



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. Fields include: STUDENT'S LEGAL NAME - LAST, FIRST, MIDDLE; DATE OF BIRTH; SEX; BIRTH RECORD NO; CITY/COUNTY; STATE; COUNTRY OF BIRTH; FATHER'S FULL NAME; MOTHER'S FULL NAME; Entry Date; Entry Code; Birth Certificate Verified; Physical/Immun. Verified; Date Records Requested; Custody Docs Received; Grade; Student Id No.

RESIDENCY AND CURRENT FAMILY INFORMATION. REGISTRAR USE ONLY. Fields include: RESIDENTIAL ADDRESS; CITY; STATE; ZIP CODE; PARENT/GUARDIAN WITH WHOM STUDENT CURRENTLY RESIDES; RELATION TO STUDENT; HOME PHONE; CELL PHONE; PLACE OF EMPLOYMENT; EMAIL ADDRESS; WORK PHONE; MILITARY; PROOF OF RESIDENCY (US or VA tax return, US Internal Revenue Service W2, Deed or lease agreement, Voter registration card, Utility bill, Telephone bill, Receipt for personal property taxes, Payroll check/stub, Affidavit); If the birth parents are not married or not living together, what is the custody arrangement?; *CUSTODY IS SHARED WITH; RELATIONSHIP TO STUDENT.

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. Fields include: ETHNIC IDENTITY; Are you Hispanic or Latino?; What is your race?; IS A LANGUAGE OTHER THAN ENGLISH THE STUDENT'S FIRST LANGUAGE, OR THE LANGUAGE USED AT HOME OR WITH FRIENDS?; SPECIAL SERVICES RECEIVED IN ANY PREVIOUS SCHOOLS; HAS YOUR CHILD BEEN EVALUATED/TESTED AND NOT FOUND ELIGIBLE FOR SPECIAL SERVICES?

PREVIOUS SCHOOL HISTORY. REGISTRAR USE ONLY. Fields include: NAME OF LAST SCHOOL ATTENDED; DATES ATTENDED; SCHOOL PHONE NO; SCHOOL FAX NO; ADDRESS OF LAST SCHOOL ATTENDED; CITY; STATE; ZIP CODE; LAST GRADE LEVEL SUCCESSFULLY COMPLETED; IF PRESCHOOL, HOURS ATTENDED PER WEEK; HAS STUDENT EVER ATTENDED A POQUOSON PUBLIC SCHOOL?; DOCUMENTATION FROM LAST SCHOOL PROVIDED; Report Card; Withdrawal Form; PK EXPERIENCE CODES; 20 Coordinated Pre-kindergarten Classroom; 21 Virginia Preschool Initiative (VPI); 22 Title 1 Pre-kindergarten; 23 Head Start; 30 Coordinated Special Education; 40 Government - Tuition charged; 50 Private Provider; 51 Licensed Family Home Provider; 60 No Formal or Institutional PK Program; 61 Other; 99 Not Provided.

LIST ADDITIONAL CHILDREN IN THE FAMILY (FROM OLDEST TO YOUNGEST) ON THE REVERSE SIDE OF THIS FORM

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

1.	DATE OF BIRTH	4.	DATE OF BIRTH
2.	DATE OF BIRTH	5.	DATE OF BIRTH
3.	DATE OF BIRTH	6.	DATE OF BIRTH

EMERGENCY CONTACT INFORMATION

CONTACT #1 - NAME:	HOME PHONE	CELL PHONE	WORK PHONE
CONTACT #2 - NAME:	HOME PHONE	CELL PHONE	WORK PHONE

NOTIFICATION SERVICE CONTACT INFORMATION

Please indicate ONLY ONE telephone number for our notification service which will call you in case of an emergency situation that requires immediate action. (_____) _____ - _____

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:

1. 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.

2. 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
(Parent/Guardian Name) PLEASE PRINT (check only one)

school attendance at a private school or public school in Virginia or another state for a offense in violation of school board policies.

Parent/Legal Guardian: _____ 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, Mrs. Doris Feltman, 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.