

**VIRGINIA CUSD #64****REGISTRATION INFORMATION** (Please Print)

GRADE LEVEL _____ ENROLLMENT DATE _____

Student InformationStudent Full Legal Name _____ Gender _____ Birthdate _____
First Middle LastStudent Physical Address _____
Street P.O. # City State Zip County

Cell Phone _____ Home Phone _____ T-shirt size _____

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 SurveyDoes anyone in your home speak a language other than English? ☐ Yes ☐ No, if no, 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**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 _____

Spouse (if applicable)

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 _____

Employer _____

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.

1. If you **DO NOT** want the school to add your students name, photograph, and other directory information to the district website, social media, honor roll, athletic programs, and for similar purposes, initial next to **NO** _____
2. If you **DO NOT** want the school to release your secondary student's name, address and phone number to military recruiters, initial next to **NO** _____
3. If you **DO NOT** want the school to release your secondary student's name, address and phone number to institutions of higher education, initial next to **NO** _____

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 _____

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