



Stafford 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. _____ Entry into U.S School 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.

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

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 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.

Primary Language Spoken:

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 _____

If Language other than English contact the ESOL Welcome Center

Primary Address of Student/ Enrolling Parent Relationship: Mother Father Legal Guardian Foster Parent Other _____

Last Name

First Name

Middle Name

Address _____ City _____ State _____ Zip _____

Home Number _____ Cell Number _____ Work Number _____

Mailing address (if different from primary address) _____

Address _____ City _____ State _____ Zip _____

Parent Email Address: _____

Contact Allowed: 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 Father Legal Guardian Foster Parent Other _____

Last Name

First Name

Middle Name

Address

City

State

Zip

Home Number _____ Cell Number _____ Work Number _____

Mailing address (if different from primary address) _____

City

State

Zip

Parent Email Address: _____

Contact Allowed: Yes No Custody: Yes No Student Lives with: Yes No Release To: Yes No

Preferred method of contact: English Spanish

Emergency Contact

Relationship: Grandparent Friend Neighbor Other _____

Last Name _____ First Name _____ Middle _____

Home Phone Number _____ Cell Number _____ Other _____

Permission to Release Student to Emergency Contact Yes No

Emergency Contact

Relationship: Grandparent Friend Neighbor Other _____

Last Name _____ First Name _____ Middle _____

Home Phone Number _____ Cell Number _____ Other _____

Permission to Release Student to Emergency Contact Yes No

Additional Student Information

Pre-K Experience (For Kindergarten Students ONLY)

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 _____

Department of Defense Child Development Program- A preschool program operated by the DOD on a military installation.

Family Home Day Care Provider- The student is served by a preschool or child day care provided in home.

How much time per week did your child spend in the above setting?

No time in a formal or institutional PK program. Less than 15 hours per week. 15 hours or more but less than 30 hours per week.
 30 hours or more per week

Describe your child's pre-kindergarten experience within the year prior to beginning Kindergarten. (Check all that apply)

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 public school is the fiscal agent; the locally funded public preschool program.
County/State _____

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 _____

No Preschool Experience- The student has no had a formal classroom preschool experience. The student was at home with a parent, family member, caregiver, nanny, etc.

Student Name _____

Court Order Information

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

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 copy of 504)

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

Transportation

Will the student ride a SCPS 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 Stafford County Public Schools? Yes No

SCPS school previously attended: _____ Grade _____

What school division is student transferring from? _____

What school is student transferring from? _____

Grade level at previous school _____ School year attended _____

Parent Signature _____ Date _____

For School Personnel Only

School: _____

Responsible School _____ Serving School _____

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 _____