

NEW Student Registration Form

Office Use	Documentation		Referrals		RCS Student ID:
	Birth Certificate <input type="checkbox"/>	Transcripts <input type="checkbox"/>	ESL <input type="checkbox"/>	Date: _____	Enrolled at:
	Proof of Address <input type="checkbox"/>	Immunizations <input type="checkbox"/>	FS <input type="checkbox"/>	Date: _____	Verified by:
			GATE <input type="checkbox"/>	Date: _____	
			Nurse <input type="checkbox"/>	Date: _____	
			Sp Ed <input type="checkbox"/>	Date: _____	

+ GATE: Gifted and Talented Program, ESL: English as a Second Language Program, IEP: Individual Education Plan, 504: Special Needs Plan

Student Demographics	Legal Last Name:		Legal First Name:		Legal Middle Name:		Suffix:		Preferred Name:			
	Entering Grade:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Birth Date (m/dd/yy): __/__/__		Country of Citizenship (if not USA):			Social Security Number:		
	Is this student Hispanic or Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino			What is your race? (Choose one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander				Cell Phone () ()		Home Phone () ()		<input type="checkbox"/> Unlisted
	Home Address (Street Address & Apt. Number):					City:			Zip Code:			
	Mailing Address (if different from above):					City:			Zip Code:			
	Has this student ever received any of the following services? GATE+ <input type="checkbox"/> Yes <input type="checkbox"/> No ESL+ <input type="checkbox"/> Yes <input type="checkbox"/> No IEP+ <input type="checkbox"/> Yes <input type="checkbox"/> No 504+ <input type="checkbox"/> Yes <input type="checkbox"/> No			Student's First Language:		Language Spoken at Home:		Is Bus Transportation Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Does this student have any legal issues that should be considered when scheduling classes?											
Does this student have any medical issues that should be considered when scheduling classes?												

Previous School Experience	Kindergarten Registration Only	Please list the Name and dates of any Pre-School Experience your child had (for students registering in KG ONLY):								
		<u>Name of Center</u>						<u>Dates attended:</u>		
		_____						_____		
		_____						_____		
		Hours Per Week in Pre-School Program (for students registering in KG): <input type="checkbox"/> Less than 15 hours <input type="checkbox"/> 15 hours or more but less than 30 hours per week <input type="checkbox"/> 30 or more hours per week								
Has this student attended Rockbridge County Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Last School:		Last Grade:	Date Withdrawn: __/__/__		Reason: _____		
Previous School Address (Street):				Previous School City/State/Zip Code:						
Is this student currently suspended, expelled, or pending disciplinary action from the previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No						Has this student ever been expelled from ANY school? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Parent / Legal Guardian	Student Lives With (Legal documentation required if other than parent – CHECK ALL THAT LIVE IN THE HOME) : <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____									
	Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				Last Name			First Name		
	Address				City			Zip		
	Work Phone () ()		Home Phone () ()		Cell Phone () ()		Email Address			
	Employer		Military Status <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> N/A				Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No		Migrant Worker <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Parent / Legal Guardian cont.	Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		Last Name		First Name	
	Address			City		Zip
	Work Phone () ()		Home Phone () ()		Cell Phone () ()	
	Employer		Military Status <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> N/A		Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No	
					Migrant Worker <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: Both individuals listed in this section will receive any school information (Report Cards, Permission Slips...etc) regarding this student. Court papers must be provided to indicate why any parent or guardian listed in this section should not receive information about this student.						

Please list emergency contacts, other than parents, in order that you wish them to be called:

Emergency Contacts	Contact Last name/ First name	relationship	Home Phone () ()	Cell Phone () ()	May Contact Check Student Out of School <input type="checkbox"/> Yes <input type="checkbox"/> No	May the school alert contact to detail of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Contact Last name/ First name	relationship	Home Phone () ()	Cell Phone () ()	May Contact Check Student Out of School <input type="checkbox"/> Yes <input type="checkbox"/> No	May the school alert contact to detail of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Contact Last name/ First name	relationship	Home Phone () ()	Cell Phone () ()	May Contact Check Student Out of School <input type="checkbox"/> Yes <input type="checkbox"/> No	May the school alert contact to detail of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Contact Last name/ First name	relationship	Home Phone () ()	Cell Phone () ()	May Contact Check Student Out of School <input type="checkbox"/> Yes <input type="checkbox"/> No	May the school alert contact to detail of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No

Siblings	Last Name	First Name	Age	Grade	Current School Child is attending:	Does child live in the home with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Last Name	First Name	Age	Grade	Current School Child is attending:	Does child live in the home with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Last Name	First Name	Age	Grade	Current School Child is attending:	Does child live in the home with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Last Name	First Name	Age	Grade	Current School Child is attending:	Does child live in the home with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

Expulsion Statement

Virginia State Code §22.1-3.2 requires a parent or legal guardian to attest to the school expulsion status of the child named in this document. Local Social Services may complete this section in the event that the child named in this document has been placed in to foster care. Any person making a false statement in this section may face prosecution for a Class 3 misdemeanor:

I _____, affirm that, _____ HAS NOT HAS been expelled from school attendance at a private or public school in Virginia or any other state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or willful infliction of injury to another person.

Parent/Guardian Signature: _____ Date: ___/___/___

Internet Agreement

I understand and abide by the provisions and conditions set forth in the Internet Acceptable Use Policy as stated in the student handbook. I understand that violations of this policy may result in disciplinary and/or legal actions. I also agree to immediately report any misuse of technology resources or services to an appropriate school official

Student Signature: _____ Date: ___/___/___

Parent: I GIVE MY CHILD PERMISSION to use the internet
 I DO NOT GIVE MY CHILD PERMISSION to use the internet

Parent Signature: _____ Date: ___/___/___

Student Handbook Agreement

Student: "I have read the current Rockbridge County Schools' Student Handbook for my school and agree to abide by the rules and regulations set forth therein."

Student Signature: _____ Date: ___/___/___

I read the "Student Handbook" for my child's school, and am aware of the expectations contained within.

Parent Signature: _____ Date: ___/___/___

Parent / Guardian Signature

I CERTIFY that, to the best of my knowledge, the information provided in this document is accurate as of the date shown below. I understand that I have the right to see any documentation kept by Rockbridge County Schools in relation to my child. I understand that data pertaining to my child's academic performance will only be released to other educational authorities after filing a Release of Transcripts application with the appropriate school. I understand that it is my responsibility to notify my child's school should any of the information listed on this form change.

Parent/Guardian Signature: _____
 Date: ___/___/___

Parent/Guardian Signature: _____
 Date: ___/___/___

NEW Student Registration Form

FIELD TRIP PERMISSION FORM

School Year: _____

Student Name: _____
(Last) (Middle) (First)

School: _____

Name of Teacher: _____

School-related field trips are taken to enrich the school program, to provide concrete examples, and to facilitate learning for our students. Parental permission is required before your child can participate. Please complete the permission portion of the form below designating your intent for your child's participation in local field trips taken during this school year.

The teacher will send home a notice of each school-related field trip. It will not be necessary for you to grant permission for each field trip during the current school year. If your child cannot participate in a particular field trip, please notify the teacher in writing or call and speak with an administrator.

I **DO GIVE** permission for my child, _____, to participate in field trips taken by the class this school year.

Parent/Guardian Signature: _____

Date: _____

I **DO NOT GIVE** permission for my child, _____, to participate in field trips taken by the class this school year.

Parent/Guardian Signature: _____

Date: _____