

**Henrico County Public Schools
Enrollment Form**

Grade: _____ Start Date: _____ ST#: _____

STUDENT PERSONAL INFORMATION

STUDENT LEGAL NAME: Last, First, Middle, Lineage (exactly as shown on birth certificate)			RESIDENCE OF STUDENT: (Street and Apartment Number) <i>(REQUIRED INFORMATION)</i> AA _____		
DOB:	GENDER:	PREFERRED NAME:	<i>(REQUIRED INFORMATION)</i>		
PLACE OF BIRTH		BIRTH COUNTRY:	CITY:	STATE: <i>Virginia</i>	ZIP:
ETHNICITY: <i>Are you Hispanic or Latino?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		DOCTOR'S NAME:		DENTIST'S NAME:	
RACE: <i>Select at least one:</i>		DOCTOR'S OFFICE PHONE:		DENTIST'S OFFICE PHONE:	
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		PRIMARY/HOME PHONE#:			

REQUIRED DATES FOR ALL STUDENTS:

DATE STUDENT ENTERED VA SCHOOLS: _____ DATE STUDENT ENTERED US SCHOOLS: _____

PARENT/GUARDIAN INFORMATION:

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

CONTACT 1 GIVES PERMISSION TO HCPS TO RELEASE THE HEREIN NAMED CHILD TO ANY OF THE CONTACTS LISTED BELOW.

(See Authorization to Pick Up statement below.)

CONTACT 1 must live with AND have custody of above-named student.

CONTACT 1 (Last Name, First Name):		RELATION TO STUDENT:			
STREET & APARTMENT NUMBER: <i>(REQUIRED INFORMATION)</i>		<i>(REQUIRED INFORMATION)</i>			
		CITY:		STATE: <i>Virginia</i>	ZIP:
EMPLOYER NAME:	WORK PHONE#:	PRIMARY/HOME PHONE#:			
EMAIL ADDRESS:		CELL PHONE#:			
<i>Do you authorize HCPS to send messages to this cell number, which may result in charges from your carrier? HCPS will not reimburse you for these charges. <input type="checkbox"/> Yes <input type="checkbox"/> No</i>					

CONTACT 2 must live with OR have legal custody of above-named student. This contact Lives with and/or Has Legal Custody *(Check all that apply)*

CONTACT 2 (Last Name, First Name):		RELATION TO STUDENT:			
EMPLOYER NAME:	WORK PHONE#:	PRIMARY/HOME PHONE#:			
EMAIL ADDRESS:		CELL PHONE#:			
<i>Do you authorize HCPS to send messages to this cell number, which may result in charges from your carrier? HCPS will not reimburse you for these charges. <input type="checkbox"/> Yes <input type="checkbox"/> No</i>					

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EMERGENCY CONTACTS-should be available in case of an emergency (if primary contacts are NOT available)

EMERGENCY CONTACT 1: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:
EMERGENCY CONTACT 2: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:
EMERGENCY CONTACT 3: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:
EMERGENCY CONTACT 4: (Last Name, First Name):	RELATION TO STUDENT:
PRIMARY/HOME PHONE#:	WORK/CELL PHONE#:

PRE-KINDERGARTEN EXPERIENCE INFORMATION:

IF STUDENT IS ENROLLING IN KG, WHAT WAS THE STUDENT'S MOST RECENT PRE-KG EXPERIENCE? (CHECK ALL THAT APPLY)

<input type="checkbox"/> Head Start (1)	<input type="checkbox"/> Public Preschool (2)	<input type="checkbox"/> Private Preschool/Daycare (3)	<input type="checkbox"/> Dept. of Defense Child Dev Prg. (4)	<input type="checkbox"/> Family Home Daycare (5)	<input type="checkbox"/> No Preschool Experience (6)
Average weekly time in PK Program?		<input type="checkbox"/> No time in a formal or institutional Pre-K Program	<input type="checkbox"/> <15 hours	<input type="checkbox"/> 15-29 hours	<input type="checkbox"/> 30 or more hours

FOSTER CARE PLACEMENT INFORMATION: Please complete Immediate Enrollment of Child in Foster Care form

Is student in a Foster Care setting? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of State, County, City or Agency:
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MILITARY CONNECTED STUDENT: Please select one

<input type="checkbox"/> Student is NOT military connected	<input type="checkbox"/> Active Duty: Student is a dependent of a member of the Active Duty Forces. (Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the National Oceanic & Atmospheric Administration, or the Commissioned Corps of the US Public Health Services.)	<input type="checkbox"/> Reserve: Student is a dependent of a member of the Reserve Forces. (Army, Navy, Air Force, Marine Corps, or Coast Guard)	<input type="checkbox"/> National Guard: Student is a dependent of a member of the Active or Reserve National Guard
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EXPULSION AND CONVICTION/ADJUDICATION AFFIRMATION:

Prior to enrolling a child, pursuant to Code of Virginia Section 22.1-3.2, the parent must affirm whether this child has ever been (i) expelled from school attendance at a private school or in a public school division of the Commonwealth 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, and/or (ii) found guilty or adjudicated delinquent for any offense listed in subsection G of Code of Virginia Section 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. It is a Class 3 misdemeanor to make a materially false statement or affirmation under this section.

(i) By signing this form, I affirm that this child HAS HAS NOT been expelled from school attendance.
(ii) By signing this form, I affirm that this child HAS HAS NOT been found guilty or adjudicated delinquent for any offense referenced herein.

STUDENT SERVICES INFORMATION:

DOES THIS STUDENT HAVE A CURRENT IEP (INDIVIDUALIZED EDUCATION PLAN)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS THIS STUDENT EVER HAD AN IEP (INDIVIDUALIZED EDUCATION PLAN)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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STUDENT SERVICES INFORMATION (Continued):

DOES THIS STUDENT HAVE A CURRENT 504 PLAN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOES THIS STUDENT RECEIVE ESL (ENGLISH AS A SECOND LANGUAGE) SERVICES?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS SCHOOL INFORMATION (Include ALL Henrico Schools your child may have attended):

<i>Name of Last School</i>	<i>Address of Last School</i>	<i>Phone# of Last School</i>

SIBLING INFORMATION

Please list the first and last name(s) of any siblings of this student that currently attend a Henrico County Public School

<i>Sibling Last Name</i>	<i>Sibling First Name</i>	<i>Current School Attending</i>

Section 22.1-264.1 of the *Code of Virginia* states that, "Any person who knowingly makes a false statement concerning the residency of a child...in a particular school division or school attendance zone . . .shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges."

CAUTION: A student may attend a public school in Henrico County only if he/she is living in Henrico County with a natural parent, a person having legal custody by court order, or a court appointed guardian, and the student carries on the normal activities of daily living at the residence of that person (i.e., eating, sleeping . . .).

Authorization to Pick Up: By signing this form, I authorize Henrico County Public Schools to release my child to the persons listed above as Contacts and Emergency Contacts. I understand that no other authorization will be necessary for the persons named to leave school property with my child. If applicable, these contacts are also authorized to pick up my Pre-Kindergarten or Kindergarten child from the bus stop after school. I also acknowledge that the persons listed herein are authorized to have lunch with my child. I understand that this list of authorized contacts will remain until a change is submitted to the student's current school on the appropriate form and will require two (2) business days to take effect. I also understand that all persons listed must be at least 18 years of age.

I hereby give Henrico County Public Schools Office of Residency Compliance consent to obtain information about me and my children to verify residency in Henrico County from other governmental agencies and entities, employers, landlords, and utility companies.

A copy of the [Policies and Regulations Manual](#) of Henrico County Public Schools is available to students, employees, and the public on the HCPS website at www.henricoschools.us. Any person unable to access the online policy may request a copy of a specific policy by contacting Records Management at 804-652-3828.

Parent/Guardian (Contact 1) Signature: _____ Date: _____

(Must be signed in the presence of a school official)