



# STUDENT REGISTRATION FORM

## PreK - 12 Part A

HCS STUDENT ID#

<b>STUDENT'S LEGAL NAME</b> (as it appears on birth certificate or passport) <small>LAST (SUFFIX) FIRST MIDDLE</small>			<b>STUDENT'S PREVIOUS NAME</b> (if any) <small>LAST (SUFFIX) FIRST MIDDLE</small>		
---	--	--	--	--	--

<b>PREFERRED NAME</b>	<b>AGE</b>	<b>DATE OF BIRTH</b> <small>mm / dd / yyyy</small>	<b>SSN</b> <small>Last 4 digits (Not Required)</small>	<b>GENDER</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Registering for GRADE LEVEL</b>	<b>OTHER SCHOOL-AGE CHILDREN IN FAMILY</b> <small>Write additional names on a separate sheet of paper and attach.</small>	
					Full Name _____ Date of Birth _____		
<b>ETHNICITY (this must be answered)</b> Is the student Hispanic/Latino or of Spanish origin? Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>Last Completed Grade Level</b>		Full Name _____ Date of Birth _____	
<b>RACE (this must be answered - check ALL that apply)</b> <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				<b>CITY / STATE / COUNTRY OF BIRTH</b>		Full Name _____ Date of Birth _____	
				<b>COUNTRY OF CITIZENSHIP</b>		Full Name _____ Date of Birth _____	

<b>STUDENT'S RESIDENCE</b> <small>House No. Street Name Apt No. City State Zip Code</small>					<b>Is there internet access at this residence?</b> Yes No
--	--	--	--	--	--

**STUDENT'S HOME TELEPHONE** ( )

<b>PARENT / GUARDIAN</b>		Resides with Student? Yes <input type="checkbox"/> No <input type="checkbox"/> Has Custody? <input type="checkbox"/> <input type="checkbox"/>	Relationship to Student (Check all that apply) Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/>	E-MAIL ADDRESS TELEPHONE: (Include Area Code) HOME _____ WORK _____ MOBILE _____ OTHER _____ <small>School Notification System</small>	
<small>LAST (SUFFIX) FIRST MIDDLE</small>	<small>Enter Address if different from Student's House No. Street Name Apt No. City State Zip Code</small>				

<b>OTHER PARENT/GUARDIAN</b>		Resides with Student? Yes <input type="checkbox"/> No <input type="checkbox"/> Has Custody? <input type="checkbox"/> <input type="checkbox"/>	Relationship to Student (Check all that apply) Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/>	E-MAIL ADDRESS TELEPHONE: (Include Area Code) HOME _____ WORK _____ MOBILE _____ OTHER _____ <small>School Notification System</small>	
<small>LAST (SUFFIX) FIRST MIDDLE</small>	<small>Enter Address if different from Student's House No. Street Name Apt No. City State Zip Code</small>				

<b>OTHER PARENT/GUARDIAN</b>		Resides with Student? Yes <input type="checkbox"/> No <input type="checkbox"/> Has Custody? <input type="checkbox"/> <input type="checkbox"/>	Relationship to Student (Check all that apply) Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/>	E-MAIL ADDRESS TELEPHONE: (Include Area Code) HOME _____ WORK _____ MOBILE _____ OTHER _____ <small>School Notification System</small>	
<small>LAST (SUFFIX) FIRST MIDDLE</small>	<small>Enter Address if different from Student's House No. Street Name Apt No. City State Zip Code</small>				

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)  
 ( ) ( )

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: \_\_\_\_\_

- |  |  |   |  |
|--|--|---|--|
| <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  |