

Student Registration Form

Legal Name of Student _____
Last Name
First Name
Middle Name
Suffix

Student's Gender Male Female The student IS/ IS NOT of Hispanic/Latino origin.
Check all that apply

Date of Birth _____ / _____ / _____ American Indian / Alaskan Native

Student's Birthplace _____ Asian

Birth Country _____ Black /African American

Birth Verification _____ Native Hawaiian / Pacific Islander

Birth Verification # _____ White

Most Recent Educational Environment Information

Last School Attended _____ Withdrawal Date _____ / _____ / _____
Month
Day
Year

Grade Level _____

School Address _____
Street Number
Street Name
City
State/Country

School Type (Choose one)
 Public (including SECEP) Private, non-religious Private, religious
 CHKD Charter Norfolk Detention Center
 Outside US (US dependent school) Outside US (not US dependent school) Home Schooled

Grade Level when last withdrawn _____ Was student retained last year? Yes No

To be completed by families in transition without permanent residence (McKinney-Vento Homeless Assistance Improvements Act)

In a motel/hotel In a shelter Doubled up (economic hardship)
 Unaccompanied youth (abandoned or runaway) Unsheltered (cars, parks, etc.) Other

Special Needs

Does the student have a primary language other than English? Yes No (If yes, complete LEP enrollment)
 Does the student have special needs or require special considerations? Yes No _____
 Does the student have a current §504 Plan? Yes No Special Considerations
 Does the student have a current IEP? Yes No

Parent / Guardian Signature (The information provided in this registration package is accurate to the best of my knowledge)

_____ **Date** _____ / _____ / _____

Student Registration Form

Parent Active Military: *Mother* *Father* *None*

Please answer if applicable:

Uniformed Services Connected Information

The 2015 Virginia General Assembly passed legislation (HB 2373 and SB 1354) that requires the Department of Education to establish a process for the identification of newly enrolled uniformed services-connected students by local school divisions. Norfolk Public Schools collects this information by requesting that you complete the information below for each parent.

<u>Service Branch</u>	<u>Mother</u>	<u>Father</u>
Active Duty U.S. Army	___	___
Active Duty U.S. Navy	___	___
Active Duty U.S. Air Force	___	___
Active Duty U.S. Marine Corps	___	___
Active Duty U.S. Coast Guard	___	___
Active Duty National Guard of the United States	___	___
Active Duty Commissioned Corps of NOAA	___	___
Active Duty Commissioned Corps of U.S. Public Health Services	___	___
Reserve U.S. Army	___	___
Reserve U.S. Navy	___	___
Reserve U.S. Air Force	___	___
Reserve U.S. Marine Corps	___	___
Reserve U.S. Coast Guard	___	___
Reserve National Guard of the United States	___	___

Office Use Only

Enrollment School _____	Registration Date _____ / _____ / _____
Responsible School _____ <small>(Complete only if different than enrollment school)</small>	Grade Level _____
Serving School _____ <small>(Complete only if different than enrollment school)</small>	Homeroom _____
Concurrent School _____	Serving District _____
Entry Requirements _____ <small>Phys Imm BC Address Verification</small>	Met _____ / _____ / _____ NOT MET _____ / _____ / _____
Student ID _____	Enrollment Code _____ Enrollment Date _____ / _____ / _____
Out of District _____	<input type="checkbox"/> DSSS <input type="checkbox"/> Spec Ed <input type="checkbox"/> Homeless <input type="checkbox"/> Non-NPS SECEP Student enrolled in NPS school <input type="checkbox"/> Admin <input type="checkbox"/> Alternative Ed <input type="checkbox"/> School-based Program (IB, EVMS, GM, YS, ...)
Transportation _____	<input type="checkbox"/> Regular <input type="checkbox"/> Public <input type="checkbox"/> Mini-Bus <input type="checkbox"/> Lift Bus <input type="checkbox"/> Private Carrier <input type="checkbox"/> None _____ Bus #
AUP Status: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Staff Initials _____

Special Education Use Only

Disability _____	IEP Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spec Ed Verified _____
Placed for Services _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Office Verification (OFFICE USE ONLY)

Please assist the legal guardian with completing these forms so that the most accurate information can be captured. Make sure the person completing the forms understands the importance of checking the release box on the EMERGENCY CONTACT page. A court order or proof of custody cannot be required of a natural parent for enrollment of a student who is living with him/her. PLEASE do not send a legal guardian to the Central Administration Building (CAB) for verification of legal custody, if it can be taken care of within the school building. *(Please contact the Department of Student Support Services at (757)628-3931 for immediate assistance.)*

Registration Accepted By: _____ Date: _____ / _____ / _____