



VIRGINIA BEACH CITY PUBLIC SCHOOLS

CHARTING THE COURSE

Office of Student Leadership Student Conduct / Services Office CUSTODY REGISTRATION FORM

Student Information

Student's Full Name: _____ Date: _____
Date of Birth: _____ Grade: _____ Phone: _____
Names of Natural Parents (list both parents, unless one parent has sole custody): _____
Address: _____

School for Enrollment	Previous School Attended	City / State of Previous School

Does the student have a long-term suspension or expulsion at the previous school? _____
Does the student have any criminal charges? (Please provide a copy of the charges.) _____

Guardian Information

Name of person(s) with court-appointed custody: _____
Address: _____
Relationship to student: _____ Phone: _____
Name of court and date custody was secured: _____
Indicate reason the student is living with you rather than the natural parent: _____

How long has the student resided with you?	
How long will the student be residing with you?	
How many days of the week will the student be residing with you?	
Who is providing medical insurance for the student? (Please provide documentation)	
Who is claiming the student on taxes? (Please provide documentation)	
Is anyone receiving financial assistance for this student? (ie. SNAP, child support)	
If yes, who is receiving the financial assistance?	

Please initial:

- _____ I certify that the information provided above is complete, true and correct to the best of my knowledge. I understand that if the information is found to be incorrect, the student will be withdrawn from Virginia Beach City Public Schools.
- _____ The student is living in the school division, not solely for the purpose of attending school.
- _____ I understand that it is a Class 4 misdemeanor for knowingly making a false statement concerning the residence of a child in a particular school division or school attendance zone.

The following document must be attached to this request:

- A copy of the court order from a court in the United States conferring guardianship or legal custody of the student to the person making this request. (Court orders from other states must be registered in Virginia).

FOR OFFICE USE ONLY

Office of Student Leadership

This student is _____ approved _____ disapproved for enrollment with the non-custodial parent.

Should this decision be disapproved, you may appeal in writing within five (5) days of issuance to:
Michael McGee, Director; Office of Student Leadership, 1413 Laskin Road, Virginia Beach, VA 23451-6007; 757-263-2020

Coordinator

Date

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