



ISLE OF WIGHT COUNTY SCHOOLS (IWCS)

Student Registration Form

(Please print legibly, complete all fields & sign/initial as necessary)

Office use only	
School: _____	Grade: _____
Date Enrolled: ____/____/____	
E: _____	or R: _____
Student ID #: _____	
HR or Teacher: _____	
Bus #: _____	

Student's Full Legal Name *(as it appears on birth certificate)*

_____ (Legal Last) _____ (Legal First) _____ (Legal Middle) Suffix: _____

Date of Birth: ____/____/____ Grade: ____ Gender: Male Female

Office Use Only	Name as listed on State Birth Certificate: _____	
Birth Cert. #:	_____	State of Birth: _____
Mother's Name:	_____	Father's Name: _____
Primary Contact Phone	_____	Birth Date _____

Previous School Information

Last School Attended: _____ State: ____ Date Withdrawn: ____/____/____

Has the student ever attended a school in Virginia? Yes No Has the student previously attended any IWCS School? Yes No

Name of County School: _____ Date Withdrawn: ____/____/____

Pre-School Experience (Elementary Only)

Has the student participated in a Pre-Kindergarten (Preschool) Program? Yes No

Office use only	_____ (location)	Office use only
If Yes –check which program identifies the current or most recent PK experience:		Preschool Instructional Time:
<input type="checkbox"/> Coord.PreK	<input type="checkbox"/> Head Start	(hours per week)
<input type="checkbox"/> VPI	<input type="checkbox"/> Coord. SPED	<input type="checkbox"/> Less than 5 hours
<input type="checkbox"/> Title I PK	<input type="checkbox"/> SPED Only	<input type="checkbox"/> 5-15 Hours
<input type="checkbox"/> Gov't tuition	<input type="checkbox"/> Private	<input type="checkbox"/> 16-30 Hours
<input type="checkbox"/> No Formal PK	<input type="checkbox"/> License Provider	<input type="checkbox"/> 30+ Hours
<input type="checkbox"/> Other	<input type="checkbox"/> Not Provided	

Legal Residence §22.1-264.1 (Any person who knowingly makes a false statement concerning the residency of a child, as determined by § 22.1-3, in a particular school division or school attendance zone, for purposes of (i) avoiding the tuition charges authorized by § 22.1-5 or (ii) enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor and will be liable to the school division in which the child was enrolled (as a result of such false statements) for tuition charges for the time the student was enrolled in the school division.)

Street Name: _____ Apt #: _____

City: _____ Zip Code: _____

Complex/Subdivision: _____

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Proof of Address <input type="checkbox"/>

Alternate mailing address **(PO Box Only)**: _____

Previous 911 Address: _____

Is this child homeless? Yes No Is this child in foster care? Yes No Is this child a foreign exchange student? Yes No

Ethnic Group and Race Categories (The US Department of Education requires that **both** questions listed below be answered and provides only the following categories for ethnic group and race. If either question is not answered, school personnel are **required** to make a selection based on observation.)

- Is the student Hispanic or Latino? (choose only one)
 - No, not Hispanic or Latino
 - Yes, Hispanic or Latino (Person of Cuban, Mexican, Puerto Rico, South/Central American, or other Spanish culture or origin, regardless of race.)
- What is the student's race? (select all that apply)
 - American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachments.)
 - Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
 - Black or African American** (A person having origins in any of the Black racial groups of Africa.)
 - Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands.)
 - White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

(Please complete reverse side)

Office use only
School Selected (1) <input type="checkbox"/>

Office use only
School Selected (2) <input type="checkbox"/>

Parent/Legal Guardian Information (Legal Guardian must be court approved by a judge and a copy of the court papers must be filed at the school.)

Father/Legal Guardian: _____ Home Address: _____

Home Phone: _____ Work Phone: _____ ext: _____ Cell Phone: _____

E-mail: _____ Employer/Occupation: _____

Military: Air Force Army Coast Guard Marines Navy Reserves Status: Active Retired Date Retired: _____

Mother/Legal Guardian: _____ Home Address: _____

Home Phone: _____ Work Phone: _____ ext: _____ Cell Phone: _____

E-mail: _____ Employer/Occupation: _____

Military: Air Force Army Coast Guard Marines Navy Reserves Status: Active Retired Date Retired: _____

Does your child have a court restriction regarding parent/guardian contact? Yes No (Please provide copy of court documents)
Student and/or student educational records will be released to parent/guardian unless a court order specifically prohibits contact or release.

Prior Expulsion

Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in 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. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor. The registration document shall be maintained as a part of the student's scholastic record. (Code of VA 22.1 – 3.2)

My child, _____ **HAS** / **HAS NOT** been expelled or long-term suspended from school attendance at a private school or public school in Virginia 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.

Signature of parent, guardian or person having control or charge of child

Is this child under or facing any disciplinary action, such as short-term or long-term-suspension, or alternative education placement?

Yes No Please explain: _____

Home Language Survey

Is English this child's first language? Yes No If no, please list native language: _____

Language Spoken at Home: _____ Country of Birth: _____ U.S. Entry Date: ____/____/____

Immigrant? Yes No Refugee? Yes No Migrant? Yes No

Has this student been identified for Special Education? Yes No

If yes, please indicate primary disability: _____

If yes, does parent/guardian have a copy of the current IEP? Yes No (If yes, provide copy of most recent IEP)

Does the parent/guardian give IWCS consent to provide interim services pending an IEP meeting? Yes No _____

Does the student have a 504 Plan? Yes No (If yes, provide copy of most recent 504) _____ (initial)

Is this child currently receiving any specific assistance in math and/or reading? Yes No

If yes, please explain: _____

Has this child been identified as gifted from previous school? Yes No

If yes, in what area(s)? Academic Fine Arts

Does the parent/guardian wish to receive a referral form for gifted services? Yes No

(initial upon receipt of form)

All information that I have provided is true and accurate. I will contact the school **immediately** when there is a change of address, telephone number, emergency contact, etc. I further understand that, if I knowingly make a false statement concerning the residency of a child, I shall be guilty of a Class 4 misdemeanor and will be liable for tuition charges for the time the student was enrolled in the school division. **By my signature, I verify that all information on this form is correct.**

Parent/Legal Guardian (Signature): _____ Date: ____/____/____

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Form Approved by: _____ Date: ____/____/____

Signature of Principal or Assistant Principal

Date ALL registration material received

Date Information put in Power School