

**REQUEST FOR REGISTRATION VERIFICATION (RV)**  
(Unaccompanied Student or Newcomer families)

Student's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

School Requested \_\_\_\_\_ Grade Level \_\_\_\_\_

**Registration Verification for:**  **Student (Unaccompanied student without a parent)...** *Continue below*



- I certify:
- I am the court-appointed guardian/custodian of the student listed above
  - I am in the process of obtaining legal custody/guardian of the student listed above
  - I have other circumstances that need special consideration
  - I am an adult relative providing temporary care;

that the student lives with me in my home in Loudoun County, Virginia, **not solely for school purposes**, and that all of the information provided on this form and on the attached supporting documents is complete, true, and correct to the best of my knowledge and belief. I request a determination of the student's eligibility to attend Loudoun County Public Schools as a non-tuition paying student in accordance with Section C of Loudoun County School Board Policy §8-12.

Adult/Guardian name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Adult/Guardian address: \_\_\_\_\_

Primary phone no: \_\_\_\_\_ Email address: \_\_\_\_\_

**The following documents must be attached to this request:**

For individuals with legal custody or guardianship:

- A copy of the court order or other legal document from a court in the United States conferring guardianship or legal custody of the student to the person making the request, signed by a judge.

For individuals in the process of obtaining legal custody or guardianship:

- A copy of the petition signed by an intake officer and a copy of the summons confirming the date and time of the court appearance.

For adult relatives providing temporary care:

- A notarized affidavit from the parent and the family adult along with a kinship power of attorney. These forms can be obtained from the school or Registrar once approval is decided.

Parent is unable to keep the child(ren) with them because (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian/Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form and any supporting documentation to the school for review and consideration.**

# Loudoun County Public Schools

## Explanation of Family Circumstances

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

### Parent Information:

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent primary phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent primary phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Please describe the circumstances surrounding the student(s) change in residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you missing any of the required registration documentation?

Legal custody     Proof of Residency     Medical     Birth Certificate     Other \_\_\_\_\_

Please attach any supporting documentation or provide the reason why this documentation is not available to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last school attended: \_\_\_\_\_

State/Country \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Select:  Guardian     Family Member     Unaccompanied Student     Other