

Radford City Public Schools
Gr. 1 & 2 Student Enrollment / Registration Form
McHarg Elementary School
School Year 20____ - 20____

<i>Office Use Only</i>
Teacher _____
Student ID _____

Student's Full Name: _____
First Name **Middle Name** **Last Name**

Name by which student prefers to be called: _____ Birth Certificate #: _____

Social Security # _____ - _____ - _____ Date of Birth ____/____/____ Age _____ Grade _____

Sex: Male Female Is the student Hispanic or Latino? Yes _____ No _____

Race: (**circle all that apply**) American Indian/Alaska Native Asian Black or African American
Native Hawaiian/Other Pacific Islander White

Student lives with (Check only one) Both Parents Mother only Father only
 Mother and Stepfather Father and Stepmother Legal guardian(s) _____ Other

Names of parents, step-parents or legal guardians the student lives with:

Mother, stepmother or female guardian: _____

Father, stepfather, or male guardian: _____

Residence street address of the student's home (no PO Box or Rural Route):

Is this residence within the city limits of Radford? _____

Does this student pay tuition to attend Radford City Schools? _____

Mailing address (if different from physical address):

Home Phone: _____ Cell Phone(s): _____

E-mail addresses: Home: _____ Work: _____

Names of Siblings in Home:	Age:	School Attending:	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student will be brought to school: by school bus (attached form) Car other _____

Student will be taken home: by school bus (attached form) Car Walker other _____

Parent & Emergency/Notification Information

Mother/Stepmother/Female Guardian: Place of employment, address, phone contact:

Employer: _____ Occupation: _____ Work Hrs: _____ AM to _____ PM

Employer's address: _____ Work Phone: _____

Father/Stepfather/Male Guardian: Place of employment, address, phone contact:

Employer: _____ Occupation: _____ Work Hrs: _____ AM to _____ PM

Employer's address: _____ Work Phone: _____

Secondary Emergency Contacts:

Can Pick Up Child?

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Previous Enrollment Information

Has the student ever attended a Radford City Public School? Yes No

If yes, please give the name of the last Radford City School they attended: _____

School last attended: _____

School Address: _____

School Phone: _____ Highest Grade Level Completed: _____

Withdrawal Date: _____ Reason for Withdrawal: _____

Reason for entering school in Radford City : _____

Check ALL THAT APPLY to this student:

- | | |
|--|---|
| <input type="checkbox"/> Served with IEP | <input type="checkbox"/> Identified TAG (Talented & Gifted) |
| <input type="checkbox"/> Served with 504 Plan | <input type="checkbox"/> Enrolled in remedial reading classes |
| <input type="checkbox"/> Under suspension or expulsion | <input type="checkbox"/> Enrolled in remedial math classes |
| <input type="checkbox"/> Served by ESL Program (non-English speaker) | <input type="checkbox"/> Missed more than 10 days last year |

Custody Concerns (official documents required): _____

Medical or Handicapping conditions, allergies, etc. _____

Student is on the following medications: _____

Student's Doctor's Name: _____ Phone Number: _____

In the event of an emergency, every effort will be made to contact the parent(s) or guardian(s) immediately. Failing contact, we will contact the emergency contact persons listed above in order until someone is notified. If the student is seriously ill or injured, however, and requires absolute immediate medical attention, they will be transported to the nearest emergency room.

I have provided the school with the following items and information:

- Proof of Radford City residency
- This initial student enrollment & registration form
- Valid Virginia Certificate of Immunization
- Valid Virginia Certificate of Physical Examination
- Valid Certified Birth Certificate (school will make a copy and return original)
- Enrolling student's Social Security number (show official card)
- Most recent report card form the school last attended (for students who have been enrolled in any other school, prior to this initial RCPS enrollment)

Note: If the answer to either of the following questions is "Yes", please attach a full explanation.

Is this student currently under suspension or expulsion from another school? Yes No

Has this student ever been suspended or expelled from any school, anywhere, for infractions or violations involving weapons, drugs, alcohol, violence against any student or staff member, vandalism, or destruction of property?
 Yes No

I give my permission for the school to request and receive any and all pertinent records of this student's educational progress and history to-date, including (but not limited to) cumulative records, progress reports, IEP's and related documents, 504 plans and related documents, results of medical and/or psychological testing, juvenile justice records, and disciplinary records.

I have read the stipulations on this page and I give my affirmation that all information supplied herein is true and accurate to the best of my knowledge. I further agree to be bound by the laws and policies regulating the operations of the Radford City Public Schools and to uphold the authority of its duly employed professionals and staff members to supervise and direct the activities of this student under my care while enrolled.

Parent/Guardian

Date

Parent/Guardian

Date