



STUDENT REGISTRATION FORM

PreK - 12 Part A

HCS STUDENT ID#

STUDENT'S LEGAL NAME (as it appears on birth certificate or passport) LAST (SUFFIX) _____ FIRST _____ MIDDLE _____	STUDENT'S PREVIOUS NAME (if any) LAST (SUFFIX) _____ FIRST _____ MIDDLE _____
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PREFERRED NAME	DATE OF BIRTH <small>mm / dd / yyyy</small> ____ / ____ / ____	SSN <small>Last 4 digits (Not Required)</small> _____	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	Registering for GRADE LEVEL <input type="checkbox"/>	OTHER SCHOOL-AGE CHILDREN IN FAMILY <small>Write additional names on a separate sheet of paper and attach.</small>	
ETHNICITY (this must be answered) Is the student Hispanic/Latino or of Spanish origin? Yes <input type="checkbox"/> No <input type="checkbox"/>			Last Completed Grade Level <input type="checkbox"/>		Full Name _____ Date of Birth _____	
					Full Name _____ Date of Birth _____	
					Full Name _____ Date of Birth _____	
RACE (this must be answered - check ALL that apply) <input type="checkbox"/> American Indian or Alaskan 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			CITY / STATE / COUNTRY OF BIRTH _____		COUNTRY OF CITIZENSHIP _____	

STUDENT'S RESIDENCE
 House No. _____ Street Name _____ Apt No. _____ City _____ State _____ Zip Code _____

STUDENT'S HOME TELEPHONE () _____

PARENT / GUARDIAN	Resides with Student? Yes <input type="checkbox"/> No <input type="checkbox"/> Has Custody? <input type="checkbox"/> <input type="checkbox"/>	Relationship to Student Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> (Check all that apply) Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/>	LAST (SUFFIX) _____ FIRST _____ MIDDLE _____ Enter Address if different from Student's House No. _____ Street Name _____ Apt No. _____ City _____ State _____ Zip Code _____ E-MAIL ADDRESS TELEPHONE: (Include Area Code) HOME _____ WORK _____ MOBILE _____ OTHER _____ <small>School Notification System</small>
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OTHER PARENT/GUARDIAN	Resides with Student? Yes <input type="checkbox"/> No <input type="checkbox"/> Has Custody? <input type="checkbox"/> <input type="checkbox"/>	Relationship to Student Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> (Check all that apply) Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/>	LAST (SUFFIX) _____ FIRST _____ MIDDLE _____ Enter Address if different from Student's House No. _____ Street Name _____ Apt No. _____ City _____ State _____ Zip Code _____ E-MAIL ADDRESS TELEPHONE: (Include Area Code) HOME _____ WORK _____ MOBILE _____ OTHER _____ <small>School Notification System</small>
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OTHER PARENT/GUARDIAN	Resides with Student? Yes <input type="checkbox"/> No <input type="checkbox"/> Has Custody? <input type="checkbox"/> <input type="checkbox"/>	Relationship to Student Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> (Check all that apply) Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/>	LAST (SUFFIX) _____ FIRST _____ MIDDLE _____ Enter Address if different from Student's House No. _____ Street Name _____ Apt No. _____ City _____ State _____ Zip Code _____ E-MAIL ADDRESS TELEPHONE: (Include Area Code) HOME _____ WORK _____ MOBILE _____ OTHER _____ <small>School Notification System</small>
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In compliance with Federal and State Laws and Regulations, Hampton City Schools does not discriminate on the basis of race, color, national origin, sex, disability, age or other protected classes in its programs and activities and provides equal access to the Boy Scouts and other designed youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Robbin G. Ruth, Executive Director, Human Resources One Franklin Street, Hampton, VA 23669 757-727-2318



STUDENT REGISTRATION FORM

PreK - 12 Part B

STUDENT'S LEGAL NAME _____
LAST (SUFFIX) FIRST MIDDLE

Has the Student ever attended a Hampton City School? Yes No Is the Student currently long-term suspended or expelled from another school? Yes No
 Was the Student enrolled in a Virginia public school during the current year? Yes No

Name of School or PreSchool Last Attended _____
 If not a Hampton School, please enter complete address
 Street No. Street Name City State Zip Code School Phone (include area code) School Fax (include area code)
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What is the primary language used in the home, regardless of the language spoken by student? _____
 What is the language most often spoken by the student? _____
 What is the language that the student first acquired? _____

If registering for Pre-Kindergarten, please enter the Healthy Start Support Worker (if any): _____
If registering for Kindergarten, please be sure to complete the Kindergarten Registration Survey SBO Form 413.

FOSTER CARE INFORMATION				MILITARY SERVICE INFORMATION: Parent/Stepparent/Guardian with whom child resides ONLY - If the parent, stepparent, or guardian is in the MILITARY on ACTIVE DUTY please fill out information below :			
<i>OFFICE- If this section is completed, please send a copy of the registration to the Finance Office.</i>							
Placement Agency: _____				Parent/Stepparent/Guardian #1		Parent/Stepparent/Guardian #2	
<small>LAST (Suffix) FIRST MIDDLE</small>				<small>Name of Parent/Stepparent/Guardian</small>		<small>Name of Parent/Stepparent/Guardian</small>	
Name of Foster Parent _____				ACTIVE DUTY (Check one)		ACTIVE DUTY (Check one)	
Enter Address if different from Student's				<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy		<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	
<small>Street No. Street Name City State Zip Code</small>				<small>Currently Active YES NO</small>		<small>Currently Active YES NO</small>	
Enter Legal Residence of Student				<input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other _____		<input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other _____	
<small>Street No. Street Name City State Zip Code</small>				<small>Military Base/Installation</small>		<small>Military Base/Installation</small>	

Parent / Guardian Signature: _____ Date: _____ Print Name: _____
 Office: ID Verification and Expiration _____

SCHOOL USE ONLY

PROOF OF DATE OF BIRTH
 Birth Certificate Number: _____ Records Requested (date): _____
 Affidavit: _____ Records Received (date): _____

PROOF OF ADDRESS RECEIVED
 Document Type(s): Gas / Water / Electric Bill Lease / Mortgage / Deed Other: _____

ENTRY DATE: _____ ENTRY CODE: _____ ZONED SCHOOL
 SCHOOL: _____ GRADE: _____ HOMEROOM: _____ IF OUT OF ZONE: _____

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| <input type="checkbox"/> 504 | <input type="checkbox"/> Gifted Education | <input type="checkbox"/> ESL Referral | <input type="checkbox"/> Court / Custody Documentation |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Special Education Transportation | <input type="checkbox"/> Kindergarten Survey Form | <input type="checkbox"/> Physical Provided |
| <input type="checkbox"/> Foster Care sent to Finance | <input type="checkbox"/> Currently being evaluated or in Child Study | <input type="checkbox"/> Previous Retention | <input type="checkbox"/> Immunization Record Provided |