



VIRGINIA CUSD #64

REGISTRATION INFORMATION (Please Print)

GRADE LEVEL _____ ENROLLMENT DATE _____

Student Information

Student Full Legal Name _____
First Middle Last

Student Physical Address _____
Street P.O. # City State Zip County

Primary Phone number: _____ Gender _____ Birthdate _____

Ethnic Description

White Hispanic/Latino Multi-Racial African American American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander

Birthplace _____ Mother's Maiden Name _____

Home Language Survey

Does anyone in your home speak a language other than English? Yes No, if yes, what language _____
Does your child speak a language other than English? Yes No, if yes, what language? _____

Parent/Guardian Contact Information

Child Resides with: Mother & Father Mother only Father only Grandparents Father & Stepmother
 Mother and Stepfather Legal Guardian Foster Parents Doubled up Shelter No Shelter

Residing Parent/Guardian Contact

Name _____ Student Relationship _____

Address _____ City/State/Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Occupation _____ Work Hours from _____ to _____

Email Address _____

Second Residing Parent/Guardian Contact

Name _____ Student Relationship _____

Address _____ City/State/Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Occupation _____ Work Hours from _____ to _____

Email Address _____

Non-Custodial Parent (if applicable) Joint Custody? Yes No

Name _____ Student Relationship _____

Address _____ City/State/Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Is this address to receive school mailings? Check Yes No

SPECIAL CUSTODY INFORMATION (if applicable) Please describe any court documented rulings/situations

Emergency contact information (other than parent, parent guardian will be contacted first)

Name _____ Student Relationship _____

Address _____ City/State/Zip _____ Daytime phone _____

Medical Information

Doctor/Primary Care Provider _____ Phone _____

Preferred Hospital _____

Please describe any health conditions/allergies/medications the school should be aware of:

Parent/Guardian Military Information

Does the student's parent/guardian serve in the military, including National Guard or Reserve? Yes No

Is the parent/guardian currently serving on active duty or expected to deploy this year? Yes No

Has a parent /guardian returned from deployment in the last 6 months? Yes No

Release of Information about student

Schools are often asked to provide information about students that is call "directory information," which may be released without the written consent of a parent, guardian, or adult student. Directory information consists of a student's name, address, phone number, date and place of birth, participation in officially recognized activities and spots, sports information, members of athletic teams, dates of attendance, grade level, photographs, diplomas and awards received, honor roll, graduate status, schools attended, and other similar information that would not generally be considered harmful or an invasion of privacy if disclosed. Directory information may be released for purposed such as student telephone directories mailing lists for parent groups that organize with and support the school, school newsletter, district website, district social media, yearbooks, commencement programs, honor lists, and reporting about athletic events and other curricular and extra curricular activities. Also, a secondary school student's name, address, and phone number may be released to military recruiters or institution of higher education. Parents and adult students have the right to deny release of directory information.

I give the school permission to add my students name, photograph, and other directory information to the district website, social media, honor roll, athletic programs, and for similar purposes.

Parent Signature _____

I give the school permission to release my secondary student's name, address and phone number to military recruiters. Parent Signature _____

I give the school permission to release my secondary student's name, address and phone number to institutions of higher education. Parent Signature _____

I give permission for all school related field trips: Parent Signature _____

I give permission for access to technology system/internet usage: Parent Signature _____

I acknowledge I have access to the Student Handbook: Parent Signature _____

I give permission to receive confidential information including but not limited to grades, reports, IEP documents, etc. via email. _____

NEW STUDENT ONLY* DOES YOUR CHILD HAVE AN IEP? _____ PREVIOUS SCHOOL ATTENDED? _____