Essex County Public Schools Student Registration Form

Has the student EVER attended school in Essex County If yes, which school did he/she attend?			
Student Name:Last	First Middle		
Mailing Address:			
Physical 911 Address:			
Student's Grade: Male Student's Ethnicity	Female DOB		
Answer BOTH questions: 1. Is this student Hispanic/Latino? No, not Hispanic	ic/Latino Yes, Hispanic/Latino		
2. What is the student's race? (Choose one or more.) American Indian/Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White White			
Parent/Guardian Information			
Lives with: _ Both Parents _ Mother only _ Father o	only _ Other: Please specify relationship:		
Are there court documents regarding custody? *Yes	No *If yes, please provide a copy.		
Parent/Guardian(s) Ms. Mr. Mr. & Mrs. Miss	Parent/Guardian(s) Ms. Mr. Mr. & Mrs. Miss		
Name:(First) (Last) Employer:	Name:(First) (Last) Employer:		
Home Phone:	Home Phone:		
Work Phone:	Work Phone:		
Cell Phone:	Cell Phone:		
Email	Email		
Will student ride the school bus? Yes No	Bus #		
If enrolling in kindergarten, please circle the preki	ndergarten experience the student had from the list:		
(20)Coordinated (multi-funded) Kindergarten (21) Virginia Preschool Initiative (22) Title I Pre-K (23)Head Start (30) Special Ed Coordinated PreK (31) Special Ed PreK Program	 (40) Government-Tuition Charged PreK Program (50) Private Provider (51) Licensed Pre-School Home Provider (60) No Formal Preschool or Institutional PreK Program (61) Other 		

<u>Student</u>	Health and Medical	<u>Information</u>				
Health:	Excellent	Good	Fair	Poor		
Student Al	<mark>lergies</mark> : Foods _	Insect Bites	Medications	Other		
Please pro	ovide details for any heal	th condition or allergy:				
List any se	erious illness or operation	n:				
Name of S	e of Student's Doctor: Phone:					
<u>Student</u>	Educational History	<u>/</u>				
Name of L	ast School Attended:					
School Ad	dress:					
Reason fo	r Withdrawal:					
<u>Services</u>	Previously Receive	<mark>ed</mark>				
IEP (Indiv	idualized Educational I	Plan) or 504 Plan	Yes No			
ESL (Engli	ish as a Second Langua	ge) services	Yes No			
Gifted/Tale	ented Identification	Yes No	Title I services	_ Yes No		
Suppleme	ntal Educational Service	s Yes N	o Other			
	Homeless	Tuition Paid Stude	ent (County of Residen	ce)		
List any Ho	onors, Dual Enrollment c	or Advanced coursewor	rk completed:			
<u>Disciplin</u>	ne Status Certificati	<u>on</u>				
I hereby ce 1.	ertify that: I am the parent/legal gu	uardian (court appointe	d) of:			
is	registering to enter Esse	,	ll name of student) bls.			
	This studentbeen expelled from scho Virginia or in another sta	-	•	ther in the Commonwealth of		
	(Prin	ted Name)				
	(Signature)			(Date)		