Chesterfield County Public Schools

Student Registration Form

Student's Full Legal Name: *(Exactly as shown on birth certificate)* Student ID# _____ Grade: _____

_____ _____ _____ _____

Legal Last Name | Legal First Name | Legal Middle Name | Suffix

Date of birth: _____ _____ _____ (Month / Day / Year) Birth Certificate # _____ Gender: ☐ Male ☐ Female

Country of Birth _____ State of Birth _____ City of Birth _____

Date of entry to U.S. Schools _____ Date of entry to VA Schools _____

Home Language Survey: *If language other than English, contact ESL Welcome Center.*

1. What is the primary language used in the home, regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Ethnic Group: *The U.S. Department of Education requires that both of 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? ☐ No - Not Hispanic or Latino ☐ Yes - Hispanic or Latino

Race: *Select all that apply*

☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ White ☐ Native Hawaiian or Other Pacific Islander

Primary Address of Student/ Enrolling Parent:

Relationship: ☐ Mother ☐ Legal Guardian ☐ Father ☐ Foster Parent ☐ Other_____

_____ _____ _____ _____

Last Name | First Name | Middle Initial | Suffix

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____

Work Number _____

Mailing address _____ _____ _____ _____
(if different from primary address) City State Zip

Parent Email Address _____

Contact Allowed: ☐ Yes ☐ No
Educational Rights: ☐ Yes ☐ No
Custody: ☐ Yes ☐ No
Student Lives with: ☐ Yes ☐ No
Release To: ☐ Yes ☐ No
Preferred method of contact: ☐ English ☐ Spanish ☐ Other _____

Other Parent:

Relationship: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Other _____

_____ _____ _____ _____

Last Name | First Name | Middle Initial | Suffix

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____

Work Number _____

Email Address _____

Contact Allowed: ☐ Yes ☐ No
Educational Rights: ☐ Yes ☐ No
Custody: ☐ Yes ☐ No
Student Lives with: ☐ Yes ☐ No
Release To: ☐ Yes ☐ No
Preferred method of contact: ☐ English ☐ Spanish ☐ Other _____

Student Name:

Other Parent:

Relationship: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Other ____________________

Last Name ____________ First Name ____________ Middle Initial ____________ Suffix ______

Address ____

City ____________________ State __________ Zip ______________

Home Phone Number ______________ Cell Number ______________

Work Number ______________

Email Address ____

Contact Allowed: ☐ Yes ☐ No
Educational Rights: ☐ Yes ☐ No
Custody: ☐ Yes ☐ No
Student Lives with: ☐ Yes ☐ No
Release To: ☐ Yes ☐ No
Preferred method of contact:
☐ English ☐ Spanish
☐ Other ______________

Other Parent:

Relationship: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Other ____________________

Last Name ____________ First Name ____________ Middle Initial ____________ Suffix ______

Address ____

City ____________________ State __________ Zip ______________

Home Phone Number ______________ Cell Number ______________

Work Number ______________

Email Address ____

Contact Allowed: ☐ Yes ☐ No
Educational Rights: ☐ Yes ☐ No
Custody: ☐ Yes ☐ No
Student Lives with: ☐ Yes ☐ No
Release To: ☐ Yes ☐ No
Preferred method of contact:
☐ English ☐ Spanish
☐ Other ______________

Other Parent:

Relationship: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Other ____________________

Last Name ____________ First Name ____________ Middle Initial ____________ Suffix ______

Address ____

City ____________________ State __________ Zip ______________

Home Phone Number ______________ Cell Number ______________

Work Number ______________

Email Address ____

Contact Allowed: ☐ Yes ☐ No
Educational Rights: ☐ Yes ☐ No
Custody: ☐ Yes ☐ No
Student Lives with: ☐ Yes ☐ No
Release To: ☐ Yes ☐ No
Preferred method of contact:
☐ English ☐ Spanish
☐ Other ______________

Emergency Contact:

Relationship: ☐ Grandparent ☐ Friend ☐ Neighbor ☐ Other ____________________

Last Name ____________ First Name ____________ Middle Initial ____________ Suffix ______

Home Phone Number ______________ Cell Number ______________ Other Number ______________

Permission to release student to emergency contact ☐ Yes ☐ No

Court Order Information

Does your child have court restrictions regarding a parent/legal guardian contact? ☐ Yes ☐ No *(If yes, please provide copy of court documents)*

Date of Order: ______________ Court Order Type: ______________ Order Locality: ______________

Student educational records and/or student will 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.

Additional Student Information

Student Name:

Special Placement

Is the student in Foster Care? ☐ Yes ☐ No If yes, name of placing agency: _____

Does the student reside in a group home/foster home? ☐ Yes ☐ No

Name of Group Home _____

Social Worker's Name: _____ **Social Worker's Number:** _____

Special Instructional Placement

Does the student have an active 504 Plan? ☐ Yes ☐ No (If yes, please provide copy of 504)

Does the student have an active IEP? ☐ Yes ☐ No (If yes, please provide copy of IEP)

Transportation

Will the student ride a CCPS bus to /from school? ☐ Yes ☐ No

Will the student ride a daycare bus? ☐ Yes ☐ No Provider Name: _____

Prior School Enrollment

Has the student previously attended Chesterfield County Public Schools? ☐ Yes ☐ No

CCPS school previously attended: _____ Grade _____

What school division is student transferring from? _____

What school is student transferring from? _____

Grade level at previous school _____ First time in 9th grade? ☐ Yes ☐ No If no, _____

School year attended

For School Personnel Only

School: _____ Responsible School _____ Serving School _____

Program Code:_____ Waiver Status:_____ Bus #_____ Entry Code_____ Date_____

☐ Birth Certificate ☐ Notarized Affidavit Immunization: ☐ Yes ☐ No Physical: ☐ Yes ☐ No

Proof of Residency Provided ☐ Yes ☐ No Date Provided _____ ☐ Deed ☐ Current Signed Lease

Residency Review Status: ☐ 30 day ☐ 60 day ☐ 90 day ☐ Annual School Personnel Initials _____