

Student Registration/Emergency Data Form

Basic Student Enrollment Information

Registering for
Grade _____

Student Information _____ **Pupil No.** _____

(Legal Last) (Legal First) (Legal Middle) Suffix _____

Nick Name _____ **Gender** Male Female

(Office use only) (Office use only)

Birth Date _____ **Birth Verification** _____ **Birth Cert. #** _____
(MM-DD-YYYY) BC# verified on previous enrollment

Birth Place _____ **Birth State** _____ **Birth Country** _____

Ethnicity Group/Race Categories: The US Department of Education 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 selections for both.

Is the student Hispanic or Latino? (Choose only one.) Ethnicity/Race Selected by School

No, not Hispanic or Latino

Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

What is the student's race? (Select all that apply.)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachments)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, 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)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands)
- White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East)

Student's Home Address - False statements of Legal Residency of a person in a particular school division or school attendance zone for the purposes of avoiding tuition charges or enrollment in a school outside the attendance zone or division in which the student resides are in violation of Code of VA § 22.1-3 & § 22.1-264.1.

Street # _____ **Street Name** _____ **Apt. #** _____
(Address entered must be as listed on Proof of Legal Residence.)

City _____ **Zip Code** _____ **Proof of Address** _____
(Office use only)

Alternate mailing address (Only a PO Box is acceptable) _____

Primary Phone # _____ Type? Home Cell Unlisted? Yes No

Cell # _____ Work # _____ Alt Emergency # _____

Primary Language Spoken – Home Language

What is the primary language used in the home, regardless of the language spoken by the student? _____

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

What is the language that the student first acquired? _____

If any language other than English, complete a Primary Home Language Survey Form and place the language provided in the Home Language field on the student demographics tab.

**Follow the ESL Welcome Center procedures in your Records Keepers Manual.
(ESL Welcome Center – P (757) 283-7823, F (757) 597-2877)**

What language would you like to receive school information? (**Parent Preferred Language**) _____

How would you like to receive this information? Spoken or Written


Other Enrollment Information

Court Order Information

Does your child have court restrictions regarding a parent/legal guardian contact? Yes No
 (Please provide copy of court documents.)

Date of Order: _____ Order Locality: _____

Order Type: _____



Student educational records and/or student may be released to parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Enrolling parent/legal guardian is responsible for providing current copies of all court orders.

Release of Directory Information

- I understand information that is classified as “**directory information**” may be disclosed under the guidelines printed in the ***Rights and Responsibilities Handbook*** and explained in the **Annual Notice to Students/Parents** regarding student educational records and directory information published each school year in accordance with state and federal law, and that I may prevent disclosure of such information by providing written notice to the school.

_____ **Parent/Legal Guardian Initials**

Parent/Legal Guardian Military Connection - Check one that applies:

- Student is not government or military connected
- Active duty**; student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, Coast Guard, the commissioned Corps of the National Oceanic and Atmospheric Administration or the Commissioned Corps of the U.S. Public Health Services)
- Reserve**; student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- National Guard, active or reserve**; student is a dependent of a member of the National Guard (and not a dependent of a member of the US Armed Services)

Transportation/Day Care Information

Will the student ride a **NNPS Bus**? Yes No AM / PM or Both AM/PM 

Before School Program? Yes No After School Program? Yes No

Day Care Provider (if applicable)? _____ Day Care Provider’s Phone _____

Special Placement

- Is the student ***homeless or an unaccompanied youth***? Yes No
- Does the student reside in a ***foster home***? Yes No (If yes, provide placement documents.)
- Does the student have a ***504 Plan***? Yes No (If yes, provide copy of current **504**.)
- Does this student have a current ***IEP*** (Special Ed.)? Yes No (If yes, provide copy of current **IEP**.)
- Is this student currently in the ***Evaluation Process*** for Special Education? Yes No
 (Enrolling in the evaluation process **does not guarantee** school placement.)
- Is your child currently under the care of a physician/doctor for a ***chronic medical condition***? Yes No

School Divisions are required to collect information on the following categories of people. This information is used in conjunction with the federal “Every Student Succeeds Act” and will help our school division provide important services to children and families who may have special needs.

- Is the student a ***migrant***? Yes No
Migrant – An individual, not older than 21 years of age who is a migratory agricultural worker or a migratory fisher, or has a parent, spouse, or guardian who is a migratory agricultural worker or migratory fisher, and who has moved in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work.
- Is the student an ***immigrant***? Yes No
Immigrant – An individual, aged 3 through 21, not born in any state, and has not attended one or more schools in any one or more states for more than three (3) full academic years.
- Is the student a ***refugee***? Yes No
Refugee – An individual who is outside his/her country and is unable or unwilling to return to that country because of a well-founded fear that she/he will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group. The U. S. Immigration and Naturalization Service has issued refugees an I-94 card that is stamped “Refugee” and contains an alien number.

Original VA Enter Date _____ US School Entry _____ US Entry Date _____
 (MM-DD-YYYY) (MM-DD-YYYY) (MM-DD-YYYY)

Primary Enrolling Parent/Legal Guardian – (Must live in Household with Student)

All custodial parent(s) and/or court appointed legal guardian(s) must provide court documentation to the enrolling school.

Relationship to student: Mother Father Legal Guardian Foster Parent Other _____

(Legal First) (Legal Middle Initial) (Legal Last)

Primary e-mail address _____ Place of Employment/Job Title _____

Work on Govt. Property? Yes No Uniformed Military? Yes No Rank? _____

Primary Phone # _____ Type? Home Cell Work Phone # _____

Additional Parent/Legal Guardian Information

Relationship to student: Mother Father Legal Guardian Foster Parent Other _____

(Legal First) (Legal Middle Initial) (Legal Last)

E-mail address _____

Lives with? Yes No (If no, then provide legal address below.)

Street # _____ Street Name _____ Apt. # _____

City _____ Zip Code _____ Can pick up student? Yes No

Place of Employment/Job Title _____

Work on Govt. Property? Yes No Uniformed Military? Yes No Rank? _____

Primary Phone # _____ Type? Home Cell Work Phone # _____

Contact allowed: Yes No Ed. Rights: Yes No Custody: Yes No

Mailings Allowed: Yes No Enrolling Parent: Yes No Release to: Yes No

Emergency Contact Information – (List in Priority Call Order)

1.) _____ Relationship _____
(Last Name) (First Name)

Home # _____ Cell # _____ Release to? Yes No

2.) _____ Relationship _____
(Last Name) (First Name)

Home # _____ Cell # _____ Release to? Yes No

3.) _____ Relationship _____
(Last Name) (First Name)

Home # _____ Cell # _____ Release to? Yes No

4.) _____ Relationship _____
(Last Name) (First Name)

Home # _____ Cell # _____ Release to? Yes No

Sibling Information

Name of other school aged children attending NNPS and/or living in household:

Name(s)	Student ID# / Lunch ID#	Relationship	DOB	NNPS School Attending

Prior School District Information (Last school district attended other than Newport News Public Schools)

District _____ Name of School Attended _____

School Address _____
(Include Street Address, City, State and Zip Code)

Previous Newport News Public School Attended

Has the student previously attended a NN Public School? Yes No

If so, what school? _____ What school year? _____

Pre-School Experience –

Make your selection below (PK and K Only):

Identify the current or most recent PK (pre-kindergarten) program enrolled: <small>(Please circle one)</small>	
Head Start	Dept. of Defense Child Development Program
Public Preschool	Family Home Daycare Provider
Private Preschool/Day Care	No Pre-School Experience

Circle the time spent each week in the program: No time in a formal or institutional PK Program Less than 15 hours per week 15 hours or more but less than 30 hours per week 30 or more hours per week

Physical Education statements Participation Acknowledgement

- Please check one of the following in regard to your child's participation in the physical education program offered in the public schools:

_____ To the best of my knowledge, my child has **NO PHYSICAL CONDITIONS** which prevent him/her from participating in the physical education program offered in the Newport News Public Schools.

_____ My child is **NOT ABLE TO PARTICIPATE** in the regular physical education program and requires activity modifications. A **Doctor's Physical Education Modified Program Form**, available at all schools, must be filled out by a family physician and returned to the school before modifications can begin.

Affirmation for Prior Expulsion

Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor. The registration document shall be maintained as a part of the student's scholastic record. *(Code of Virginia 22.1 – 3.2)*

MUST COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW

My child, _____ **HAS or HAS NOT** (circle one) been expelled or long term suspended from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

I affirm all that all information provided in this Student Registration/Emergency Data Form is accurate. Furthermore, I acknowledge receipt of student health requirements; opt out options, and discipline/attendance procedures.

▶ _____
Date

▶ _____
Parent, Legal Guardian or Person having control or charge of child

I WILL NOTIFY THE SCHOOL WITH ANY CHANGES TO THE INFORMATION ON THIS FORM.

Admission Information (Office use only) Enter Date _____ HRM # _____ Grade _____

Serving School _____ Responsible School _____
 Enter Code _____ McKinney Vento Yes No
 Proof of Immunization Yes No Physical Exam Yes No Records Requested Date: _____
 Expulsion Affirmation (Registration Form) signed PE Permission checked Directory Information initialed
 RR Handbook Issued/Partnership Form signed (AUP)
 Enrollment by _____ Data Entered by _____