



# Petersburg City Public Schools Registration Form

Student's Full Legal Name (Exactly as shown on birth certificate) Grade: \_\_\_\_\_ Student ID # \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Date of birth: \_\_\_\_\_ Birth Certificate # \_\_\_\_\_ Gender:  Male  Female

Country of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

**Primary Language Spoken:** What is the primary language used in the home, regardless of the language spoken by the student? \_\_\_\_\_  
What is the language most often spoken by the student? \_\_\_\_\_  
What is the language that the student first acquired? \_\_\_\_\_  
*If the primary language is not English, then the registrar will contact the Welcome Center at 804-861-7056 or 804-490-2331 to set an appointment to complete registration and test the student's English proficiency if needed.*

Is the student an Immigrant?  Yes, entry date of in United States \_\_\_\_\_  No

**Immigrant-**Individuals who are school aged 3 through 21; were not born in the United States of America (to include 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.

**Ethnic Groups-**The US Department of Education requires that both of 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?  No - Not Hispanic or Latino  Yes - Hispanic or Latino

Race: Select all that apply

American Indian or Alaska Native  Asian  Black/African American  White  Native Hawaiian or Other Pacific Islander

Primary Address of Student/Enrolling Parent Relationship: Mother  Father  Legal Guardian  Foster Parent  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_

Mailing address (if different from primary address) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Allowed:  Yes  No Educational Rights:  Yes  No Custody:  Yes  No Student Lives with:  Yes  No Release To:  Yes  No  
Preferred method of contact:  English  Spanish

Other Parent Relationship: Mother  Father  Legal Guardian  Foster Parent  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_

Contact Allowed:  Yes  No Educational Rights:  Yes  No Custody:  Yes  No Student Lives with:  Yes  No Release To:  Yes  No  
Preferred method of contact:  English  Spanish

Student Name \_\_\_\_\_

**Emergency Contact 1 Relationship:** Mother  Father  Legal Guardian  Foster Parent  Other \_\_\_\_\_

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_

**Contact Allowed:**  Yes  No **Educational Rights:**  Yes  No **Custody:**  Yes  No **Student Lives with:**  Yes  No **Release To:**  Yes  No

**Emergency Contact 2 Relationship:** Mother  Father  Legal Guardian  Foster Parent  Other \_\_\_\_\_

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_

**Contact Allowed:**  Yes  No **Educational Rights:**  Yes  No **Custody:**  Yes  No **Student Lives with:**  Yes  No **Release To:**  Yes  No

**Emergency Contact 3 Relationship:** Mother  Father  Legal Guardian  Foster Parent  Other \_\_\_\_\_

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_

**Contact Allowed:**  Yes  No **Educational Rights:**  Yes  No **Custody:**  Yes  No **Student Lives with:**  Yes  No **Release To:**  Yes  No

**Court Order Information**

Does your child have court restrictions regarding a parent/guardian contact?  Yes  No (If yes, please provide copy of court documents)

Date of Order: \_\_\_\_\_ Court Order Type: \_\_\_\_\_ Order Locality: \_\_\_\_\_

*Student educational records and/or student will be released to parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Enrolling parent/legal guardian is responsible for providing current copies of all court orders.*

Does this student have siblings who are enrolled in any Petersburg City school? If yes, please enter the full legal name, date of birth, grade level and attending school

Student Full Legal Name	Date of Birth	Grade Level	Attending School

### Student Health Information

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Please List:**

1. Medications taken regularly by student:  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Allergies:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Does your child have any of the following medical conditions? If yes, please request special medical forms for the school clinic.  
 Asthma     Severe Allergies requiring an EpiPen     Diabetes     Seizures

Other \_\_\_\_\_

4. Any physical or medical problems about which the school should know:  
 \_\_\_\_\_  
 \_\_\_\_\_

*If any are listed, the Parent/Legal Guardian should write comments and suggestions on a separate piece of paper and attach to this form.*

Please contact the school nurse, if this student will need health related accommodations in school, or you have any health related questions.

- If the school is unable to contact parent/legal guardian, I give permission for the school to contact my child's physician for clarification of any medical needs.
- I give school authorities permission, in an emergency, to secure necessary aid and transportation for the preservation of my child's health, at my expense.

I affirm that the information provided on this registration form is true and correct. I agree to receive email, phone and text notifications from Petersburg City Public Schools and from the Petersburg school my child is enrolled in.

\_\_\_\_\_  
Signature of Parent, Legal Guardian or Person Having Charge of Student Date

### Additional Student Information

**Special Placement**

Is the student in Foster Care?  Yes  No If yes, name of placing agency: \_\_\_\_\_

Name of Group Home \_\_\_\_\_

Social Worker's Name \_\_\_\_\_

**Special Instructional Placement**

Does the student have an active 504 Plan?  Yes  No (If yes, please provide a copy of 504)

Does the student have a 504 Plan that is in process?  Yes  No

Does the student have an active IEP?  Yes  No (If yes, please provide a copy of IEP)

Does the student have an IEP that is in process?  Yes  No (If yes, please provide a copy of IEP)

**Military Connection**

Student is not military connected (1)

Active duty; Student is a dependent of a member of the Active Duty Forces (full time), Army, Navy, Air Force, Marine Corps or Coast Guard (2)

National Guard or Reserve; Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Marine Corps or Coast Guard) (3)

**Transportation**

How will your child(ren) get to/from school?  Bus  Walk  Parent/Guardian  Day Care/After Care Provider \_\_\_\_\_

If school is dismissed early because of bad weather or another emergency, then my child should go home the way he/she goes home on a regular school day.

If school is dismissed early because of bad weather or another emergency, then my child should not go home his/her usual way but should do this (provide details):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Residential Status**

Do you currently own/rent , live with someone , or live in temporary housing ?

**Prior School Enrollment**

Did your child participate in a Pre-Kindergarten program?  Yes  No (If yes, please select the type from the below list)

Head Start  Virginia Pre-School Initiative (VPI)  VPI +  Special Education  Private School PK  Other  None

Has the student previously attended Petersburg City Public Schools?  Yes  No

PCPS school previously attended: \_\_\_\_\_

What school division is student transferring from? \_\_\_\_\_

What school is student transferring from? \_\_\_\_\_

Grade level at previous school \_\_\_\_\_ School Year previously completed \_\_\_\_\_

<p style="text-align: center;"><b>For School Personnel Only</b></p> <p>School: _____</p> <p>Responsible School: _____ Serving School _____</p> <p>Bus # _____ Entry Code _____ Entry Date _____</p>	<p style="text-align: center;"><b>For School Personnel Only</b></p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Notarized Affidavit; if applicable</p> <p><input type="checkbox"/> Immunization <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Physical <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;"><b>For School Personnel Only</b></p> <p>Proof of Residency Provided <input type="checkbox"/> Yes <input type="checkbox"/> No Date Provided _____</p> <p><input type="checkbox"/> Deed</p> <p><input type="checkbox"/> Current Signed Lease</p> <p><input type="checkbox"/> Copy of parent/guardian ID</p> <p>School Personnel Initials _____ Date _____</p>
---	--	--