



STUDENT REGISTRATION FORM

PreK - 12 Part A

HCS STUDENT ID#

STUDENT'S LEGAL NAME (as it appears on birth certificate or passport)			STUDENT'S PREVIOUS NAME (if any)		
<small>LAST (SUFFIX)</small>	<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST (SUFFIX)</small>	<small>FIRST</small>	<small>MIDDLE</small>
_____			_____		

PREFERRED NAME	DATE OF BIRTH <small>mm / dd / yyyy</small>	SSN <small>Last 4 digits (Not Required)</small>	GENDER	Registering for GRADE LEVEL	OTHER SCHOOL-AGE CHILDREN IN FAMILY <small>Write additional names on a separate sheet of paper and attach.</small>	
_____	____/____/____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ <input type="checkbox"/>	Full Name _____ Date of Birth _____	
ETHNICITY (this must be answered)			Last Completed Grade Level		Full Name _____ Date of Birth _____	
Is the student Hispanic/Latino or of Spanish origin? Yes <input type="checkbox"/> No <input type="checkbox"/>			_____ <input type="checkbox"/>		Full Name _____ Date of Birth _____	
RACE (this must be answered - check ALL that apply)			CITY / STATE / COUNTRY OF BIRTH		Full Name _____ Date of Birth _____	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			_____		Full Name _____ Date of Birth _____	
			COUNTRY OF CITIZENSHIP			

STUDENT'S RESIDENCE

House No. _____ Street Name _____ Apt No. _____ City _____ State _____ Zip Code _____

STUDENT'S HOME TELEPHONE () _____

PARENT / GUARDIAN		Relationship to Student	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		<small>(Check all that apply)</small>	Stepmother <input type="checkbox"/>	Stepfather <input type="checkbox"/>	Foster Parent <input type="checkbox"/>	_____
Has Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<small>LAST (SUFFIX)</small>	<small>FIRST</small>	<small>MIDDLE</small>		E-MAIL ADDRESS		
Enter Address if different from Student's House No. _____ Street Name _____		Apt No. _____ City _____ State _____ Zip Code _____		TELEPHONE: <small>School Notification System</small> (Include Area Code) HOME _____ <input type="checkbox"/> WORK _____ <input type="checkbox"/> MOBILE _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/>		

OTHER PARENT/GUARDIAN		Relationship to Student	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		<small>(Check all that apply)</small>	Stepmother <input type="checkbox"/>	Stepfather <input type="checkbox"/>	Foster Parent <input type="checkbox"/>	_____
Has Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<small>LAST (SUFFIX)</small>	<small>FIRST</small>	<small>MIDDLE</small>		E-MAIL ADDRESS		
Enter Address if different from Student's House No. _____ Street Name _____		Apt No. _____ City _____ State _____ Zip Code _____		TELEPHONE: <small>School Notification System</small> (Include Area Code) HOME _____ <input type="checkbox"/> WORK _____ <input type="checkbox"/> MOBILE _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/>		

OTHER PARENT/GUARDIAN		Relationship to Student	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Resides with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		<small>(Check all that apply)</small>	Stepmother <input type="checkbox"/>	Stepfather <input type="checkbox"/>	Foster Parent <input type="checkbox"/>	_____
Has Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<small>LAST (SUFFIX)</small>	<small>FIRST</small>	<small>MIDDLE</small>		E-MAIL ADDRESS		
Enter Address if different from Student's House No. _____ Street Name _____		Apt No. _____ City _____ State _____ Zip Code _____		TELEPHONE: <small>School Notification System</small> (Include Area Code) HOME _____ <input type="checkbox"/> WORK _____ <input type="checkbox"/> MOBILE _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/>		

In compliance with Federal and State Laws and Regulations, Hampton City Schools does not discriminate on the basis of race, color, national origin, sex, disability, age or other protected classes in its programs and activities and provides equal access to the Boy Scouts and other designed youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Robbin G. Ruth, Executive Director, Human Resources One Franklin Street, Hampton, VA 23669 757-727-2318



STUDENT REGISTRATION FORM

PreK - 12 Part B

STUDENT'S LEGAL NAME _____
LAST (SUFFIX) FIRST MIDDLE

Has the Student ever attended a Hampton City School? Yes No Is the Student currently long-term suspended or expelled from another school? Yes No
 Was the Student enrolled in a Virginia public school during the current year? Yes No

Name of School or PreSchool Last Attended _____
 If not a Hampton School, please enter complete address
 Street No. Street Name City State Zip Code School Phone (include area code) School Fax (include area code)
 () ()

What is the primary language used in the home, regardless of the language spoken by student? _____
 What is the language most often spoken by the student? _____
 What is the language that the student first acquired? _____

If registering for Pre-Kindergarten, please enter the Healthy Start Support Worker (if any): _____
If registering for Kindergarten, please be sure to complete the Kindergarten Registration Survey SBO Form 413.

FOSTER CARE INFORMATION OFFICE- If this section is completed, please send a copy of the registration to the Finance Office.

Placement Agency: _____
LAST (Suffix) FIRST MIDDLE
 Name of Foster Parent _____
Street No. Street Name City State Zip Code
 Enter Address if different from Student's
Street No. Street Name City State Zip Code
 Enter Legal Residence of Student
Street No. Street Name City State Zip Code

MILITARY SERVICE INFORMATION: Parent/Stepparent/Guardian with whom child resides ONLY - If the parent, stepparent, or guardian is in the MILITARY on ACTIVE DUTY please fill out information below :

Parent/Stepparent/Guardian #1	Name of Parent/Stepparent/Guardian	Parent/Stepparent/Guardian #2	Name of Parent/Stepparent/Guardian
ACTIVE DUTY (Check one) <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <small>Currently Active</small> YES NO <input type="checkbox"/> National Guard <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reserves <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> <input type="checkbox"/>	Rank	ACTIVE DUTY (Check one) <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <small>Currently Active</small> YES NO <input type="checkbox"/> National Guard <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reserves <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> <input type="checkbox"/>	Rank
Name of Military Base/Installation		Name of Military Base/Installation	

Parent / Guardian Signature: _____ Date: _____ Print Name: _____
 Office: ID Verification and Expiration _____

SCHOOL USE ONLY

PROOF OF DATE OF BIRTH
 Birth Certificate Number: _____ Records Requested (date): _____
 Affidavit: _____ Records Received (date): _____

PROOF OF ADDRESS RECEIVED
 Document Type(s): Gas / Water / Electric Bill Lease / Mortgage / Deed Other: _____

ENTRY DATE: _____ ENTRY CODE: _____ ZONED SCHOOL
 SCHOOL: _____ GRADE: _____ HOMEROOM: _____ IF OUT OF ZONE: _____

- 504
- Special Education
- Foster Care sent to Finance
- Gifted Education
- Special Education Transportation
- Currently being evaluated or in Child Study
- ESL Referral
- Kindergarten Survey Form
- Previous Retention
- Court / Custody Documentation
- Physical Provided
- Immunization Record Provided