

Student Birth Information (exactly as shown on Birth Certificate)

Legal Last Name (including suffix, if applicable)		Legal First Name		Legal Middle Name(s)	
Birthdate mm/dd/yyyy	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	City	State	Country	
Birthplace:					

Please provide copies of **all current court orders** concerning custody and visitation of the student, including protective orders, if any.

Ethnic Group - The US Department of Education requires that both these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are required to make selections for both.

Is the student Hispanic or Latino? Yes - Hispanic or Latino No - Not Hispanic or Latino

Race: (Please select one or more) American Indian or Alaska Native Black/African American Native Hawaiian or Pacific Islander Asian White

What language does the student use most frequently at home?	Immigrant - Individuals who are school aged 3 through 21; were not born in any State of the United States of America (including Puerto Rico and D.C.); and have not been attending one or more schools in any one or more States for more than three (3) full academic years. <input type="checkbox"/> Immigrant Date in USA: _____ <input type="checkbox"/> Migrant Date in a Virginia School: _____ Date in a US School: _____
What language is spoken in the home by the parents?	
What language did the student learn first?	
In what language do you wish to receive written communication?	
In what language do you wish to receive verbal communication?	Note - These questions meet federal requirements for identifying and assessing language minority students in order to provide appropriate instructional support services for those students found to be English language learners. If another language is indicated, the student will be tested for English language proficiency. Parents or guardians will be informed of the results of the English language proficiency assessment.

Military Connected Student Active Duty: Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard National Guard or Reserve: Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)

Student is not military connected

Is Student in Foster Care? Yes No | DSS Enrollment Form complete? Yes No

Name of State, County, City or Agency _____

Primary Household Information (where student resides)

This address is the student's legal address and is the address to which all mail intended for the student or the student's parents or guardians will be sent.

Parent/Guardian 1 (Last, First, Middle)	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Stepparent <input type="checkbox"/> Group Home <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Other
Parent/Guardian 2 (Last, First, Middle)	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Stepparent <input type="checkbox"/> Group Home <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Other
Street Address and Apartment Number	City State Zip

Household Phone _____ The Primary Household phone number is used for attendance calling, community outreach and is automatically included as a Connect-ED emergency number. You may select up to five additional numbers below that will be used by our Connect-ED system for emergency notifications.

Email Addresses: Please provide an email address that we may use to send information intended for members of the student's primary household and a student e-mail for information intended for the student.

Household email _____	Student email _____
Primary Household Parent/Guardian 1 - Phones Home Phone _____ Check box to include this number in emergency calling. <input type="checkbox"/> Work Phone _____ <input type="checkbox"/> Other Phone _____ <input type="checkbox"/>	Primary Household Parent/Guardian 2 - Phones Home Phone _____ Check box to include this number in emergency calling. <input type="checkbox"/> Work Phone _____ <input type="checkbox"/> Other Phone _____ <input type="checkbox"/>

Secondary Household Information

Should This Household Receive Mailings? Yes No

Parent/Guardian 1 (Last, First, Middle)	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Stepparent <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Other
Parent/Guardian 2 (Last, First, Middle)	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Stepparent <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Other
Street Address and Apartment Number	City State Zip

Household Email Address: Please provide one email address that we may use to send information intended for members of the student's secondary household.

Household email _____	
Secondary Household Parent/Guardian 1 Phones Home _____ Check box to include this number in emergency calling. <input type="checkbox"/> Work _____ <input type="checkbox"/> Other _____ <input type="checkbox"/>	Secondary Household Parent/Guardian 2 Phones Home _____ Check box to include this number in emergency calling. <input type="checkbox"/> Work _____ <input type="checkbox"/> Other _____ <input type="checkbox"/>

Emergency Contacts (Fill in information for at least two contacts.)**NOT PARENTS OR GUARDIANS—LOCAL CONTACTS ONLY!**

	Relationship (to child)	Home (With area code)	Work (With area code)	Other (With area code)
Contact One (other than parent/guardian)		<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling
Contact Two (other than parent/guardian)		<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling
Contact Three (other than parent/guardian)		<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling

Emergency Student Release Authorization - In the event of an emergency and the the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

*Legal Parent/Guardian Signature _____

Date _____

Daycare/Childcare Provider

Daycare/Childcare Provider Name	Phone Number	Other Phone

Is Daycare/Childcare Provider authorized to remove student from school? Yes NoIs Daycare/Childcare Provider responsible for transportation? Yes No If yes, please describe: _____Previous School Attended Has your child ever attended Hanover County Public Schools? Yes No

Previous school attended, including Hanover County: _____

If student is enrolling in KG, what was the student's most recent pre-KG experience? (Check all that apply.)

- VP1
 Title 1 PK
 Head Start
 Spec. Ed.
 Gov't Agency
 Private Provider
 Licensed Home Provider
 No Formal PK Program (home or unlicensed caregiver)

Average weekly time in PK Program? < 15 Hours 15 - 29 hours 30 or more hours

The information reported on this Student Enrollment form will become a part of your child's current school record. Student record information will not be released to third parties or used for other than routine daily and/or emergency contact purposes without the knowledge or permission of parents, guardians or students who have passed their eighteenth birthday, except in accordance with the law.

NOTICE: Only students who physically reside within the boundaries of Hanover County and nonresident students who have obtained approval from the School Board Office may legally attend Hanover County Public Schools. Recognizing this legal requirement, I hereby verify that the student named on this form physically resides with his/her parent/guardian in Hanover County.

It is understood that the above-named student will be permitted to continue enrollment in the Hanover County Public School System as long as the above-listed address is the bona fide legal residence of the student and parent(s)/legal guardian(s). If a change in the bona fide legal residence occurs, it is the responsibility of the parent(s)/legal guardian(s) to notify the school immediately. *Any falsification of the above information shall result in withdrawal of the student and the appropriate tuition charge shall be assessed for each student found to be falsely enrolled in the Hanover County Public School System.* Any person who knowingly makes a false statement concerning the residency of a child for school enrollment shall be guilty of a Class 4 misdemeanor.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student, including sending the student to his/her resident district.

*Legal Parent/Guardian Signature _____

Date _____



The Hanover County School Board does not unlawfully discriminate on the basis of age, sex, race, color, religion, disability or national origin in its employment practices or educational programs and activities. The Director for Special Education is designated as coordinator for non-discrimination for access to and implementation of programs under Section 504 and the Americans with Disabilities Act. The Assistant Superintendent of Human Resources is designated as coordinator for non-discrimination regarding personnel matters under Section 504 and the Americans with Disabilities Act. To contact Hanover County Public Schools by telephone, please call 804-365-4500.

Student Health Information

Student Name: Legal Last Name		Legal First Name	Legal Middle Name	Preferred Name
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Home Room / Home Base Teacher	

Medications taken regularly: _____

Does your child have any medical conditions that will require special care? If so, indicate below in detail:

- Yes No Allergies: State what kind: Environmental, food, insect (bees, wasps, yellow jackets) and treatment: _____
 - Yes No Asthma: Physician's name/number/medication _____
 - Yes No ADD or ADHD _____
 - Yes No Cardiovascular: Condition & Cardiologist's name/number _____
 - Yes No Diabetes: Physician's name/number _____
 - Yes No Hearing Deficit (wears hearing device? Yes/No) _____
 - Yes No Juvenile Arthritis _____
 - Yes No Migraines: Physician's name/number and Medication _____
 - Yes No Physical Limitations _____
 - Yes No Scoliosis: Physician's name/number _____
 - Yes No Seizures: Neurologist's name/number _____
 - Yes No Urinary Tract Problem: Condition & Urologist's name/number _____
 - Yes No Vision Correction – Glasses/Contacts – circle one _____
 - Yes No Wheelchair bound _____
 - Yes No Other _____
- List any childhood diseases: _____

PARENT AUTHORIZATION

The school nurse/attendant may contact our family physician for medical information. In case of serious accident/illness, I request the school contact me first. If a person listed above cannot be reached, the school may make arrangements deemed necessary, including transportation to a medical facility via rescue squad to obtain medical assistance.

Date _____ Signature _____

Physician/Phone _____ Hospital Choice _____

Dentist/Phone _____

Would you like information on low cost health insurance; Medicaid/FAMIS for children? Yes No



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