

# Buena Vista City Public Schools      New Student Registration

Office Use	<b>Documentation</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Proof Of Address <input type="checkbox"/> Immunizations <input type="checkbox"/> Transcripts <input checked="" type="checkbox"/> <b>When received</b>	<b>Referrals</b> <input type="checkbox"/> Special Ed /504 <input type="checkbox"/> Nurse <input type="checkbox"/> Food Service <input type="checkbox"/> GATE <input type="checkbox"/> ESL	<b>Date when done</b> Date: __/__/__ Date: __/__/__ Date: __/__/__ Date: __/__/__ Date: __/__/__	<b>BVCPS Student ID</b>  Enrolled at:  Verified by:
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\*IEP: Individual Education Plan    \*504: Special Needs Plan    \*GATE: Gifted and Talented Program    \*ESL: English 2<sup>nd</sup> Language

Students Legal Last Name	Legal First Name	Middle Name	Suffix:	Students Preferred/Nick Name:
Entering Grade:		Gender:	Birth Date: (mm/dd/yyyy)	Country of Birth (if not USA)
		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Is student Hispanic or Latino? (choose only one) <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino	What is your child's race? (choose one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Ethnicity/Race Selected by School		Home #  Cell #  Work #	_____
Home Address (Street Address & Apt Number)		City:		Zip Code:
Mailing Address (if different from above):		City:		Zip Code:
Has your child ever gotten any of the following services?	What Primary language is used in the home, regardless of the language spoken by the student?	What language is most often spoken by the student?	What is the language that the student first acquired?	
ESL : <input type="checkbox"/> YES <input type="checkbox"/> NO GATE: <input type="checkbox"/> YES <input type="checkbox"/> NO IEP : <input type="checkbox"/> YES <input type="checkbox"/> NO 504 : <input type="checkbox"/> YES <input type="checkbox"/> NO	*If Language other than English, complete a home Language Survey Form Does this child have any MEDICAL issues that should be considered when scheduling classes? <input type="checkbox"/> Allergy <input type="checkbox"/> Asthma <input type="checkbox"/> Autism <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Visual Impairment (including glasses/contacts) <input type="checkbox"/> Other: _____ Physicians Name: _____ Phone: _____			
Is Bus Transportation Requested?	<input type="checkbox"/> Both AM / PM		Day Care Provider (If applicable)	Day Care Providers Phone #
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AM Only <input type="checkbox"/> PM Only			
Has this student attended Buena Vista School before?	Name of Last School attended:	Last Grade:	Date Withdrawn:	Reason:
<input type="checkbox"/> YES <input type="checkbox"/> NO				
Previous School Address (Street):		Previous City/State/Zip		Phone # (if known)
Is this student currently suspended, expelled or pending disciplinary actions –from previous school? <i>Choose NO if registering your child for Kindergarten</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:	
Has this student ever been expelled from ANY school? <i>Choose NO if registering your child for Kindergarten</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:	

<b>Does this child</b> have any <b>LEGAL issues</b> that should be considered when scheduling classes?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:
<b><u>Affirmation for Prior Expulsion:</u></b> <b>Virginia Law requires that, prior to admission</b> 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 of 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 ( <i>Code of Virginia 22.1-3.2</i> ) <b>My Child</b> _____ <b>HAS OR HAS NOT (circle one) been expelled or long term suspended from school attendance at a private or public school in either 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</b> <b>Parent/legal Guardian or other Signature:</b> _____			
<b>Pre School Experience REISTRATION ONLY ( PK &amp; KG ONLY)</b>	<b>Please list the Name and dates of any Pre-School Experience your child has had: (KG registration only)</b>	<b><u>Type of most current or recent PK program:</u></b>	
Check how many Hours a week <input type="checkbox"/> 15 or less <input type="checkbox"/> 15 to 30 <input type="checkbox"/> 30 or more	Name: _____ Date Attended: _____	<input type="checkbox"/> Coordinated Pre-K Classroom <input type="checkbox"/> Private Provider <input type="checkbox"/> Virginia Preschool Initiative <input type="checkbox"/> Head Start <input type="checkbox"/> Title I- Pre Kindergarten <input type="checkbox"/> Special Education <input type="checkbox"/> Coordinated Special Education <input type="checkbox"/> Other Type <input type="checkbox"/> Government-tuition charged <input type="checkbox"/> Other <input type="checkbox"/> Licensed Family Home Daycare <input type="checkbox"/> No Formal or Institutional Daycare	

**Parent/ Legal Guardians:** Note both people listed in this section will receive any school information (Report Cards, Permission slips, etc.) Regarding this student. *Court Papers must be provided to indicate why any parent/guardian listed in this section should not receive information about this student.*

<b>Student lives with (Legal Documentation required if other than parent-CHECK ALL THAT LIVE IN THE HOME):</b>				
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____				
<b>Relationship:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		<b>Last Name</b>		<b>First Name</b>
<b>Address</b>		<b>City</b>		<b>Zip Code</b>
<b>Home Phone</b> (   )	<b>Cell Phone</b> (   )	<b>Work Phone</b> (   )		<b>Email Address:</b>
<b>Employer Name:</b>		<b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> N/A		<b>Speaks English</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
				<b>Migrant Worker</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relationship:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		<b>Last Name</b>		<b>First Name</b>
<b>Address</b>		<b>City</b>		<b>Zip Code</b>
<b>Home Phone</b> (   )	<b>Cell Phone</b> (   )	<b>Work Phone</b> (   )		<b>Email Address:</b>
<b>Employer Name:</b>		<b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> N/A		<b>Speaks English</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
				<b>Migrant Worker</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**SIBLINGS: Living with the student who are of school age (5-18 years old)**

Last Name	First Name	Current School attending	Age	Grade	Does child live in the home with you?

**Parent/Guardian contact:**

<b>COURT ORDER INFORMATION:</b> (Please provide a copy of the current court documents)
<input type="checkbox"/> YES <input type="checkbox"/> NO Does your child have court restrictions regarding a parent/legal guardian contact? Date of Order: _____ Court Order Type: _____ Order Locality: _____ <i>Student education records and or student may be released to parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Enrolling parent/Legal guardian is responsible for providing current copies of all court orders.</i>

**Emergency Contacts:** Please list emergency contacts, *other than parents*, in the order you wish them to be called.

Contact Last name/First Name	Relationship	Home Phone	Cell Phone	May Contact check student out from school?	May the school alert contact to detail of emergency?
		( )	( )	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		( )	( )	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		( )	( )	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		( )	( )	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**STUDENT OTHER SPECIAL CONSIDERATIONS:** Please review and check appropriate box for your child

<b>SPECIAL PLACEMENT CONSIDERATIONS:</b>	
Does this student have a current IEP? (Special Ed)	<input type="checkbox"/> YES <input type="checkbox"/> NO (if yes please provide current copy of IEP)
Is this student currently in the Evaluation Process for special Education? <input type="checkbox"/> YES <input type="checkbox"/> NO (Enrolling in this Evaluation process <b>does not guarantee</b> school placement.)	
Does the student have a current 504 Plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO (if yes please provide current copy of 504 plan)
Is this child currently under physician/doctors care for a chronic medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the Student Homeless or Unaccompanied Youth?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Reason for relocation)
Does the Student Reside in A Foster Home?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes provide placement documents)
Is the Student a Migrant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Migrant Student:</b> Individual not older than 21 years of age is who a migratory agricultural worker or a migratory fisher, or has a parent, spouse or guardian who is a migratory worker or fisher and who has moved in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work	
US School Entry Date: ___/___/___	

**Physical Education Participation:**

**PHYSICAL EDUCATION PARTICIPATION ACKNOWLEDGEMENT**

Please check **one (1)** of the following statements in regard to your child's participation in the physical education program offered in the public schools:

**To the best of my knowledge**

\_\_\_\_\_ My child has **NO PHYSICAL CONDITIONS** which prevent him/her from participation in the physical education program offered

\_\_\_\_\_ My child is **NOT ABLE TO PARTICIPATE** in the regular physical education program and requires activity modifications. A **Doctors Physical Education Modified Program Form**, available at all schools must be filled out by a family physician and returned to the school before modification can begin

**RELEASE OF DIRECTORY INFORMATION:**

\_\_\_\_\_ **Parent/Legal Guardian Initials**

I understand information that is classified as **"Directory Information"** may be disclosed under the guidelines printed in the **Rights and Responsibilities Handbook** and explained in the *Annual Notice to Students/Parents* regarding student educational records and directory information published each school year in accordance with state and federal law, and that I may prevent disclosure of such information by providing a written notice to the school

**PARENT/GUARDIAN SIGNATURES:**

**PARENT AFFIRMATION:**

*I certify that, to the best of my knowledge, the information provided in this document is accurate as of the date shown below. I acknowledge receipt of student health requirements, opt out options and discipline/attendance procedures. I understand that I have the right to see any documentation kept by Buena Vista City Schools in relation to my child. I understand that data pertaining to my child's academic performance will only be released to other educational authorities after filing a Release of Transcripts application with the appropriate school. I understand that it is my responsibility to notify my child's school should any of the information listed on this form changes.*

Parent / Guardian Signature:

Date:

Parent / Guardian Signature:

Date:

**PARENT AFFIRMATION:**

*I certify that our family has received a copy of their educational rights under the McVinney-Vento Homeless Education Act (if applicable).*

Parent/Guardian Signature:

Date:

ADMISSION INFORMATION (office use only)			
Enter Date: ___/___/___	ENTRY CODE: _____	GRADE: _____	HOMEROOM # _____
PHYSICAL EXAM : <input type="checkbox"/> YES <input type="checkbox"/> NO		PROOF OF IMMUNIZATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Records Requested Date: ___/___/___		Expulsion Affirmation signed: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Physical Education Permission signed: <input type="checkbox"/> YES <input type="checkbox"/> NO		Directory Information initialed: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Handbook Issued/Partnership Form signed (AUP) <input type="checkbox"/> YES <input type="checkbox"/> NO		Transfer Student Temporary Placement (IEP) <input type="checkbox"/> YES <input type="checkbox"/> NO	
ENROLLMENT BY:		DATE ENTERED: ___/___/___	