

Hanover County Public Schools

Student Enrollment Form

20 ___ - 20 ___

FORM **SBO-23**

Student Information

(PLEASE PRINT. Provide 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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH COUNTRY	BIRTH STATE	ENROLLING GRADE

Please provide copies of **all current court orders** concerning custody and visitation of the student, including protective orders, if any.

RACE & ETHNICITY

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE (select one or more) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE
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PRIMARY SPOKEN LANGUAGE

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?

In what language do you wish to receive written communication?

In what language do you wish to receive oral communication?

MILITARY CONNECTED STUDENT

<input type="checkbox"/> STUDENT IS NOT MILITARY CONNECTED	<input type="checkbox"/> ACTIVE DUTY Student is a dependent of a member of 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)	<input type="checkbox"/> RESERVE Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marines, or Coast Guard)	<input type="checkbox"/> NATIONAL GUARD Active or Reserve
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IS THE STUDENT IN A FOSTER CARE SETTING? YES NO DSS BID ENROLLMENT FORM COMPLETE? YES NO

NAME OF STATE, COUNTY, CITY OR AGENCY: _____

Prior School Experience / Education

DATE STUDENT FIRST ENTERED A VIRGINIA SCHOOL: ____ / ____ / _____	DATE STUDENT FIRST ENTERED A UNITED STATES SCHOOL: ____ / ____ / _____
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PRE-K EXPERIENCE

If the student is enrolling in a Pre-K Program or Kindergarten, identify the most current or most recent Pre-K experience. (Check all that apply):

<input type="checkbox"/> NO PRESCHOOL EXPERIENCE	<input type="checkbox"/> PRIVATE PRESCHOOL / DAYCARE	<input type="checkbox"/> DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM
<input type="checkbox"/> HEAD START	<input type="checkbox"/> FAMILY HOME DAYCARE PROVIDER	
<input type="checkbox"/> PUBLIC PRESCHOOL		

Average Weekly Time in Pre-K Program: LESS THAN 15 HOURS 15-29 HOURS 30 OR MORE HOURS

PREVIOUS SCHOOL ATTENDED

HAS YOUR CHILD EVER ATTENDED HANOVER COUNTY PUBLIC SCHOOLS? YES NO If yes, name of school: _____

MOST RECENT SCHOOL DIVISION ATTENDED (if other than Hanover County Public Schools): _____

MOST RECENT SCHOOL ATTENDED: _____

Daycare Provider

NAME OF DAYCARE / CHILDCARE PROVIDER:	PHONE (1):	PHONE (2):
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DAYCARE / CHILDCARE PROVIDER IS AUTHORIZED TO REMOVE STUDENT FROM SCHOOL: YES NO

DAYCARE / CHILDCARE PROVIDER IS RESPONSIBLE FOR TRANSPORTATION: YES NO

(If yes, please describe:)

Household Information

Primary Household is where the student resides and is the student's legal address to which all mail intended for the student's parents or guardians will be sent. STEPPARENT INFORMATION SHOULD BE INCLUDED IN EMERGENCY CONTACTS (IF APPLICABLE).

PRIMARY HOUSEHOLD

1) NAME OF PARENT / LEGAL GUARDIAN (Last, First, Middle):

RELATIONSHIP TO STUDENT: MOTHER FATHER LEGAL GUARDIAN FOSTER PARENT SELF

PRIMARY PHONE	WORK PHONE	OTHER PHONE
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2) NAME OF PARENT / LEGAL GUARDIAN (Last, First, Middle):

RELATIONSHIP TO STUDENT: MOTHER FATHER LEGAL GUARDIAN FOSTER PARENT

PRIMARY PHONE	WORK PHONE	OTHER PHONE
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STREET ADDRESS / APT	CITY / STATE	ZIP
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EMAIL (1):	EMAIL (2):	STUDENT EMAIL:
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SECONDARY HOUSEHOLD (If Applicable)

1) NAME OF PARENT / LEGAL GUARDIAN (Last, First, Middle):

RELATIONSHIP TO STUDENT: MOTHER FATHER LEGAL GUARDIAN FOSTER PARENT

PRIMARY PHONE	WORK PHONE	OTHER PHONE
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STREET ADDRESS / APT	CITY / STATE	ZIP
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EMAIL	SHOULD THIS HOUSEHOLD RECEIVE MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Emergency Contacts

(NOT PARENTS OR LEGAL GUARDIANS. LOCAL CONTACTS ONLY. Include information for at least two (2) contacts below.)

1) CONTACT NAME:	RELATIONSHIP TO STUDENT:
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PRIMARY PHONE	WORK PHONE	OTHER PHONE
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2) CONTACT NAME:	RELATIONSHIP TO STUDENT:
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PRIMARY PHONE	WORK PHONE	OTHER PHONE
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3) CONTACT NAME:	RELATIONSHIP TO STUDENT:
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PRIMARY PHONE	WORK PHONE	OTHER PHONE
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EMERGENCY STUDENT RELEASE AUTHORIZATION

In the event of an emergency and the school is unable to contact the parent / legal guardian, I authorize that my child may be released to the person(s) listed above.

PARENT / LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

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.

Parent / Legal 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.

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FORM **SBO-23**

Student Health Information

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME(S)	PREFERRED NAME
BIRTHDATE (mm/dd/yyyy) ____ / ____ / ____		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME ROOM / HOME BASE TEACHER

HAS YOUR CHILD TRAVELED OUTSIDE OF THE UNITED STATES IN THE PAST YEAR? YES NO IF YES, LIST LOCATION/S: _____

DOES YOUR CHILD HAVE A MEDICAL CONDITION THAT REQUIRES SPECIAL CARE? YES NO PLEASE INDICATE BELOW AND PROVIDE DETAIL:

- YES NO Allergies (State type of allergy, such as environmental, food, insect, animal, etc., and treatment: _____)
- YES NO Asthma (Medication) _____
- YES NO ADD or ADHD (Medication) _____
- YES NO Cardiovascular (Condition, Cardiologist's name / phone) _____
- YES NO Diabetes (Physician's name / phone) _____
- YES NO Hearing Deficit _____
- YES NO Wears Hearing Device _____
- YES NO Juvenile Arthritis _____

- YES NO Migraines (Physician's name / phone, Medication) _____
- YES NO Physical Limitations _____
- YES NO Scoliosis _____
- YES NO Seizures (Neurologist's name / phone) _____
- YES NO Urinary Tract Problem (Condition, Urologist's name / phone) _____
- YES NO Vision Correction (Circle One: GLASSES CONTACTS) _____
- YES NO Wheelchair Bound _____
- YES NO Anxiety / Depression (Medication) _____
- 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.

PHYSICIAN'S NAME: _____ PHONE: _____

DENTIST'S NAME: _____ PHONE: _____

HOSPITAL CHOICE: _____

Would you like information on low cost health insurance (Medicaid / FAMIS for children)? YES NO

Parent / Legal Guardian Name (PRINT): _____ DATE: _____

Parent / Legal Guardian Signature: _____



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