

STUDENT ENROLLMENT INFORMATION

Student's Full Name			
LAST:	FIRST:	MIDDLE:	SUFFIX:

Grade Level	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	① First language the student acquired	② Language most often spoken by the student
Nickname		③ Primary language spoken in the home, regardless of the language spoken by the student	
Student's Birthdate		④ Does the student speak any language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what language(s)?	
Birth Certificate No.		⑤ Was the student in an ESL (also called ELL/LIEP/ESOL/ENL) program in another school? <input type="checkbox"/> No <input type="checkbox"/> YES - SCHOOL _____ HOW LONG? _____	
Student's Birth City and State OR Country CITY: _____ STATE: _____ COUNTRY: _____			When did student first enter United States schools? DATE: _____
Is student of Hispanic or Latino descent? <input type="checkbox"/> YES <input type="checkbox"/> NO A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.			
What race code or combination of codes best describes student's background? Please check ALL that apply. More than one code is acceptable <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander			

Student's Address ZIP CODE: _____	Home Telephone No.
Resident of: <input type="checkbox"/> Roanoke County <input type="checkbox"/> Vinton <input type="checkbox"/> Other _____	

<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother NAME: _____ Address <input type="checkbox"/> Same as Student ZIP CODE: _____	Home Telephone No. Cell Phone No.
Occupation/Employer	E-mail address
Business Address	Business Telephone ext

<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother NAME: _____ Address <input type="checkbox"/> Same as Student ZIP CODE: _____	Home Telephone No. Cell Phone No.
Occupation/Employer	E-mail address
Business Address	Business Telephone ext

Student lives with: (check all that apply)

Both parents
 Father
 Mother
 Stepfather
 Stepmother
 Grandparents
 Foster Home
 Foster Parent
 Family & Children's Services
 Other _____

Verification of legal guardianship (court order) Copy required at enrollment in RCPS

*Please provide name and school of all siblings (include half, step) attending a Roanoke County school.

Complete Name	Age	School	Complete Name	Age	School

Date entered public school for the first time _____ Has student attended preschool or day care? YES NO
If so, where? _____

Date entered current school _____ Has student ever repeated a grade? YES NO
If so, what grade? _____

Has student ever attended a Roanoke County school? YES NO
If so, what grade? _____ when? _____ where? _____

Has student ever received services from a Roanoke County school? (i.e speech, OT, etc.) YES NO
If so, what grade? _____ when? _____ where? _____

Has student participated in any of the following programs?
 Gifted
 Title 1
 Special Education
 English Sec. Lang
 Other _____

List all schools attended by student (in order):

Complete Name of School	City, State	Grade Levels	Years Attended
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____

Any physical, emotional, or special health problems, such as allergies, which the school should be aware of? YES NO

Name of family doctor _____ Telephone No. _____

Do you give the school permission to call the doctor or send the child to the hospital in the event you cannot be located? YES NO
Do you assume responsibility for the cost? YES NO

I confirm that I have legal custody of this student and that the information is accurate to the best of my knowledge.

Parent's Signature Date

The Code of Va.(§ 22.1-264.1) makes it a misdemeanor to knowingly give false information to schools regarding residence for the purpose of enrolling a child in a school outside their legal attendance area.

The Code of Va (§ 22.1-260) requires that each student present a social security number within ninety days of enrollment. This is used for student verification. The 1986 Federal Tax Act requires that no student be excluded from school for failure to provide a social security number.

Roanoke County Public Schools does not discriminate with regard to race, color, age, national origin, gender, or handicapping condition in an educational and/or employment policy or practice. Questions and/or complaints should be addressed to the Executive Director of Administration/Title IX Coordinator at (540) 562-3900 ext. 10121 or the Director of Pupil Personnel Services/504 Coordinator at (540) 562-3900 ext. 10186.