

CHARLOTTESVILLE CITY SCHOOLS
STUDENT REGISTRATION FORM

PLEASE PRINT

REGISTRATION DATE: _____

Student's Last Name: _____ First: _____ Middle: _____

Address: _____
Street City Zip Code

Home Phone: _____ Parent's Cell Phone: _____

(Please Check) Female Male

(Please Check) American Indian Asian Black Hispanic White
 Other Unspecified

Date of Birth: (MM-DD-YYYY): _____ Birth Place: _____

Social Security Number: _____ Birth Certificate Number: _____

School (Entering): _____ Last Grade Completed: _____

Has the student attended a Charlottesville City School? Last CCS School Attended: _____

Name and Address of School last attended if not a Charlottesville City School:

School Address Zip Code

Parent/Guardian Information (If Person Completing the Registration is not one of the Biological or Adoptive Parents, the Residency and Custody Verification Form must be completed. Also, if the person completing this form is caring for the student in the extended absence of the parent/guardian, the Parent's Authorization for Parent Designee Form must be completed.)

FATHER/: _____
GUARDIAN

MOTHER/: _____
GUARDIAN

Is Father Living? Yes No
Address (if different from student): _____

Is Mother Living? Yes No
Address (if different from student): _____

Phone: _____ Cell: _____

Phone: _____ Cell: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Work Address: _____

Work Address: _____

Work Phone: _____ Hours: _____

Work Phone: _____ Hours: _____

E-mail Address: _____

E-mail Address: _____

Parents' Marital Status: Single Married Separated Divorced Widowed

Student lives with: Both parents Mother only Father only Grandparent(s)

Mother and Step-Father Father and Step-Mother Foster Parents Other:

If parents are separated or divorced, custody is with: mother father joint other

Student's Brothers: Date of Birth Student's Sisters: Date of Birth
(Full Name) (MM-DD-YYYY) (Full Name) (MM-DD-YYYY)

For Students Possibly Meeting the Criteria For McKinney-Vento Homeless Education Assistance Act: If you are living as a single family unit in a single family home or apartment, skip to next question. This information is maintained confidentially and is used only to offer appropriate services to the student.

Where does the student stay at night?

____ in a shelter: Name: _____ temporarily with another family or
_____ more than one family in a house,
_____ in a motel/hotel mobile home, or apartment (due to
_____ in a car not having a place of their own)
_____ at a campsite Name and address of person(s)
_____ other location not appropriate with whom the student and family
for housing (e.g. abandoned are living: _____
building _____

Documentation is required (letter with documentation or affidavit)

TRANSPORTATION

The student will: _____ ride a school bus to and/or from school. Bus # (if known): _____
_____ walk to and from school _____ ride to and from school with parent
_____ ride to and from school with another caregiver. Name: _____
Person(s) allowed to pick up student from school: _____

(Parent must provide written permission for any other persons to give a ride to or from school.)

EMERGENCY INFORMATION

(ALL SECTIONS MUST BE COMPLETED FOR THE REGISTRATION)

Emergency Contact: Person Responsible if Parent(s) not Available: Name: _____

Address: _____ Phone: _____ Relationship: _____

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

Hospital Preferred in Case of Emergency: _____

Please list any health restrictions or other problems (including allergies) that the child has which should be known by the school: _____

Is your child covered by Health Insurance ___ Yes ___ No If so, what kind? _____
Name

If NO, would you like information about Virginia's child health insurance program? ___ Yes ___ No

PLEASE READ, CHECK AND SIGN BELOW:

___ Yes ___ No **I assure that my child has not been expelled from a previous school division.**

___ Yes ___ No **I have provided information concerning the required criminal conviction or delinquency adjudications.** ___ NA

___ Yes ___ No **If the school is unable to reach me in case of emergency involving my child, I give permission for the school to take such emergency action as it may consider necessary. I also give permission for any such treatment prescribed by the attending physician.**

FATHER: _____ **MOTHER:** _____