

LOUDOUN COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION

IMPORTANT: This information sheet is to be kept in the student's scholastic record.

FOR SCHOOL PERSONNEL ONLY
School: _____
ID No.: _____
Grade Entering: _____
Entry Code: _____
Date of Entry: _____

STUDENT DEMOGRAPHIC INFORMATION

Student's Legal Name (Exactly as shown on Birth Certificate):

_____ Nickname: _____
Last Suffix First Middle

Student Lives at (home address) with Mother Father Self (18+ yr old) Legal Guardian Foster Parent Other _____
(requires legal documentation, see below)

_____ Apt # _____
House Number Street Name City/State/Zip

Gender: Male Female Date of Birth: _____
Month Day Year

Birth Place: _____ Birth Certificate No.: _____
Town/City State Country, if not USA

FOR SCHOOL PERSONNEL ONLY
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Notarized Affidavit

HOME LANGUAGE INFORMATION

Home:
 What is the primary language used in the home, regardless of the language spoken by the student? _____
 What is the language that the student first acquired? _____

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

(If the answer to any of the questions above includes a language other than English, arrangements will be made by the school to screen the student to determine his or her need for English as a second language instruction.)

In what language do you prefer to receive written communication? _____ Oral communication? _____

PLEASE NOTE: The federal government **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 a selection for both.

Is the student Hispanic or Latino?

- No** – Not Hispanic or Latino.
 Yes – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following:**

Race: (Please choose one or more)

- American Indian or Alaskan Native:** a person having origins in any of the original peoples of North and South America, including Central America, who maintains a tribal affiliation or community attachment.
 Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 Black or African American: a person having origins in any of the Black racial groups of Africa or Caribbean Islands, including Bahamas, Barbados, Haiti, Jamaica, Tobago, Trinidad, and West Indies.
 Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White: a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Enrolling Parent (as listed on birth certificate) or Legal Guardian with whom the student lives: (If other than a parent listed on the birth certificate, custody documentation and form C-13—Request for Determination of Residency Status **must be submitted for approval prior to enrollment.**) Both parents may have educational access regardless of custodial rights, unless revoked by a court order. "Custodial" and "parental" rights will be determined by custody paperwork presented and will be documented in the student record.

Name: _____ Mother Father Self Legal Guardian Other
Last Suffix First Middle
 (_____) (_____) (_____) (_____) _____
Home Telephone unlisted Cell Telephone Work(1) Telephone (Ext.) Work(2) Telephone (Ext.)
Primary Contact Number (please check "first-call" preference): Home Cell Work(1) Work(2)

_____ E-Mail Address (1) _____ E-Mail Address (2)

Primary Address (Post Office Box is not acceptable)

_____ Apt # _____
House Number Street Name City/State/Zip

Mailing Address (If different from primary address)

_____ City/State/Zip
House No. Street or P.O. Box Apt # City/State/Zip

FOR SCHOOL PERSONNEL ONLY
Proof of residency verified
_____ Initials _____ Date Seen
<input type="checkbox"/> Deed/mortgage statement/settlement
<input type="checkbox"/> Current signed lease
<input type="checkbox"/> Shared Housing Document
<input type="checkbox"/> McKinney-Vento—approved
<input type="checkbox"/> Determination of Residency—approved
<input type="checkbox"/> Other _____

Other Parent (as listed on birth certificate) or Legal Guardian: parent deceased parent not listed on birth certificate
(student lives with does not live with) (Authorized to pick up student: Yes No-- if No, please attach appropriate legal documentation)

Name: _____ Mother Father Legal Guardian
Last Suffix First Middle

Mailing Address (If different from primary address)

House No. _____ Street or P.O. Box _____ City/State/Zip _____
(_____) _____ _____ (_____) _____ (_____) _____
Home Telephone unlisted Cell Telephone Work(1) Telephone (Ext.) Work(2) Telephone (Ext.)
Primary Contact Number (please check "first-call" preference): Home Cell Work(1) Work(2)
E-Mail Address (1) _____ E-Mail Address (2) _____

Additional contact authorized to pick up: _____
(other than Parent/Guardian living with child)

Home Phone: _____ Cell Phone: _____ Work Phone: _____
Relationship: Step-parent (resides with) Relative Neighbor Other _____

Local Emergency Contact authorized to pick up: _____
(other than Parent/Guardian living with child)

Home Phone: _____ Cell Phone: _____ Work Phone: _____
Relationship: Step-parent (resides with) Relative Neighbor Other _____

Other Children in Family

Name/School _____ Name/School _____
Name/School _____ Name/School _____

- ◆ Does this student have any condition that might require a special education program? Yes No
- ◆ Does this student have an IEP or 504 plan? Yes No
- ◆ Does this student require any special transportation considerations? Yes No
- ◆ Is this student placed in school by Department of Family Services? Yes No

Military Connection:
 Active Duty-Army, Navy, AF, MC, CG
 National Guard-Active or Reserves
 Reserves-Army, Navy, AF, MC, CG
 Not Military Connected

SCHOOL HISTORY

Has this student ever enrolled in and/or attended Loudoun County Public Schools? Yes No

Is the student in the process of or has previously been long term suspended or expelled? Yes No

Provide the first date the student entered the U.S. School System (mm/dd/yyyy) (____/____/____)

Please check the box below if your child fits into this category. Please note that the provision of this information is voluntary.

- Immigrant Children and Youth** means individuals who...
- are aged 3 through 21; were not born in any State; and have not been attending one or more schools in any one or more States for more than 3 full academic years.

INFORMATION ON LAST SCHOOL ATTENDED:

Name of School: _____ Public Non-public/private
Complete Address: _____ Phone Number: (____) _____
Fax Number: (____) _____
Counselor / Contact Name: _____
Grade: _____ Withdrawal date: _____

I certify that all information on this Student Registration Form is true and accurate to the best of my knowledge and belief. I understand that falsification of any information shall be cause for denial of enrollment. Furthermore, I understand I must report to the school if the student moves or becomes a non-resident of this county and that I am liable for tuition for any periods that the student may be a non-resident.

Signature of Parent / Guardian / Adult Student _____ Date _____

EMERGENCY CONTACT/MEDICAL INFORMATION
COPY TO SCHOOL CLINIC

Student Name _____

Medical Insurance: Yes No

Doctor's Name: _____ Phone: _____

PLEASE LIST:

1. Medication taken regularly by student:

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

2. Allergies:

3. Does your child have any of the following medical conditions? If yes, please request special medical forms from the school office.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures
<input type="checkbox"/> Severe Allergies requiring an EpiPen	<input type="checkbox"/> Other _____
<input type="checkbox"/> Diabetes	

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 it to this form.

In case of an accident or serious illness, I request the school to contact me. In case of emergency, I hereby authorize the School to contact a physician, and further authorize the school to transport my child to the physician or hospital. It is understood that I will assume the responsibility for payment of the physician's and/or hospital's fee. It is further understood that this permission is effective as long as this child is enrolled in school.

X _____	_____	X _____	_____
Signature of Parent/Guardian	Date	Signature of Parent/Guardian	Date