

**NOTTOWAY COUNTY PUBLIC SCHOOLS
REGISTRATION FORM**

Student's Legal Name: (Last) _____ (First) _____ (Middle) _____

Gender: _____ Grade: _____ Birth Date (MDY) _____ Home Phone# _____
 Mother's Cell# _____ Father's Cell# _____ Guardian Cell# _____

Choose only one: No _____ Student is not military connected
 Yes _____ Active duty: Student is a dependent of a member of the Active Duty Forces (full time) Army, Navy, Air Force, Marine Corps, or Coast Guard.
 Yes _____ Reserve: Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
 Yes _____ National Guard Active or Reserve
 Per state legislature bill #SB 1354 effective for all school divisions 7/1/15

Ethnic Group and Race Categories The federal government **requires** that **both** these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are **required** to make selections for both.

1. Is this student Hispanic or Latino? (choose only one)

- No, not Hispanic or Latino
 Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? (select all that apply)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
 Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
 Black or African American (A person having origins in any of the Black racial groups of Africa.)
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Parent/Guardian Name: _____

911 Address _____

Post Office Box (if applicable): _____ CHILD LIVES IN: _____ COUNTY

"I hereby certify under penalty of perjury that the child identified on this enrollment form is a resident of Nottoway County, Virginia and I understand that if I make a false statement regarding the child's residency I may be held liable for the costs incurred by Nottoway County School Board in educating the child." (Parent Signature) _____

If you cannot make the above declaration, but believe you are entitled to enroll your child in Nottoway County Public Schools, please state the reason: _____ (Parent Signature) _____

TRANSPORTED TO SCHOOL BY: (BUS or CAR) BUS # _____

ROAD NAME _____ AM BUS # _____ PM BUS # _____ IF APPLICABLE

Additional Contacts authorized to pick up your child

Additional EMERGENCY Contacts if applicable

CNT #1 Last, First Name: _____ Relationship _____ Home# _____ Cell # _____	Emergency Cnt #1 Last, First Name: _____ Relationship _____ Home# _____ Cell # _____
CNT #2 Last, First Name: _____ Relationship _____ Home# _____ Cell # _____	Emergency Cnt #2 Last, First Name: _____ Relationship _____ Home# _____ Cell # _____

****Are there any custody restrictions affecting your child?** Yes No

If YES, a copy of the custody order must be presented to the principal.

**NOTTOWAY COUNTY PUBLIC SCHOOLS
REGISTRATION FORM**

Student's Legal Name: (Last) _____ (First) _____ (Middle) _____ DOB: ____/____/____

COUNTRY OF BIRTH IF OTHER THEN USA: _____

DATE STUDENT FIRST ENTERED A U.S. SCHOOL: ____/____/____

Home Language Survey

Note: This form must be completed for all students registering in Nottoway County Public Schools
To be completed by Parent or Guardian

Under provisions of the Civil Rights Act of 1964, each student's dominate language must be identified. This information is essential in order for schools to provide meaningful instruction. Your cooperation in meeting this requirement is appreciated.

Please answer the questions accurately and completely.

1. What was the first language that this student spoke? _____
2. Is there a language other than English spoken in the home? Yes__No__ Which Language(s) _____
3. Does the student speak or understand a language other than English? Yes__No__
Which Language(s) _____
4. In which language do you prefer to receive **oral communication** from the school? _____
5. In which language do you prefer to receive **written communication** from the school? _____

Disclaimer

This procedure meets federal requirements for identifying and assessing language minority students in order to provide appropriate instructional support services for those students found to be English language learners. If another language is indicated on the home language survey, the student will be tested for English language proficiency. Parents or guardians will be informed of the results of the English language proficiency assessment.

I affirm that the above registered student **has not been expelled** from school attendance at any private or public school in Virginia, or another state, for an offense in violation of school board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.

I affirm that the above registered student **has been expelled (365 days)** from school attendance at a private or public school in Virginia, or another state, for an offense in violation of school board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.

Parent/Guardian Signature: _____ Print

Name: _____ Date: _____

****PLEASE LIST ANY OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

