

**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# \_\_\_\_\_

**Mother/Guardian email address:** \_\_\_\_\_

**Father/Guardian email address:** \_\_\_\_\_

**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

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

Student's Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Foster Care: YES \_\_\_\_\_ NO \_\_\_\_\_

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 is the primary language used in the home, regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_
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:**

\_\_\_\_\_  
\_\_\_\_\_