



Poquoson City Public Schools
 500 City Hall Avenue
 Poquoson, Virginia 23662
 Telephone: 757-868-3055
 FAX: 757-868-3107

Student Registration Form

SHADED AREAS FOR OFFICE USE ONLY

Instructions: - The Registration form is a required official record. Please **PRINT** all information legibly. If you need help filling out this form, please contact your child's school. If any information you provide should change in the future, please notify your child's school immediately.

| BIRTH RECORD INFORMATION — MUST BE VERIFIED FROM ORIGINAL BIRTH CERTIFICATE | | | | | | REGISTRAR USE ONLY | | |
|---|--|--|--|---|------------|--|---|---|
| STUDENT'S LEGAL NAME - LAST | | FIRST NAME | | MIDDLE NAME | | Entry Date | Entry Code | |
| DATE OF BIRTH (month, day, year) | | GENDER | | BIRTH RECORD NO | | Birth Certificate Verified | Physical/Immun. Verified | |
| CITY/COUNTY | | STATE | | COUNTRY OF BIRTH (IF NOT USA) | | Date Records Requested | Custody Docs Received | |
| FATHER'S FULL NAME - AS IT APPEARS ON BIRTH CERTIFICATE: | | | MOTHER'S FULL NAME - AS IT APPEARS ON BIRTH CERTIFICATE: | | | Grade | Student ID No. | |
| IS THE STUDENT A DEPENDENT OF A MEMBER OF ANY OF THE FOLLOWING? (PLEASE CHECK THE ONE THAT IS APPLICABLE FOR THIS STUDENT): <input type="checkbox"/> ACTIVE DUTY MILITARY FORCES <input type="checkbox"/> MILITARY RESERVE FORCES <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NOT A DEPENDENT | | | | | | | | |
| RESIDENCY AND PARENT/GUARDIAN INFORMATION | | | | | | REGISTRAR USE ONLY | | |
| RESIDENTIAL ADDRESS | | | CITY | | STATE | ZIP CODE | VERIFY ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> DMV ID <input type="checkbox"/> Passport | |
| PARENT/GUARDIAN #1 WITH WHOM STUDENT CURRENTLY RESIDES: <small>(written as it appears on ID)</small> | | RELATION TO STUDENT | | HOME PHONE | CELL PHONE | | | PROOF OF RESIDENCY: (Two or more required) <input type="checkbox"/> US or VA tax return from previous year <input type="checkbox"/> US Internal Revenue Service W2 for current year <input type="checkbox"/> Deed or lease agreement <input type="checkbox"/> Voter registration card <input type="checkbox"/> Utility bill <input type="checkbox"/> Telephone bill issued within last 3 months (excluding cell phones) <input type="checkbox"/> Receipt for personal property taxes paid within the last year <input type="checkbox"/> Payroll check/stub issued within the last 3 months <input type="checkbox"/> Affidavit |
| PLACE OF EMPLOYMENT: | | EMAIL ADDRESS | | WORK PHONE | | | | |
| PARENT/GUARDIAN #2 WITH WHOM STUDENT CURRENTLY RESIDES: <small>(written as it appears on ID)</small> | | RELATION TO STUDENT | | HOME PHONE | CELL PHONE | | | |
| PLACE OF EMPLOYMENT: | | EMAIL ADDRESS | | WORK PHONE | | | | |
| PARENT/GUARDIAN WITH WHOM STUDENT DOES NOT RESIDE: <small>(written as it appears on ID)</small> | | RELATION TO STUDENT | | HOME PHONE | CELL PHONE | | | |
| RESIDENTIAL ADDRESS – STREET NAME | | | CITY | | STATE | ZIP CODE | | |
| PLACE OF EMPLOYMENT: | | EMAIL ADDRESS | | WORK PHONE | | | | |
| If the birth parents are not married or not living together, what is the custody arrangement? (i.e. joint, sole, physical) <small>*A copy of the most recent court document is requested.</small> | | * CUSTODY IS SHARED WITH: | | RELATIONSHIP TO STUDENT: | | DOES THIS PERSON HAVE PERMISSION TO PICK UP THE CHILD FROM SCHOOL: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| PLEASE READ AND INITIAL: | | | | | | I do hereby certify that the above information is correct and that I, as the parent or legal guardian of the student named above, reside at the above address. This will become part of the official student record. | | |
| | | | | | | Parent/Guardian Initials _____ | | |
| STUDENT INFORMATION | | | | | | | | |
| ETHNIC IDENTITY: <small>(FEDERAL AND STATE REGULATIONS REQUIRE PCPS TO GATHER INFORMATION IN THIS MANNER FOR STATISTICAL REPORTS.)</small> | | Is the student Hispanic or Latino? (choose only one) <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino | | What is the student's 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"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White | | | | |
| IS A LANGUAGE OTHER THAN ENGLISH THE STUDENT'S FIRST LANGUAGE, OR THE LANGUAGE USED AT HOME OR WITH FRIENDS? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If YES, please complete the following: Student's first (or other) language: _____ | | Language spoken at home or with friends: _____ Language student uses most: _____ | | |
| SPECIAL SERVICES RECEIVED IN ANY PREVIOUS SCHOOLS (check all that apply) | | <input type="checkbox"/> INDIVIDUALIZED EDUCATION PLAN <input type="checkbox"/> SECTION 504 PLAN | | <input type="checkbox"/> GIFTED/TALENTED PROGRAM <input type="checkbox"/> ESL/BILINGUAL PROGRAM | | <input type="checkbox"/> OTHER: _____ | | |
| HAS YOUR CHILD BEEN EVALUATED/TESTED AND NOT FOUND ELIGIBLE FOR SPECIAL SERVICES? (check all that apply) | | <input type="checkbox"/> SPECIAL EDUCATION SERVICES <input type="checkbox"/> SECTION 504 PLAN | | <input type="checkbox"/> GIFTED/TALENTED PROGRAM <input type="checkbox"/> ESL/BILINGUAL PROGRAM | | <input type="checkbox"/> OTHER: _____ | | |
| PREVIOUS SCHOOL HISTORY | | | | | | REGISTRAR USE ONLY | | |
| NAME OF LAST SCHOOL ATTENDED (including Preschool) | | DATES ATTENDED | | SCHOOL PHONE NUMBER | | SCHOOL FAX NUMBER | | |
| ADDRESS OF LAST SCHOOL ATTENDED | | | CITY | | STATE | ZIP CODE | | |
| LAST GRADE LEVEL SUCCESSFULLY COMPLETED | | IF PRESCHOOL, HOURS ATTENDED PER WEEK: <input type="checkbox"/> 0=No time in a formal or institutional PK program <input type="checkbox"/> 1=Less than 15 hours per week | | <input type="checkbox"/> 15=15 or more but less than 30 hours per week <input type="checkbox"/> 30=30 or more hours per week | | DOCUMENTATION FROM LAST SCHOOL PROVIDED <input type="checkbox"/> Report Card and/or Transcript <input type="checkbox"/> Withdrawal Form | | |
| HAS STUDENT EVER ATTENDED A POQUOSON PUBLIC SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, GRADE LEVEL(S): _____ | | YEAR(S): _____ | | PK EXPERIENCE CODES <input type="checkbox"/> 20 Coordinated Pre-kindergarten Classroom <input type="checkbox"/> 21 Virginia Preschool Initiative (VPI) <input type="checkbox"/> 22 Title 1 Pre-kindergarten <input type="checkbox"/> 23 Head Start <input type="checkbox"/> 30 Coordinated Special Education <input type="checkbox"/> 40 Government – Tuition charged <input type="checkbox"/> 50 Private Provider <input type="checkbox"/> 51 Licensed Family Home Provider <input type="checkbox"/> 60 No Formal or Institutional PK Program <input type="checkbox"/> 61 Other <input type="checkbox"/> 99 Not Provided | | |
| I verify that all of the above supplied information is accurate and true to the best of my knowledge. Code of Virginia § 22.1-264.1. Misdemeanor to make false statements as to school division or attendance zone residency; penalty. Any person who knowingly makes a false statement concerning the residency of a child, as determined by § 22.1-3, in a particular school division or school attendance zone, for the purposes of (i) avoiding the tuition charges authorized by § 22.1-5 or (ii) enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges, pursuant to § 22.1-5, for the time the student was enrolled in such school division. "I have read VA Code § 22.1-264.1" Parent/Guardian Initial _____ | | | | | | | | |
| PARENT/LEGAL GUARDIAN SIGNATURE: | | RELATIONSHIP TO STUDENT: | | DATE: | | | | |

ADDITIONAL CHILDREN IN THE FAMILY (LIST FROM OLDEST TO YOUNGEST)

| | | | |
|----|-------------|----|-------------|
| 1. | GRADE LEVEL | 3. | GRADE LEVEL |
| 2. | GRADE LEVEL | 4. | GRADE LEVEL |

HOMELESS EDUCATION PROGRAM

State and federal law defines homelessness as:

- Temporarily sharing the housing of other persons **due to the loss of housing or economic hardship (eviction, foreclosure, etc.)**
- Temporarily living in motels, hotels, campgrounds, cars or other motor vehicle, parks, public buildings, public places, abandoned buildings
- Living in emergency or transitional shelters
- Unaccompanied youth (not in the custody of parent or legal guardian due to incarceration, abandonment, or death of parent)

Based on this definition do you believe you are homeless? No Yes—Please complete the McKinney-Vento Assistance Act Form**EMERGENCY CONTACT INFORMATION**

| | | | |
|--|--|------------|------------|
| CONTACT #1 – NAME: (written as it appears on ID) | | CELL PHONE | WORK PHONE |
| RELATIONSHIP TO STUDENT: | PERMISSION TO PICK UP FROM SCHOOL: <input type="checkbox"/> YES <input type="checkbox"/> NO | | HOME PHONE |
| CONTACT #2 – NAME: (written as it appears on ID) | | CELL PHONE | WORK PHONE |
| RELATIONSHIP TO STUDENT: | PERMISSION TO PICK UP FROM SCHOOL: <input type="checkbox"/> YES <input type="checkbox"/> NO | | HOME PHONE |

NOTIFICATION SERVICE CONTACT INFORMATION

Please indicate the telephone number(s) for our notification service (Connect 5). This system will call you in case of an emergency situation that requires immediate action such as a weather delay or an immediate school emergencies and for a non-emergency situations such as daily attendance or message from the principal/school. **We must have at least one notification service number on file for each student.**

PARENT/GUARDIAN #1 NAME AND PHONE NUMBER

PARENT/GUARDIAN #2 NAME AND PHONE NUMBER

AFFIRMATION OF EXPULSION

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. This document shall be maintained as a part of the student's scholastic record.

A sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated delinquent for any offense listed in subsection G of § [16.1-260](#) or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. This document shall be maintained as provided in § [22.1-288.2](#).

Subsection G:

1. A firearm offense,
2. Homicide,
3. Felonious assault and bodily wounding,
4. Criminal sexual assault,
5. Manufacture, sale, gift, distribution or possession of Schedule I or II controlled substances,
6. Manufacture, sale or distribution of marijuana,
7. Arson and related crimes,
8. Burglary and related offenses,
9. Robbery,
10. Prohibited criminal street gang activity,
11. Recruitment of other juveniles for a criminal street gang activity, or
12. An act of violence by a mob.

Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor. (Code of Virginia § 22.1-3.2)

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW

I, _____, affirm that the enrolling student has has not been expelled from school attendance at a private school or public

(Parent/Guardian Name) PLEASE PRINT

(check only one)

or another state for an offense in violation of school board policies.

Parent/Legal Guardian Signature: _____ Date: _____

Nondiscrimination Policy: The Poquoson City School Board does not discriminate on the basis of race, color, religion, age, national origin, marital status, disability or sex in admission or access to, or treatment or employment in its programs and activities. The Director of Student Services, Ms. Ashley Reyher, is designated as the responsible person regarding assurances of non-discrimination in personnel and student matters and may be reached at the following address: 500 City Hall Avenue, Poquoson, VA 23662. (757) 868-3050.