



PITTSYLVANIA COUNTY SCHOOLS
STUDENT REGISTRATION FORM



OFFICE USE ONLY
Teacher: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Entry Date: \_\_\_\_\_
Provided: [ ] Birth Certificate [ ] Physician's Statement [ ] Court Documentation [ ] Alternate Transportation Form

Has your child ever attended Pittsylvania County Schools? \_\_\_ No \_\_\_ Yes \_\_\_ Unsure
Last School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_
Special Education Services: \_\_\_ No \_\_\_ Yes Classification: \_\_\_\_\_

Name of Student: \_\_\_\_\_
(Last) (First) (Middle)

Home Address: \_\_\_\_\_
(Street) (City) (Zip)

Mailing Address: \_\_\_\_\_
(if different) (Street) (City) (Zip)

Is this a temporary address? \_\_\_ No \_\_\_ Yes

Do any of the following living arrangements apply? (Check any that apply.)

- \_\_\_ sharing the housing of other people due to foreclosure, loss of housing, economic hardship, or a similar reason (sometimes referred to as 'doubled-up')
\_\_\_ living in a motel, hotel, trailer park, or camping ground due to lack of alternative adequate accommodations
\_\_\_ living in an emergency or transitional shelter
\_\_\_ abandoned in a hospital
\_\_\_ living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar settings

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_
(mm/dd/yyyy)

Birthplace: \_\_\_\_\_ Languages Spoken in Home: \_\_\_\_\_

Are you Hispanic/Latino? (Choose only one)
\_\_\_ No, not Hispanic/Latino
\_\_\_ Yes, Hispanic/Latino

What is your race? (Choose one or more)
\_\_\_ American Indian or Alaska Native
\_\_\_ Asian
\_\_\_ Black or African American
\_\_\_ Native Hawaiian or Other Pacific Islander
\_\_\_ White

Race for State Report? (Choose only one)
\_\_\_ American Indian or Alaska Native
\_\_\_ Asian
\_\_\_ Black Non-Hispanic
\_\_\_ Hispanic
\_\_\_ Native Hawaiian or Other Pacific Islander
\_\_\_ White Non-Hispanic

Custody Concerns

Documentation (with court seal) is necessary to enforce any directives by parent or guardian.

Medical Information

Choose any health condition(s) may apply to your child below. Please speak with the school nurse if any additional information should be provided on these conditions or others not listed. A physician's statement is required to document dietary substitutions.

- \_\_\_ Adrenal Insufficiency \_\_\_ Cardiac Conditions \_\_\_ Life Threatening Allergy
\_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Seizures

Pediatrician/Primary Care Provider: \_\_\_\_\_

Dentist: \_\_\_\_\_

Does the student have private health insurance? \_\_\_ Yes \_\_\_ No

In the table below, provide contact information for at least one parent or guardian and up to three emergency contacts below. Circle the number for the order contacts are to be called in the case of an emergency. Mother/Father day and home phone numbers will be used for all attendance, emergency, and general calls made by their school and the division. Other contacts will only be called for emergency calls placed by the division. Mother/Father email addresses will be used for delivery of secure documents (report card) and emails with other information from the school/division.

Contact Name	Relationship to Student	Day Phone	Home Phone	Mailing Address (if different from student)	Email Address	Order to Contact	Emergency Contact	Lives With	Has Custody	School Pickup
	<b>Mother/Guardian</b> Military Active Duty <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/> <b>Employer:</b>						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	<b>Father/Guardian</b> Military Active Duty <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/> <b>Employer:</b>						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
							Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
							Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
							Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

**Transportation Information** (Please fill in all information that pertains to your child.)

Primary AM Bus # \_\_\_\_\_ Primary PM Bus # \_\_\_\_\_ AM Car Rider: \_\_\_ No \_\_\_ Yes Student Driver: \_\_\_ No \_\_\_ Yes  
 Secondary AM Bus # \_\_\_\_\_ Secondary PM Bus # \_\_\_\_\_ PM Car Rider: \_\_\_ No \_\_\_ Yes  
 Daycare or other after-school program (Must fill out *Parental Consent to Release Child to Alternative After-School Care Transportation* form.)

Other Transportation Information (Please list any other information such as “Grandmother picks up student” or “Rides bus to aunt’s on Fridays.”)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_