

Registration Form K-12

DATE: _____ BUS NUMBER: _____ ENROLLING GRADE: _____

1. Child's Name: _____
(First) (Middle) (Last)
2. Social Security #: _____ Date of Birth: _____ Male Female
3. Mailing Address: _____
4. Physical Address: _____
5. Is your present housing situation temporary? Yes No
6. Phone #: _____ Cell Phone: _____
7. Is your child Hispanic/Latino No, not Hispanic/Latino Yes, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture.
8. What is your child's race? Check all that apply. White Black or African American Hispanic Alaskan/American Indian Asian (Far East, Southeast Asia or for example, China, India, Japan, Korea, Malaysia, Pakistan, Phillipine Islands, Thailand or Viet Nam Native Hawaiian or Pacific Islander
9. Place of Birth: _____ Primary language spoken in home: _____
(City/County/State)
10. Birth Certificate #: _____
(Volume) (File)
11. Mother's Name: _____
(First) (Middle) (Last)
Mother's Address: _____
Home Phone #: _____ Email: _____
Place of Birth: _____ Highest Level of Education Completed: _____
Business Name: _____ Occupation: _____
Business Address: _____ Bus. Phone #: _____
12. Father's Name: _____
(First) (Middle) (Last)
Father's Address: _____
Home Phone #: _____ Email: _____
Place of Birth: _____ Highest Level of Education Completed: _____
Business Name: _____ Occupation: _____
Business Address: _____ Bus. Phone #: _____
13. Has the court awarded you legal parental custody of your child? Not Applicable Yes No
If yes, a copy of the Custody Order including visitation rights during the day must be attached.
Check all that apply: US Citizen Migrant Immigrant Homeless Refugee
 Active Military Civil Service

(Questions 14 thru 16) Complete ONLY if child lives with someone other than a biological parent.

14. Legal Guardian's Name: _____
(if different from parents') (First) (Middle) (Last)
Legal Guardian's Address: _____
Home Phone #: _____ Email: _____
Place of Birth: _____ Highest Level of Education Completed: _____
Business Name: _____ Occupation: _____
Business Address: _____ Bus. Phone #: _____

If Legal Guardianship has been awarded by a court order, when was this granted? _____

In what city/county/state was the custody granted? _____
(City) (County) (State)

(A copy of the Custody Order including visitation rights during the school day must be attached.)

15. Foster Parent's Name(s): _____

Agency Holding Custody: _____

16. Child lives with (if different from #11 or #12): _____ Relation (if any): _____

Street Address: _____ Phone/Cell #: _____

17. Number of Brothers: _____ Age(s): _____ SCHOOL/S: _____

Number of Sisters: _____ Age(s): _____ SCHOOL/S: _____

18. Others living in home: _____

19. Number of miles child lives from school: _____

20. Who to contact in case of an emergency (other than yourself): _____

Relationship to child: _____ Phone/Cell #: _____

Address: _____

21. Second person to contact in case of emergency: _____

Relationship to child: _____ Phone/Cell #: _____

Address: _____

22. Name of family doctor: _____ Phone #: _____

Address: _____

23. Has your child ever been enrolled in the Dinwiddie County Public School System? YES NO

If yes, list dates: _____

24. Former school system and address: _____

25. Has this child previously received services through any Special Education Program (IEP)? For example: speech, hearing/vision impaired, LD, etc.

YES NO If yes, which program: _____ (Complete Form TS-1 and SE-28.)

26. Has this student ever been expelled (365 days)? YES NO

If yes, from which school division? _____ When? _____

Reason for expulsion: _____

27. Has this student ever failed a grade? YES NO If yes, list grade: _____

I certify that I am a resident of Dinwiddie County and live in the district in which I am registering. **I realize that any person making a false statement concerning the residency of a child in a particular school division shall be guilty of a Class 4 misdemeanor pursuant to the Code of Virginia: 22.1-264.1.** If there are custody issues regarding this child, I will provide a copy of the custody order and visitation rights. I also certify that this child is a student in good standing (not suspended or expelled from any public/private school, nor found guilty of or is an adjudicated delinquent for any offense in subsection G of the Code of Virginia: 16.1-260).

Signature

Date