LOUDOUN COUNTY PUBLIC SCHOOLS
STUDENT REGISTRATION

HOME LANGUAGE SURVEY

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

Chosen name: __________

Last       Suffix       First       Middle

Parent(s) or Guardian(s): Federal guidelines require school divisions to identify students who are potential English learners (ELs). If the answers to the following questions indicate that a language other than, or in addition to, English is spoken in the home, the student’s English language proficiency will be evaluated to ensure that services are offered to students who need them. Based on the results of these assessments, students are found English proficient or eligible for LIEP (Language Instruction Educational Program) services.

Please answer the questions completely and accurately.

1. What is the primary language used in the home, regardless of the language spoken by the student?
   Which language(s)? ___________________________________________________________

2. What is the language that the student first acquired?
   Which language(s)? ___________________________________________________________

3. What is the language most often spoken by the student?
   Which language(s)? ___________________________________________________________

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

Parent/Guardian Signature _______________________________________________________

Print Name_________________________________________ Date: __________________________

LCPS STAFF:

This form must be completed for all students registering in Loudoun County Public Schools. It should be the first document provided to parent(s)/guardian(s) during the registration process. If there is a language other than, or in addition to, English indicated for any of the three questions, enter this language in the student information system. Please make sure that all questions are answered completely.

Students with a language other than, or in addition to, English should be enrolled in Program School and an eligibility request should be sent to the Welcome Center.

If the parent(s)/guardian(s) have a question about this form, please refer them to a school administrator or contact the Welcome Center at 571-252-1680.
LOUDOUN COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION

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

STUDENT DEMOGRAPHIC INFORMATION

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

Last Suffix First Middle

Chosen name: ____________________________

Student Lives at (home address) with ☐ Mother ☐ Father ☐ Self (18+ yr old) ☐ Legal Guardian ☐ Foster Parent ☐ Other ____________________________

(Requires legal documentation, see below)

House Number ____________________________ Street Name ____________________________ Apt # ____________________________

City/State/Zip ____________________________

Gender: ☐ Male ☐ Female ☐ Non-Binary Date of Birth: ____________________________

Birth Place: ____________________________

Town/City ____________________________ State ____________________________ Country, if not USA ____________________________

Birth Certificate No.: ____________________________

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.

In what language do you, as parent, prefer to receive written communication? ____________________________ Oral communication? ____________________________

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 ____________________________

Home Telephone ____________________________ Cell Telephone ____________________________

Primary Contact Number (please check “first-call” preference): ☐ Home ☐ Cell ☐ Work(1) Telephone (Ext.) ☐ Work(2) Telephone (Ext.) ____________________________

E-Mail Address (1) ____________________________

E-Mail Address (2) ____________________________

Primary Address (Post Office Box is not acceptable)

House Number ____________________________ Street Name ____________________________ Apt # ____________________________

City/State/Zip ____________________________

Mailing Address (If different from primary address)

House No. ____________________________ Street or P.O. Box ____________________________ Apt # ____________________________

City/State/Zip ____________________________

FOR SCHOOL PERSONNEL ONLY

Proof of residency verified Initials ____________________________ Date Seen ____________________________

☐ Deed/mortgage statement/settlement

☐ Current signed lease

☐ Shared Housing Document

☐ McKinney-Vento—approved

☐ Determination of Residency—approved

☐ 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: ___________________________ Last Name: _______ Suffix _______ First Name: _______ Middle Name: _______
□Mother □Father □Legal Guardian

Mailing Address (If different from primary address)

House No. ___________________________ Street or P.O. Box ___________________________
City/State/Zip ___________________________

Home Telephone ___________________________ Cell Telephone ___________________________
Primary Contact Number (please check "first-call" preference): □ Home □ Cell □ Work(1) □ Work(2)

Work(1) Telephone (Ext.) ___________________________ Work(2) Telephone (Ext.) ___________________________

Email Address (1) ___________________________ Email Address (2) ___________________________

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

Home Phone: ___________________________ Cell Phone: ___________________________
Work Phone: ___________________________
Relationship: □ Step-parent □ residest 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 □ residest 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
Has the student ever enrolled in and/or attended a school outside the US? □ Yes □ No
Is the student in the process of or has previously been long term suspended or expelled? □ Yes □ No

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 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 _______
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.

- [ ] Asthma
- [ ] Severe Allergies requiring an EpiPen
- [ ] Diabetes
- [ ] Seizures
- [ ] Other ________________

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