



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. This language information will also be used for the Dual Language Immersion lottery registration (KG only, where applicable).

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)? _____

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 routed to their zoned 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.

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 _____

SPECIAL SERVICES

- ◆ 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: (select one)
 Active Duty-Army, Navy, AF, MC, CG
 National Guard-Active or Reserves
 Reserves-Army, Navy, AF, MC, CG
 Not Military Connected

SCHOOL HISTORY

Provide the first date the student entered the U.S. School System (mm/dd/yyyy) (____ / ____ / ____)
Number of Full Academic Years Completed in the US in grades K-12? 0 1 2 3 4 or more
Has the student ever enrolled in and/or attended a school outside the US? Yes No If yes, most recent country? _____
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

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	Signature of Parent/Guardian
Date	Date