

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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_
Male Female 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?
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?
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.
Migrant - 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.
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 (Army, Navy, Air Force, Marines, Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U. S. Public Health Services)
Reserve: Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marines, or Coast Guard)
National Guard: Active or Reserve

Is Student in a Foster Care setting? 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) Parent Foster Parent Grandparent Guardian Self Stepparent Group Home Emancipated Minor Other
Parent/Guardian 2 (Last, First, Middle) Parent Foster Parent Grandparent Guardian Self Stepparent Group Home Emancipated Minor 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 Work Phone Other Phone Check box to include this number in emergency calling.
Primary Household Parent/Guardian 2 - Phones Home Phone Work Phone Other Phone Check box to include this number in emergency calling.

Secondary Household Information

Should This Household Receive Mailings? Yes No

Parent/Guardian 1 (Last, First, Middle) Parent Foster Parent Grandparent Guardian Self Stepparent Group Home Emancipated Minor Other
Parent/Guardian 2 (Last, First, Middle) Parent Foster Parent Grandparent Guardian Self Stepparent Group Home Emancipated Minor 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 Work Other Check box to include this number in emergency calling.
Secondary Household Parent/Guardian 2 Phones Home Work Other Check box to include this number in emergency calling.

**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 a pre-K program or in grade KG, identify the current or most recent PK experience. (Check all that apply.)**

- Head Start  Public Preschool  Private Preschool/Daycare  Department of Defense Child Development Program
- Family Home Daycare Provider  No Preschool Experience

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.

I certify that the information I have provided on this form is true and accurate. I understand that making a false statement about my residency is a Class 4 misdemeanor. I understand that if I make such a false statement, I will be liable to the Hanover County School Board for tuition charges for the time my child(ren) is/are enrolled and that my child(ren) will be withdrawn. I authorize the Hanover County School Board to verify the accuracy of the information on this form with governmental agencies, landlords, lenders, and other sources. I authorize the Hanover County School Board to rely upon and use any information received from such contacts. If any change occurs in my residency after I submit this form, I am responsible for immediately notifying my child's/children's school(s) of the change.

\*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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