

Henrico County Public Schools STUDENT ENROLLMENT FORM

FOR OFFICE USE ONLY: ENROLL. DATE: _____
ST. # _____ GRADE: _____
COUNSELOR: _____ HR #: _____

STUDENT PERSONAL INFORMATION

STUDENT LEGAL NAME: *[exactly as shown on birth certificate]-Last, First, Middle, Lineage*

DOB:	PRIMARY/HOME PHONE#:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	PREFERRED NAME:
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STUDENT ADDRESS AND APARTMENT NUMBER: AA VALIDATED

CITY	STATE	ZIP
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PLACE OF BIRTH:	BIRTH COUNTRY:	HOME LANGUAGE:
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DOCTOR'S NAME:	DENTIST'S NAME:
DOCTOR OFFICE PHONE NUMBER:	DENTIST OFFICE PHONE NUMBER:

ETHNICITY: *Are you Hispanic or Latino?* Yes No

RACE: *Select at least one:* American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

REQUIRED Dates-ALL STUDENTS:

DATE STUDENT ENTERED VA SCHOOLS: _____ DATE STUDENT ENTERED US SCHOOLS: _____

“Pursuant to Title III of the No Child Left Behind Act of 2001, applies only to **FOREIGN BORN STUDENTS**”:

DATE STUDENT ENTERED USA: _____ WHAT GRADE(S) HAS THE CHILD ATTENDED IN US SCHOOLS? _____

PARENT/GUARDIAN INFORMATION: *Please provide copies of **all current court orders** concerning custody and visitation of the student, including protective orders, if any.*

FIRST CONTACT must live with AND have custody of above-named student.

FIRST CONTACT (Last Name, First Name):	RELATION TO STUDENT:
EMPLOYER NAME:	WORK PHONE#:
EMAIL ADDRESS:	PRIMARY/HOME PHONE#: <small>[This phone number will be used for School Messenger calls]</small>
	CELL PHONE#: <small>Do you authorize HCPS to send messages to this cell number, which may result in charges from your carrier? HCPS will not reimburse you for these charges.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No

SECOND CONTACT must live with OR have legal custody of above-named student. This contact Lives with and/or Has Legal Custody (Check all that apply)

SECOND CONTACT (Last Name, First Name):	RELATION TO STUDENT:
EMPLOYER NAME:	WORK PHONE#:
EMAIL ADDRESS:	PRIMARY/HOME PHONE#:
	CELL PHONE#: <small>Do you authorize HCPS to send messages to this cell number, which may result in charges from your carrier? HCPS will not reimburse you for these charges.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY/ADDITIONAL CONTACTS: These contacts cannot pick up the student from school unless they are ALSO listed on the AUTHORIZATION TO PICK UP form.

EMERGENCY CONTACT 1: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:
EMERGENCY CONTACT 2: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:
ADDITIONAL CONTACT 1: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:
ADDITIONAL CONTACT 2: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:

PRE-KINDERGARTEN EXPERIENCE INFORMATION:

IF STUDENT IS ENROLLING IN KG, WHAT WAS THE STUDENT'S MOST RECENT PRE-KG EXPERIENCE? (CHECK ALL THAT APPLY.)

Head Start(1) Public Preschool(2) Private Preschool/Daycare(3) Dept. of Defense Child Dev Prg(4) Family Home Daycare(5) No Preschool Experience(6)

AVERAGE WEEKLY TIME IN PRE-KG PROGRAM? No time in a formal or institutional Pre-K Program <15 hours 15-29 hours 30 or more hours

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FOSTER CARE PLACEMENT INFORMATION: *Please complete Immediate Enrollment of Child in Foster Care Form*

Is student in a Foster Care setting? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of State, County, City or Agency: _____
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MILITARY CONNECTED STUDENT: *Please select one*

<input type="checkbox"/> Student is NOT military connected	<input type="checkbox"/> Active Duty: Student is a dependent of a member of the Active Duty Forces. <i>(Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the National Oceanic & Atmospheric Administration, or the Commissioned Corps of the US Public Health Services.)</i>	<input type="checkbox"/> Reserve: Student is a dependent of a member of the Reserve Forces. <i>(Army, Navy, Air Force, Marine Corps, or Coast Guard)</i>	<input type="checkbox"/> National Guard: Student is a dependent of a member of the Active or Reserve National Guard
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EXPULSION AND CONVICTION/ADJUDICATION AFFIRMATION:

Prior to enrolling a child, pursuant to Code of Virginia Section 22.1-3.2, the parent must affirm whether this child has ever been (i) expelled from school attendance at a private school or in a public school division of the Commonwealth 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, and/or (ii) found guilty or adjudicated delinquent for any offense listed in subsection G of Code of Virginia Section 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. It is a Class 3 misdemeanor to make a materially false statement or affirmation under this section.

(i) By signing this form, I affirm that this child HAS HAS NOT been expelled from school attendance.

(ii) By signing this form, I affirm that this child HAS HAS NOT been found guilty or adjudicated delinquent for any offense referenced herein.

STUDENT SERVICES INFORMATION:

DOES THIS STUDENT HAVE A CURRENT IEP (INDIVIDUALIZED EDUCATION PLAN)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAS THIS STUDENT EVER HAD AN IEP (INDIVIDUALIZED EDUCATION PLAN)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DOES THIS STUDENT HAVE A CURRENT 504 PLAN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DOES THIS STUDENT RECEIVE ESL (ENGLISH AS A SECOND LANGUAGE) SERVICES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PREVIOUS SCHOOL INFORMATION (Include ALL Henrico Schools your child may have attended):

Name of Last School	Address of Last School	Phone# of Last School

SIBLING INFORMATION – Please list the first and last name(s) of any siblings of this student that currently attend a Henrico County Public School

Last Name	First Name	Current School Attending

Section 22.1-264.1 of the Code of Virginia states that, "Any person who knowingly makes a false statement concerning the residency of a child...in a particular school division or school attendance zone...shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges."

CAUTION: A student may attend a public school in Henrico County only if he/she is living in Henrico County with a natural parent, a person having legal custody by court order, or a court appointed guardian, and the student carries on the normal activities of daily living at the residence of that person (i.e., eating, sleeping ...).

I hereby give Henrico County Public Schools Office of Residency Compliance consent to obtain information about me and my children to verify residency in Henrico County from other governmental agencies and entities, employers, landlords, and utility companies.

A copy of the Policies and Regulations Manual of Henrico County Public Schools is available to students, employees, and the public on the HCPS website, www.henricoschools.us. Any person unable to access the online policy may request a copy of a specific policy by contacting Records Management at 652-3828.

Parent's Signature _____ Date _____
(Must be signed in the presence of a school official)

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Authorization to Pick-Up

School Name

Student's Name

Grade

Homeroom Teacher

Parent and/or guardian

give permission for

School Name

to release my child to the persons named below. I understand that no other authorization will be necessary for the persons named below to leave school property with my child. I understand any changes to this form will require a new form to be completed. I also understand that all persons listed below must be at least 18 years of age.

Name

Mother/Female Guardian

Name

Father/Male Guardian

Name

(Relationship to Student)

Name

(Relationship to Student)

Name

(Relationship to Student)

Name

(Relationship to Student)

Parent/Guardian Signature

(Must be signed in the presence of a school official)

Date

School Official

Date

Identification **MUST** be requested **each time** one of the above mention adults picks student up from school. The student **MUST** be signed out. This form is **valid** from the date of signature through the last day of the current school year, unless replaced at the request of the Parent/Guardian. A form **must be completed for each student**.