



Prince George County Public Schools Registration Form

(Please Print information)

Office Use Only
Entry Code:
Student ID:

School Name:		Grade Entering:		Registration Date:	
Prior School Information					
Has this student ever been enrolled in Prince George County Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of last Prince George School attended:			Last Year and Grade(s) attended in Prince George Schools:		
Has student ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If so, which grade?</i>)					
Name of last school student attended:					
Address of last school student attended:					
Previous School Phone Number:			Previous School FAX number:		
Student Information					
Legal Last Name		Legal First Name		Legal Middle Name	
Preferred Name		Soc. Sec. #:		Parent Refused SS#: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Student's Email Address:					
Address Information					
Home Address:			City:	State:	Zip:
Mailing Address: (<i>if different</i>)			City:	State:	Zip:
Birth Information					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date: <small><i>month/day/year</i></small>		Birth Certificate #:	
Multiple Birth: <input type="checkbox"/> No <input type="checkbox"/> Yes					
Birth State:		Birth Country:		Country of Origin:	
Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <small>(must select one)</small> <input type="checkbox"/> Hispanic or Latino		Race: (<i>must select one</i>) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <small>(check ALL that apply)</small> <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
Special Services/Medical Information					
Special Medical Information (<i>diabetes, medication, ADD/ADHD, seizures, etc.</i>):					
Special Services: <input type="checkbox"/> 504 Plan <input type="checkbox"/> Special Ed with IEP (<i>Specify Disability</i>) <input type="checkbox"/> AEP (Alt Ed Plan) <input type="checkbox"/> Gifted/Talented					
Foster Student: <input type="checkbox"/> No <input type="checkbox"/> Yes		Ward of State: <input type="checkbox"/> No <input type="checkbox"/> Yes		Refugee: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Immigrant Status: <input type="checkbox"/> No <input type="checkbox"/> Yes		Immigrant Status Date:		Immigrant Code:	
Migrant:		Migrant Date of Residency:		Migrant ID:	
Migrant Eligibility Expiration Date:					
Primary Language:		Home Language Country:		Home Language:	
Date Entered Country:				Date Entered US Schools:	
Homeless: <input type="checkbox"/> No <input type="checkbox"/> Yes				Homeless Night Residence:	

Please turn form over to complete



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Parent/Guardian Information				
<input type="checkbox"/> Biological <input type="checkbox"/> Step Father Information:	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
Home Address:(if different than student)		City:	State:	Zip:
Home Phone #:	Cell #:	Home Email		
Place of Employment:	Work #:	Work Email:		
<input type="checkbox"/> Biological <input type="checkbox"/> Step Mother Information:	<i>Last Name</i>	<i>First Name</i>	<i>Maiden Name</i>	
Home Address:(if different than student)		City:	State:	Zip:
Home Phone #:	Cell #:	Home Email:		
Place of Employment:	Work #:	Work Email:		
Military Information				
Federally Connected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Parent's Name:	Branch of Service:	Rank:	Civilian Personnel: (where)
Emergency Contact Information <i>(list contacts other than parents that have permission to pick student up from school)</i>				
Name:	Relationship to student:	Home Phone #:	Cell #:	
Contact Notes:				
<i>List person who should be contacted first or any person(s) who should not have contact with this student:</i>				
Student Sibling Information				
<u>Names of other children in Prince George Schools</u>	<u>Prince George School(s) other children are attending</u>	<u>Grade Level</u>		

Parent/Guardian Signature _____

Date _____

Certification/Release: I hereby certify that all of the above information is true and correct, and I agree and understand that any falsification of information may result in the immediate removal of my child/children from the Prince George County Public Schools. I also agree and understand that any falsification of information will make me responsible for paying full nonresident tuition for my child/children from the date of enrollment in the Prince George County Public Schools. I further understand that should a principal have reason to believe that my residency status has changed, I may be required to submit a new proof of residency and that failure to do so may result in the immediate removal of my child/children from Prince George County Public Schools. **I hereby grant permission to Prince George County Public Schools to verify the above information through property management, real estate agencies, or other housing developments, including but not limited to any utility companies (i.e. telephone, internet, cable, gas, water and sewer and electrical power companies).** I hereby grant permission to these agencies to release this information to Prince George County Public Schools to be verified. **WARNING: Providing false information for school enrollment purposes is a criminal offense.** VA Code 22.1-264.1.