

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

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

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? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, where? _____
Date entered current school	Has student ever repeated a grade? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what grade? _____
Has student ever attended a Roanoke County school? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what grade? _____ when? _____ where? _____	
Has student ever received services from a Roanoke County school? (i.e speech, OT, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what grade? _____ when? _____ where? _____	
Has student participated in any of the following programs? <input type="checkbox"/> Gifted <input type="checkbox"/> Title 1 <input type="checkbox"/> Special Education <input type="checkbox"/> English Sec. Lang <input type="checkbox"/> Other _____	

List all schools attended by student (in order):

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

Any physical, emotional, or special health problems, such as allergies, which the school should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you assume responsibility for the cost? <input type="checkbox"/> YES <input type="checkbox"/> 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.

RESIDENCY VALIDATION

Enrollment and Change of Address

Roanoke County Public Schools requires all schools to document proof of residency for each student enrolled. As a result, each time a student is being registered or requesting a change of address in Roanoke County Public Schools, it is necessary that the parent or guardian present reasonable proof of residing in our school district. It is understood that deliberate falsification or providing misleading information for school attendance purposes in a Roanoke County Public School will result in your child being immediately withdrawn from the Roanoke County Public Schools.

Please select one:

My family resides with another Roanoke County homeowner.

If your family resides with another homeowner, please complete ONLY the information on the other side of this page. The homeowner you reside with will need to be present to provide identification and signature to complete. In addition, form AD.5-108A must be completed by homeowner and notarized.

My family does not reside with another Roanoke County homeowner.

If your family is the primary homeowner, please complete ONLY the information requested below.

Residency documentation:

Please provide documentation of residency. Acceptable documentation includes:

- Mortgage documentation or Deed
- Current lease
- Current real estate tax statement

All Residency documentation needs to be of your principal residence in Roanoke County

Va. legal code makes it a class 4 misdemeanor for any person to knowingly make a false statement concerning the residency of a child in a particular school division or school attendance zone for the purpose of avoiding tuition charges or enrollment in a school outside the attendance zone in which the student resides.

I, _____ (Print Parent Name*) am aware of this procedure, which states that if a student is found to have established residency in our attendance area by using false or inaccurate information, the student will be immediately withdrawn from school; according to Virginia High School regulations, the student will lose extracurricular eligibility for 365 days from the date the information is certified as being false (VHSL Regulation 30-5-3.)

Student Name: _____ Grade: _____

Address: _____

*Parent's Signature: _____ Date: _____

Verification documentation presented: _____

Verification documentation copied for student file Date: _____

Verified by: _____ Date: _____

Siblings attending Roanoke County Public Schools? YES NO

Complete this section if your family resides with someone else:

Residency documentation:

Please provide documentation of residency. Acceptable documentation includes if you reside with someone else as your principal residence in Roanoke County.

If you reside with someone else and do not have a mortgage, lease, or Roanoke County property tax statement, you must provide the following three (3) documents:

- (a) If you are living with someone, the homeowner you are living with must provide one document from the list below:
- their mortgage or deed
 - property tax assessment
 - updated lease including all members living in the home
 - proof of home purchase with mortgage within 30-45 days

(b) Notarized statement provided by the homeowner that you (parent(s) and child) live at the address as your principal residence in Roanoke County.

(c) Parent to provide current valid document from the list of alternate proof of residency listed below:

Each document must be the original document and show name and address of the residence as it appears on the students/parents enrollment forms. The street address must be shown on all acceptable documents. A post office box or business address is not acceptable.

- Payroll check stub issued by an employer within the last two months.
- Original monthly bank statement not more than two months old issued by a bank
- Utility bill, not more than two months old, issued to parent: examples include: gas, electric, sewer, or cable. Cellular phone bills are not accepted. Utility bills must be submitted in full.

Va. legal code makes it a class 4 misdemeanor for any person to knowingly make a false statement concerning the residency of a child in a particular school division or school attendance zone for the purpose of avoiding tuition charges or enrollment in a school outside the attendance zone in which the student resides.

I, _____ (Print Parent Name*) am aware of this procedure, which states that if a student is found to have established residency in our attendance area by using false or inaccurate information, the student will be immediately withdrawn from school; according to Virginia High School regulations, the student will lose extracurricular eligibility for 365 days from the date the information is certified as being false (VHSL Regulation 30-5-3.) **Furthermore, the parents will be required to pay all non-residency fees incurred while the student was enrolled in Roanoke County Public Schools.**

Student Name: _____ Grade: _____

Address: _____

*Parent's Signature: _____ Date: _____

Homeowner's Signature: _____ Date: _____

(Homeowner must be present to complete this section, show ID and provide signature with school staff)

Verification documentation presented: _____

Verification documentation copied for student file Date: _____

Verified by: _____ Date: _____

Siblings attending Roanoke County Public Schools? YES NO

AFFIRMATION FORM

Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor. The registration document shall be maintained as a part of the student's scholastic record. (Code of Virginia 22.1-3.2)

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW

I, _____, affirm that _____

has not

has

been expelled from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Parent, guardian, or person having control or charge of child

Date