VIRGINIA PUBLIC SCHOOLS STUDENT ENROLLMENT FORM

STUDENT INFORMATION

LEGAL NAME ___________________________________________ GRADE_____
LAST FIRST FULL MIDDLE

BIRTHDATE _____/_____/_______ GENDER: ____MALE ____FEMALE

BORN IN USA ____YES ____NO IF NO, WHICH COUNTRY _________________________

ADDRESS/PHONE ___________________________________________________________________________
STREET ADDRESS CITY/STATE/ZIP CODE STUDENT’S CELL PHONE

STUDENT CURRENTLY LIVES WITH ____BOTH PARENTS ____MOTHER ____FATHER ____OTHER

SCHOOL ENROLLMENT INFORMATION

PREVIOUSLY ATTENDED: VIRGINIA PUBLIC SCHOOLS? ____YES ____NO MN PUBLIC SCHOOL? ____YES ____NO

DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES? ____YES ____NO 504 SERVICES? ____YES ____NO

LAST SCHOOL ATTENDED
NAME OF SCHOOL STREET ADDRESS CITY/STATE/ZIP CODE TELEPHONE/FAX

GUARDIAN/FAMILY INFORMATION

MILITARY FAMILY ____YES ____NO ACTIVELY DEPLOYED ____YES ____NO MIGRANT FAMILY ____YES ____NO

PRIMARY HOME LANGUAGE ____ENGLISH ____OTHER (PLEASE SPECIFY) __________________________

STUDENT’S LEGAL GUARDIAN ____BOTH PARENTS ____MOTHER ____FATHER ____OTHER ___________________

PARENT/LEGAL GUARDIAN NAME _______________________________________________________________

RELATIONSHIP TO STUDENT ____________________________ PARENT EMAIL _________________________

PARENT/LEGAL GUARDIAN ADDRESS ___________________________ STREET ADDRESS CITY/STATE/ZIP CODE

PARENT/LEGAL GUARDIAN EMPLOYER ___________________________ WORK PHONE _______________________

HOME PHONE ____________________________ CELL PHONE ____________________________

PARENT/LEGAL GUARDIAN NAME _______________________________________________________________

RELATIONSHIP TO STUDENT ____________________________ PARENT EMAIL _________________________

PARENT/LEGAL GUARDIAN ADDRESS ___________________________ STREET ADDRESS CITY/STATE/ZIP CODE

PARENT/LEGAL GUARDIAN EMPLOYER ___________________________ WORK PHONE _______________________

HOME PHONE ____________________________ CELL PHONE ____________________________

(OVER) 8/2019
IN CASE OF EMERGENCY, CONTACT:

NAME______________________________ RELATIONSHIP________________ PHONE NUMBER________________

OTHER FAMILY MEMBERS 0-GRADE 12 LIVING AT HOME

NAME________________ GRADE____ GENDER____ BIRTHDATE________ SCHOOL________
NAME________________ GRADE____ GENDER____ BIRTHDATE________ SCHOOL________
NAME________________ GRADE____ GENDER____ BIRTHDATE________ SCHOOL________
NAME________________ GRADE____ GENDER____ BIRTHDATE________ SCHOOL________

STATE/FEDERAL REPORTING REQUIREMENTS

RACIAL/ETHNICITY DATA
For federal reporting purposes, check all that apply:

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

For state reporting purposes, check one response:

— 0- Not North American Indian
   (i.e student is Central American Indian, White, Asian, etc)
— 1- American Indian or Alaskan Native
   Persons having origins in any of the original peoples of North America

For federal reporting purposes, check one response:

— YES, Hispanic or Latino: Mexican, Puerto Rican, South or Central American and other Spanish culture or origin, regardless of race
— NO, not Hispanic or Latino

MCKINNEY-VENTO REPORTING REQUIREMENTS
Check the box that most accurately describes the student/family living arrangement.

☐ Staying in a shelter.
☐ Unsheltered (living in a car, abandoned building, etc)
☐ Motel/Hotel due to loss of housing.
☐ Sharing housing of others due to loss of housing, economic hardship or similar reason.
☐ Migrant Worker
☐ Transitional housing unit.
☐ Unaccompanied youth; not in physical custody of a parent or legal guardian.
☐ Other: Please explain __________________________
☐ None of these apply. The student is not homeless.

I certify that the information is accurate:

________________________________________________________________________
________________________________________________________________________
Parent/Legal Guardian Signature ___________________________ Date _____________

MARSS NUMBER_________________ STUDENT ID_________________ RESIDENT DISTRICT________

ENROLLMENT DATE_____________ CODE ________________
WITHDRAWAL DATE_____________ CODE ________________

CHANGES

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

STATE AID CODE ______________ TRANSPORTATION CODE ______________ SCHOOL BUILDING # __________

HOMELESS LIASION CONTACTED (if applicable) _______________ DATE _____________

(OVER) 8/2019