

**RICHMOND PUBLIC SCHOOLS
STUDENT REGISTRATION**



STUDENT INFORMATION

School Name _____

Has this child ever enrolled in Richmond Public Schools? YES NO _____
Where? (Name of School) _____ Date last enrolled _____

School ID# _____ Name _____
Last _____ First _____ Middle _____

Sex _____ Current Grade _____ Registration Date _____ Social Security Number _____

Alternate # or State ID _____ Birth Certificate # _____ Birth Date _____

Birth Place _____ Native Language _____ Ethnic Code (Race) _____
City/State _____ First 2 letters EN, SP, FR, GE, etc. _____

Country of Birth _____

If born outside of the United States, give US. Entry Date _____
Month/Year _____

(See definitions on page 2)

Does the student have limited English proficient status? YES NO
 Does the student have immigrant status? YES NO Enrollment Date _____
 Does the student have refugee status? YES NO
 Does the student have migrant status? YES NO Enrollment Code _____
 Does the student have homeless status? YES NO

IEP: YES NO 504 Plan: YES NO
 Copy of IEP or 504 Plan Provided? YES NO

TRANSFER INFORMATION

(School from which student is transferring) _____ Date Withdrawn _____

School Name _____ Phone Number _____

School Address _____
Street _____ City _____ State _____ Zip Code _____

PRIMARY CONTACT INFORMATION

| Call | Last Name | First Name | Middle | Title | Relationship |
|------|-----------|------------|--------|-------|--------------|
| 1 | _____ | _____ | _____ | _____ | _____ |

Home: House # _____ Pfx _____ Street Name _____ Type _____ Sfx _____ Apt.# _____
(N, E, S, W) (ST, Rd, etc.) (A, B, L)

City: _____ St: _____ Zip: _____

Home Tel# _____ Unlisted: YES NO

Mail: _____

City: _____ St: _____ Zip: _____

Employer: _____ Work #: _____ Ext: _____

Occupation: _____ Cell #: _____ Ext: _____

Fed Emp? YES NO E-mail: _____ Pager # _____ Ext: _____

DEFINITIONS

Limited English Proficient (LEP) – an LEP student in the Commonwealth of Virginia is classified according to the federal government definition as described in Public Law 107-110, the *No Child Left Behind Act of 2001*.

An LEP student is classified as one:

- (A.) who is aged 3 through 21;
- (B.) who is enrolled or preparing to enroll in an elementary school or secondary school;
- (C.) (i.) who was not born in the United States or whose native language is a language other than English; and who comes from an environment where a language other than English is dominant
or
(ii.) (I.) who is a Native American or Alaska Native, or a native resident of outlying areas; and (II.) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency;
or
(iii.) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant;
and
- (D.) whose difficulties speaking, reading, writing, or understanding the English language may be sufficient to deny the individual –
 - (i.) the ability to meet the State's proficient level of achievement on State assessments described in section 1111(b)(3);
 - (ii.) the ability to achieve successfully in classrooms where the language of instruction is English; or
 - (iii.) the opportunity to participate fully in society.

[P.L. 107-110, Title IX, Part A, Sec. 9101, (25)]

Immigrant Status – the immigrant children and youth include those who are aged 3 through 21, who were not born in the United States and who have not been attending one or more schools in any one or more states for more than three full academic years.

Refugee Status – the refugee student is an individual who is outside his/her own country and is unable or unwilling to return to that country because of well-founded fear that she/he will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group. This does not include persons displaced by natural disasters or persons, although displaced, have not crossed an international border or persons commonly known as "economic migrants," whose primary reason for flight has been a desire for personal betterment rather than persecution.

Migrant Status – the *No Child Left Behind Act of 2001* defines a "migratory child" as a child age 3 – 21 who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker, or a migratory fisher, and who, in the preceding 36 months, [traveled across division/state lines] in order to obtain, or accompany such parent or spouse in order to obtain, temporary or seasonal employment in agricultural or fishing activity [seeking work in qualifying activity] {Section 1309(2)(A)(B)(C)}. Qualifying activities include the planting, harvesting or processing of any food or plant product (meat processing and nursery work are included).

Homeless Status – school personnel should make a determination of the student's homelessness based upon the following criteria:

1. Lacks a fixed, regular and adequate residence; or
2. Sleeps in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (abandoned car or building, park, the street); or
3. Has a primary nighttime residence that is supervised publicly or a privately operated shelter designed to provide temporary living accommodations (including welfare hotels, emergency shelters, and transitional housing); or
4. Is living in "doubled-up" accommodations such as, sharing housing with other families or individuals due to loss of housing, economic hardship, or similar reason; or
5. Migratory children who qualify as homeless because they are living in circumstances described above.

Student's Name _____ Student's Number _____

SECONDARY CONTACT INFORMATION

Call Last Name First Name Middle Title Relationship

2 _____

Home: House # Pfx Street Name Type Sfx Apt.#
(N, E, S, W) (ST, Rd, etc.) (A, B, L)

City: _____ St: _____ Zip: _____

Home Tel# _____ Unlisted: YES NO

Mail: _____

City: _____ St: _____ Zip: _____

Employer: _____ Work #: _____ Ext: _____

Occupation: _____ Cell #: _____ Ext: _____

Fed Emp? YES NO E-mail: _____ Pager # _____ Ext: _____

ADDITIONAL CONTACT INFORMATION

Call Last Name First Name Middle Title Relationship

3 _____

Home: House # Pfx Street Name Type Sfx Apt.#
(N, E, S, W) (ST, Rd, etc.) (A, B, L)

City: _____ St: _____ Zip: _____

Home Tel# _____ Unlisted: YES NO

Mail: _____

City: _____ St: _____ Zip: _____

Employer: _____ Work #: _____ Ext: _____

Occupation: _____ Cell #: _____ Ext: _____

Fed Emp? YES NO E-mail: _____ Pager # _____ Ext: _____

Student's Name _____

Student's Number _____

SPECIAL INSTRUCTIONS

HEALTH INSURANCE AND IMMUNIZATIONS

Does the student have health insurance? YES NO

If yes, is it Medicaid , FAMIS , Private , or Other _____ (check one)

If no, would you like someone to contact you concerning health insurance? YES NO

Date Last Physical Exam: ____ / ____ / ____

| | Date | Date | Date | Date | Date | Date |
|-----------|------|------|------|------|------|------|
| DPT | | | | | | |
| Polio | | | | | | |
| Measles | | | | | | |
| Mumps | | | | | | |
| Rubella | | | | | | |
| HIB | | | | | | |
| Hearing | | | | | | |
| Physical | | | | | | |
| Hgb/Het | | | | | | |
| Hep. B | | | | | | |
| Varicella | | | | | | |

Immunizations Complete? YES NO

Brother(s) Sister(s)

| Grade | Name | Birthdate | Age | Sex | School |
|-------|-------|-----------|-------|-------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Has your child had any disciplinary infractions in his/her previous school? YES NO

(All parents/guardians must complete and sign the attached Affirmation Form)

If yes, please explain: _____

Parent/Guardian Signature _____ Date ____ / ____ / ____

School Official Signature _____ Date ____ / ____ / ____