

To be completed by School:

Teacher Assignment \_\_\_\_\_ Homeroom \_\_\_\_\_ Bus \_\_\_\_\_

STI \_\_\_\_\_ Student ID # \_\_\_\_\_

Date \_\_\_\_\_ School Year \_\_\_\_\_ / \_\_\_\_\_

### FREDERICKSBURG CITY PUBLIC SCHOOLS – REGISTRATION FORM

Has student previously attended Fredericksburg City Public Schools?  Yes  No

If yes, name of school \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)  
STUDENT'S PREFERRED NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Gender:  
 Male  
 Female

DOB: \_\_\_\_\_ BIRTHPLACE: CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

MILITARY CONNECTED: NAT'L GUARD OR RESERVES

CHANGE DEPENDENT STATUS  Not military connected  Active Duty Fulltime  Nat' Guard or Reserve

ADDRESS: \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_ (City) (State) (Zip Code)

Are you in a temporary living situation  Yes (If yes, check nighttime residence)  No

Nighttime residence:  Motel/Camper/Trailer  Car or public building  Awaiting Foster Care  
 Shelter  Living with another family due to loss of housing or financial hardship

STUDENT LIVES WITH: (Check all that apply)

ETHNICITY: (Check One)

Father  Mother \_\_\_\_\_  
(First, MI, Last)  
 Mother  Father \_\_\_\_\_  
(First, MI, Last)  
 Stepmother \_\_\_\_\_  
(First, MI, Last)  
 Stepfather \_\_\_\_\_  
(First, MI, Last)  
 Guardian \_\_\_\_\_  
(First, MI, Last)  
 Fosterparent \_\_\_\_\_  
(First, MI, Last)

Hispanic or Latino  
 Not Hispanic or Latino

RACE: (Check all that apply)

American Indian/Alaskan Native  
 Black or African American  
 White  
 Native Hawaiian/Other  
 Pacific Islander  
 Asian

Translation Required

Yes  No

Referring Agency \_\_\_\_\_

NON-CUSTODIAL PARENT'S INFORMATION: (if applicable)

Name \_\_\_\_\_ Address \_\_\_\_\_

Court Order on file?  Yes  No City, State, Zip \_\_\_\_\_

(Please complete information on both sides of this form)

**CONTACT INFORMATION**

| TELEPHONE | MOTHER | FATHER |
|-----------|--------|--------|
| HOME      |        |        |
| CELL #1   |        |        |
| CELL #2   |        |        |
| WORK      |        |        |
| E-MAIL    |        |        |
| OTHER     |        |        |

**EMERGENCY CONTACT INFORMATION (AUTHORIZED PERSONS WHO MAY PICK UP YOUR CHILD -other than parent)**

| NAME | TELEPHONE | RELATIONSHIP |
|------|-----------|--------------|
|      |           |              |
|      |           |              |

**MEDICAL INFORMATION**

|          |              |
|----------|--------------|
| Dr. Name | Phone Number |
| Dentist  | Phone Number |

**SIBLINGS ATTENDING FREDERICKSBURG SCHOOLS**

| NAME (First, MI, Last) | GRADE | SCHOOL |
|------------------------|-------|--------|
|                        |       |        |
|                        |       |        |

**TRANSPORTATION TO/FROM SCHOOL**

|   |  |
|---|--|
| <b>Morning</b><br><input type="checkbox"/> Car <input type="checkbox"/> Walk<br><input type="checkbox"/> Day Care Van <input type="checkbox"/> HMES SAC Program<br><input type="checkbox"/> School Bus: _____<br><p style="text-align: center;">(pick up address)</p> | <b>Afternoon</b><br><input type="checkbox"/> Car <input type="checkbox"/> Walk<br><input type="checkbox"/> Day Care Van <input type="checkbox"/> HMES SAC Program<br><input type="checkbox"/> School Bus: _____<br><p style="text-align: center;">(drop off address)</p> |
|---|--|

Name of Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Special Services Received:     Special Ed     504 Plan     Speech     Gifted                       English Second Language**PLEASE COMPLETE INFORMATION ABOUT YOUR CHILD'S PRE-SCHOOL EXPERIENCE**

My Child attended pre-school at:     Private Provider     Head Start     VPI     Title 1 - PRE K     Licensed Home/Day Care  
 Coordinated SPED     SPED only     No formal PRE-K                       Government - Tuition Charged

How many hours per week did your child attend pre-school?                       Not provided

Less than 15 hrs./week                       15 - 29 hrs./week                       30 or more hrs./week

**REGISTRATION FORM STATEMENT:** I hereby swear and affirm that the student named on the front of this form has not been expelled from school attendance at a private school or in a public school division of the Commonwealth or another state for an offense or violation of School Board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. I understand that any person making a materially false statement of affirmation shall be guilty upon conviction of a Class 3 misdemeanor.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature (grades 6-12) \_\_\_\_\_ Date \_\_\_\_\_