

Student Registration Form

Washington County Virginia Public Schools
812 Thompson Drive, Abingdon, VA 24210

STUDENT INFORMATION

School: _____ Grade Requested: _____ Date: _____ ()Male ()Female

Legal Name _____
Last First Middle (name please) Name Student Wishes to Be Called

Residential Address _____
Street City State Zip

Mailing Address () Same as above _____ Home Phone () _____ Unlisted? _____
P.O. Box or Street City State Zip

HB-2382: 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 purposes of avoiding tuition charges or enrollment in a school outside the attendance zone in which the student resides.

County of Residence _____ Birth State _____ Birth Date _____ SSN _____

()Bus #(s) _____, _____ Office Use Car Rider? ()YES ()NO With whom? _____ Walker? ()YES ()NO

Birth Country: ()USA ()Other(name) _____ Language spoken to student at home: _____

Please check () if student has not attended school continuously within the US in the past 3 years. Exchange Student? ()YES ()NO

Please check all that apply. ()Immigrant ()Migrant (certificate of eligibility required) ()Refugee ()Foster (attach form)

Student's primary nighttime residence. ()Permanent home ()Doubled-up (living with relatives or friends due to loss of home)
()Hotel/Motel ()Shelter ()Unsheltered (includes campers)

Did student receive any of the following services at a previous school (check all that apply)? ()English as a second Language (EL)
()Gifted and Talented () Individualized Education Program (IEP) ()Other (please specify) _____

Is this student a dependent of a parent or legal guardian in one of the following military services? ()YES ()NO If YES, check one below.
() Active duty: Army, Navy, Air Force, Marine Corps, Coast Guard, NOAA, or the Commissioned Corps of the U.S. Public Health Services.
() National Guard: Active or reserve, and not a dependent of a member of the US Armed Services.

SCHOOLS ATTENDED INFORMATION

School Last Attended _____ Enrolled from _____ to _____

Address of School (If other than Washington County School) _____

Has student attended a Washington County VA Public School before? ()YES ()NO If yes, list the last school and enrollment dates if known: ()Same as above OR _____ Enrolled from _____ to _____

Has student attended another Virginia Public School before? ()YES ()NO If yes, list the latest school name and enrollment dates if known: ()Same as above OR _____ Enrolled from _____ to _____

PARENT/GUARDIAN INFORMATION (Person(s) with full custody of student)

Attach documentation regarding unique circumstances concerning legal guardianship of the above named student.

Relationship _____ Name _____ Legal Guardian: _____

Address ()Same as student ()Other (please include) _____

Home Phone () _____ Alt Phone () _____ Resides With: _____

Employer _____ Work Phone () _____ Receive Mailings: _____

Email Address _____ ()No Email Occupation _____

Relationship _____ Name _____ Legal Guardian: _____

Address ()Same as student ()Other (please include) _____

Home Phone () _____ Alt Phone () _____ Resides With: _____

Employer _____ Work Phone () _____ Receive Mailings: _____

Email Address ()Same as above OR _____ ()No Email Occupation _____

EMERGENCY CONTACT(S) in addition to parent(s)

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Parent/Guardian Name (Print): _____ Signature: _____

NOTE: If student has a sibling(s) who attends this or another Washington County school please list their full name(s) on the back of this form.