

KING'S FORK HIGH SCHOOL GUIDANCE OFFICE

REGISTRATION

Student registration will be done by appointment only. Please contact the **Guidance Office at 923-5240** to make an appointment. On the day of the appointment, please arrive 30 minutes early to complete the required paperwork if you have not already done so.

Only the custodial parent or guardian can enroll a student and the parent must be living in Suffolk. No other individual can enroll a student unless he or she has legal custody of the student.

To register a student, the parent must provide on day of appointment the following:

- **An original birth certificate**
- **Transcript and withdrawal form from previous school**
- **SOL scores if applicable (out of state testing if applicable)**
- **Immunization Records**
- **Copy of IEP (Individualized Education Plan) or 504 Plan**
- **Court custody papers if applicable**
- **One of the following for Proof of Residency:**
 - a signed lease in your name and photo ID or
 - a current electric, gas or water bill in your name & photo ID or
 - a home purchase contract signed by you and a licensed realtor with a closing date or anticipated closing date and photo ID or
 - if living with a family member or friend for 30 days or more in the City of Suffolk and consider this to be your nighttime residence, a Driver's License with the new Suffolk address (ask for form PP-137)

WITHDRAWALS

Parents of students withdrawing must contact Mrs. Harris, Guidance Secretary, at least 2 days before the student's last day. This will allow her to collect grades and prepare the withdrawal documents. All books must be returned the day of withdrawal. Parent must bring in their photo ID to withdraw student.

Student's ID#: _____



Student Registration Form

Date: _____ School: _____

Student's Name: _____
(First) (Middle) (Last) (Generation)

Gender: (circle one) M F Date of Birth: _____ / _____ / _____ Current Grade: _____

Ethnic Code:

1. Is the student (or if you are the student- Are you) Hispanic/Latino? (choose only one)

_____ **No, not Hispanic or Latino**

_____ **Yes, Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

2. What is the student's (or if you are the student - what is your) race? (choose one or more)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Country of Birth (If not the United States): _____

Last School Attended: _____

Student Lives With (circle one): Mother & Father Mother Only Father Only Guardian Foster Parent

Parent/Guardian Name(s): _____ Relationship: _____

Mailing Address: Apt. Number: _____ P. O. Box: _____

Lot (Street Number): _____ Street Name: _____

City: _____ State: _____ Zip Code: _____

Mother Place of Employment: _____ Work Phone #: _____ Ext.: _____

Father Place of Employment: _____ Work Phone #: _____ Ext.: _____

Mother E-mail: _____ Father E-mail: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Home Phone: _____ Home Phone: _____

Emergency Contact Information (Other than Immediate Family):

Name: _____ Work Phone #: _____ Ext.: _____

Cell Phone: _____ Pager: _____

Home Phone: _____

Other Contact Information (Other than Immediate Family):

Name: _____

Work Phone #: _____ Ext.: _____

Cell Phone _____

Pager _____

Home Phone: _____

Medical:

Physician: _____

Phone #: _____ Ext.: _____

Preferred Hospital: _____

Medical Alerts (Allergies/Med Conditions): 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Date of Last Physical _____

Is This Student Considered To Be: Homeless _____ Migrant _____ Immigrant _____ Refugee _____

Handbook: I choose to receive a paper copy of the student handbook.

I choose to receive an electronic copy of the student handbook.

I certify this information to be true: _____

Parent's/Guardian's Signature

Date

For School Use Only

Student Identification #: _____

Birth Certificate #: _____ Physical Completed & Submitted: Yes No

Special Services Survey Completed and Submitted: Yes No Media Opt Out Form: Yes No

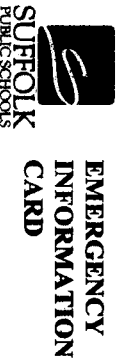
Internet Permission: Yes No Family Life Opt Out: Yes No

Immunizations: Diphtheria _____ Polio _____ Mumps _____ Measles _____ Rubella _____ Tdap _____

Entry Code: _____ Homeroom Assignment: _____

Bus Number _____

Homeroom Number _____



If any information included on this card is different from last year, please check this box

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

1. STUDENT INFORMATION

Name _____ Last _____ First _____ Middle _____ Birth date _____
Address _____ Home tel# _____

2. PARENT/GUARDIAN INFORMATION

Mother's/Guardian's name _____ Home tel. # _____
Work tel. # (with extension) _____ Cell tel. # _____ E-mail _____
Father's/guardian name _____ Home tel. # _____
Work tel. # (with extension) _____ Cell tel. # _____ E-mail _____

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are court orders restricting noncustodial parents or others from contact with child. Provide principal with a copy of the order.

Those designated below are authorized to pick up my child from school in case of an accident, illness or an emergency.

- Local contact's name _____ Relationship to child _____
Home tel. # _____ Work tel. # (with extension) _____
Cell tel. # _____ E-mail _____
- Local contact's name _____ Relationship to child _____
Home tel. # _____ Work tel. # (with extension) _____
Cell tel. # _____ E-mail _____

COMPLETE SECTION BELOW

4. MEDICAL/PHYSICIAN INFORMATION

List student's known allergies and medical condition _____

Doctor's name _____ Tel. # _____
In a medical emergency, I hereby authorize the school division to seek emergency medical assistance for my child if I nor contact persons may be reached.

Parent/Guardian Signature _____ Date _____
Do you have medical insurance? Yes _____ No _____
Please update your school immediately if any information changes.
Would you like to receive information about Family Access to Medical Insurance Security Plan (FAMIS)? Yes _____



STUDENT RECORD RELEASE

To the Guidance Department

Of _____

_____, has enrolled in the _____ grade.

Please send us the following information:

- _____ A complete Transcript.
- _____ Immunization and health records.
- _____ Graduation requirement (If Applicable).
- _____ Test data including Literacy Passport and SOL (If Applicable).
- _____ Interpretation of your marking system.
- _____ Record of grades during current year to date of withdrawal.
- _____ Attendance.
- _____ Psychological, sociological and educational evaluations, or any special educational placement and IEP or 504 Plan.
- _____ Driver education information.
- _____ Discipline (Including recommendation for expulsion or alternative settings).
- _____ Child study minutes or eligibility minutes.

Guidance Secretary/Guidance Counselor

Please forward the records to: Guidance Department

I hereby give permission for all school records of my child (named above) to be released to the school above where he/she is presently enrolled.

Date

Parent or Legal Guardian



SPECIAL SERVICES SURVEY

Student's Name _____ Grade _____

Last School Attended _____

Address _____

Circle one per question

Yes No 1. Has your child ever attended Suffolk Public Schools? If yes, please list name of school and dates attended:

Yes No 2. Has your child ever received special education services? If yes, please circle: LD, EMR, ED, Speech, Hearing, Vision, Other: if other, please state:

Yes No 3. Has your child ever been enrolled in any gifted and talented classes? List the type of gifted class: _____

Yes No 4. Has your child ever had or does he/she currently have a 504 plan?

Yes No 5. Has your child ever repeated a grade? If so, which one(s)? _____

Yes No 6. Are there any court orders (custody papers, protective orders, criminal petitions, etc.) involving this child? (If so, please provide us a copy.

Yes No 7. Are you the custodial parent or the legal guardian of this child?

Please note any additional information that would enable us to work with your child more effectively:

Parent's Signature _____

Date _____

Suffolk Public Schools Military Connected Families

Virginia School Divisions are required to identify students who are military dependents. Select the code below that best identifies your student, and return this form to your child's school. If you are not active duty military or reserve no action is necessary.

A form is required for **each** student who is a dependent of a service member.

Student's Name: _____ Building: _____
First Name Middle Name Last Name

Grade: _____ Date of Birth: _____

Select Code	Description of Code
___ NONE (1)	Student is not military connected
___ Active Duty(2)	Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, or, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services)
___ Reserve (3)	Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
___ National Guard (4)	Student is a dependent of a member of the Active Duty or Reserve Forces of the National Guard

Parent/Guardian Signature

Date



“SCHOOL DISCIPLINE 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 been expelled from school attendance at a private 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

I, _____, affirm that _____
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 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