checkbox"/> Kajeet (School Provided) | <input type="checkbox"/> Cell Phone Company |
| <input type="checkbox"/> WiFi, MiFi, Hotspot | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> No internet access at home | |

Military Connection

Choose the appropriate military connection for the student (Note - active duty encompasses: Air Force, Army, Marine Corps, Navy, Coast Guard, Space Force, Commissioned Corps of the National Oceanic and Atmospheric Administration, Commissioned Corps of the U.S. Public Health Services). Retired is not an active military connection.

- Not military connected Active Duty Reserve National Guard

Parent Signature _____ Date _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------|-----|----|----------|-----|----|---|-----------------------------|-----|----|---------------|-------|--|-------------------------------|--|--|---|--|--|--------------------------|--------|--------|--|--------|--------|---------------------------|-------|--|
| <p>For School Personnel Only</p> <p>School: _____</p> <p>Responsible School _____ Serving School _____</p> <p>Bus # _____ Entry Code _____ Date _____</p> | <p>For School Personnel Only</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Notarized Affidavit</p> <table border="0" style="width: 100%;"> <tr> <td>Immunization</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Physical</td> <td>Yes</td> <td>No</td> </tr> </table> | Immunization | Yes | No | Physical | Yes | No | <p>For School Personnel Only</p> <table border="0" style="width: 100%;"> <tr> <td>Proof of Residency Provided</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Date Provided</td> <td colspan="2">_____</td> </tr> <tr> <td><input type="checkbox"/> Deed</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Current Signed Lease</td> <td colspan="2"></td> </tr> <tr> <td>Residency Review Status:</td> <td>30 day</td> <td>60 day</td> </tr> <tr> <td></td> <td>90 day</td> <td>Annual</td> </tr> <tr> <td>School Personnel Initials</td> <td colspan="2">_____</td> </tr> </table> | Proof of Residency Provided | Yes | No | Date Provided | _____ | | <input type="checkbox"/> Deed | | | <input type="checkbox"/> Current Signed Lease | | | Residency Review Status: | 30 day | 60 day | | 90 day | Annual | School Personnel Initials | _____ | |
| Immunization | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proof of Residency Provided | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Provided | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Deed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Current Signed Lease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residency Review Status: | 30 day | 60 day | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 day | Annual | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School Personnel Initials | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |