

Student Registration Form - Part A	SCPS Student ID	Current Enrolling SCPS
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To Be Completed by Parent or Guardian

Student Legal Name (as it appears on the birth certificate) Student Previous Name (if any)

Last	First	Middle	Last	First	Middle
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) ____/____/____	Grade Level of Registration	Student Nickname
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Residence Address of Student

Street	Apt No.	City	State	Zip Code/Suffix	Student Home Telephone	<input type="checkbox"/> Unlisted
					(____) _____ - _____	

Mailing Address (if different from above)

Street / P.O. Box No.	Apt No.	City	State	Zip Code/Suffix
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Enrolling Parent Relationship to Student Mother Father Legal Guardian Other (specify) _____ Contact Allowed Ed Rights Has custody Lives With Mailing

Last	First	Middle	Address (If different from student)
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Home Telephone <input type="checkbox"/> Unlisted (____) _____ - _____	Cell (____) _____ - _____	E-mail	Federal Employee <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer Name	Telephone (____) _____ - _____	Street / P.O. Box No.	City	State	Zip Code/Suffix
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Other Parent Relationship to Student Mother Father Legal Guardian Other (specify) _____ Contact Allowed Ed Rights Has custody Lives With Mailing

Last	First	Middle	Address (If different from student)
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Home Telephone <input type="checkbox"/> Unlisted (____) _____ - _____	Cell (____) _____ - _____	E-mail	Federal Employee <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer Name	Telephone (____) _____ - _____	Street / P.O. Box No.	City	State	Zip Code/Suffix
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Who has **Legal Custody?** Both Parents Mother Father Other (specify) _____

Are there special visitation rights (during school hours)? Yes No If yes, please specify _____ **Attach a copy of the Court Order.**

Additional Contacts

Last	First	Middle	Telephone (____) _____ - _____	Relationship to Student (specify)	Release To <input type="checkbox"/>
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Last	First	Middle	Telephone (____) _____ - _____	Relationship to Student (specify)	Release To <input type="checkbox"/>
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Ethnic Group and Race Categories	Other Children in Family
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*The federal government **requires** that **both** these questions be answered and provides only the following categories for ethnic group and race. If either question is not answered, school personnel are **required** to complete selection.*

<p>1. Is this student Hispanic or Latino? (Choose only one)</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p><input type="checkbox"/> Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</p>	<p>2. What is the student's race? (Choose one or all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:40%;">Date of Birth</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>____/____/____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> </tr> </tbody> </table>	Name	Date of Birth	_____	____/____/____	_____	____/____/____	_____	____/____/____	_____	____/____/____
Name	Date of Birth											
_____	____/____/____											
_____	____/____/____											
_____	____/____/____											
_____	____/____/____											

Student Registration Form - Part B	SCPS Student ID	Current Enrolling SCPS
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To Be Completed by Parent or Guardian

Student Legal Name (as it appears on the birth certificate)			Are you registering your child for full-time instruction?	Is your child home schooled?	Are you presently approved to provide home instruction in Stafford County?
Last	First	Middle	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does student have parent in uniformed services? Army, Navy, Air Force, Marine, Coast Guard the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever received Special Services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, select all that apply).
If Student has parent in uniformed services, is the parent: <input type="checkbox"/> Active Duty Forces (full time) <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve	<input type="checkbox"/> IEP <input type="checkbox"/> Gifted <input type="checkbox"/> ESOL <input type="checkbox"/> 504 <input type="checkbox"/> Other (specify) _____

Has your child ever attended Stafford County Public Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student a foster child?	Is the student married?	Does your child have health insurance?
If Yes, Name of Last School Attended in SCPS _____ Last Year Attended and/or Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Last School Attended NOT in SCPS (list previous three)

School Name	City / State	Grade Levels Attended	School Telephone (____) _____ - _____
School Name	City / State	Grade Levels Attended	School Telephone (____) _____ - _____
School Name	City / State	Grade Levels Attended	School Telephone (____) _____ - _____

Country of Birth	Country of Citizenship	Entry from which Country	Original U.S. Entry Date ____/____/____	Original U.S. School Entry Date ____/____/____	Language First Learned	Home Language (Choose only 1)	Language to Home
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Yes No 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, or 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?

CHANGE OF ADDRESS: I understand that I must notify the principal of the school and provide proof of residency should the residency of the student change.

I am aware that making a false statement herein constitutes a Class 3 misdemeanor. I am aware that if I move from Stafford County that the above registered student may no longer be eligible to attend Stafford County Public Schools. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.

Parent or Guardian Signature _____ Date ____/____/____ Print Name _____

To Be Completed by SCPS Staff (with input from parent or guardian)

Proof of Date of Birth Birth Certificate Number: _____ State _____	Date of Entry (current) ____/____/____	Original Virginia School Entry Date ____/____/____	Original SCPS Entry Date ____/____/____	Original 9th Grade Entry Date ____/____/____
Affidavit with Supporting Documentation: _____	E _____ R _____			

Proof of Address Received Document Type (3): _____ / _____ / _____	Student Assigned Base School	Current Special Services	Contact Restriction <input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolling Parent Identification Verified Type of Identification: _____			

SCPS Staff Signature _____ Date _____

Print Name _____ Current Enrolling SCPS _____