



MECKLENBURG COUNTY PUBLIC SCHOOLS  
 175 Mayfield Drive, P.O. Box 190  
 Boydton, VA 23917  
**REGISTRATION/EMERGENCY DATA FORM**

STUDENT INFORMATION

Student's Full Legal Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Grade: \_\_\_\_\_  Male  Female Birthdate: \_\_\_\_\_ Student Age: \_\_\_\_\_

Student's 911 Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Student's Mailing Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Student Lives With: \_\_\_\_\_ (Relation) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ School Messenger: \_\_\_\_\_

Student Ethnicity (Check One) Hispanic or Latino:  Yes  No  
 (Persons of Cuban, Mexican, Puerto Rican, South or Central American or Spanish culture or origin, regardless of race)

Student Race (Check all that apply)

- American Indian or Alaska Native  Asian  Black or African American
- Native Hawaiian or Other Pacific Islander  White

**All Parent(s)/Legal Guardian(s) (If Guardianship/Custody: Please provide legal documentation)**

(Last, First, MI) \_\_\_\_\_ (Relation) \_\_\_\_\_

Parent Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Custody  Yes  No Educ. Rights  Yes  No Contact Allowed  Yes  No

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

(Last, First, MI) \_\_\_\_\_ (Relation) \_\_\_\_\_

Parent Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Custody  Yes  No Educ. Rights  Yes  No Contact Allowed  Yes  No

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does minor student have a court restriction regarding parent/guardian contact?**  No  Yes

(Please provide copy of court documents, if yes)

Students will be released to parent/guardian during school hours unless a court order specifically prohibits contact or release with parent/guardian. Parent/guardian is responsible for providing current copies of all court orders.

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List 2 persons who are authorized to pick-up, sign-out and assume temporary care of your child, if necessary (additional names may be provided on the back of this form). **State valid photo ID required for pick-up.**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**All the information is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

Student ID # \_\_\_\_\_

Date Enrolled \_\_\_\_\_

AM

Bus Number \_\_\_\_\_

PM

Proof of Residency \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

**Names of other children living in household:**

Name	Gender	Relation	Birth Date	School

Does the student have an active 504 plan?  No  Yes (If yes, please provide copy of 504)

Does the student have an active IEP?  No  Yes (If yes, please provide IEP)

Will the student ride an MCPS School Bus to/from School?  No  Yes

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? \_\_\_\_\_

What language should school information be sent home in? \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has the student previously attended school in Mecklenburg County?  No  Yes

MCPS School: \_\_\_\_\_ When? \_\_\_\_\_

Has the student ever been retained?  No  Yes Grade: \_\_\_\_\_

Identified for a gifted and talented program?  No  Yes Program: \_\_\_\_\_

**Parent/Guardian Military Connection (Check one) Military Information (active duty personnel only)**

Not government nor military connected Rate/Ranking \_\_\_\_\_

Gov't connection-not active duty military (i.e. Contractor) \_\_\_\_\_

Active Duty; Student is a dependent of a member of the Active Duty Forces

Reserve; Student is a dependent of a member of the National Guard or Reserve Forces

**Information Concerning Discipline or Criminal/Delinquent Acts**

Virginia Code § 22.1-3.2, as amended, requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, independent student, legal guardian or other person having control or charge of a school aged child to provide, upon registration, a sworn statement or affirmation concerning the below listed information. Any person making a materially false statement or affirmation shall be guilty of a Class 3 Misdemeanor upon conviction. The registration document shall be maintained as part of the student's scholastic record.

**PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW:**

1. Has the student 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 involving weapons, alcohol or drugs, or for the willful infliction of injury to another person?  No  Yes

2. Has the student been found guilty of or adjudicated delinquent for any offense listed below, or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories?

- A firearm or related offense pursuant to Virginia Code § 18.2-279 through 18.2-309, as amended;
- Homicide, pursuant to Virginia Code §18.2-30 et seq., as amended;
- Felonious assault and bodily wounding, pursuant to Virginia Code §18.2-51 et seq., as amended;
- Criminal sexual assault, pursuant to Virginia Code §18.2-61 et seq., as amended;
- Manufacture, sale, gift, distribution or possession of Schedule I or II controlled substances, pursuant to Virginia Code §18.2-247 et seq., as amended;
- Manufacture, sale gift, distribution or possession of marijuana pursuant to Virginia Code §18.2-247 et seq., as amended;
- Arson and related crimes, pursuant to Virginia Code §18.2-77 et seq., as amended;
- Burglary and related offenses, pursuant to Virginia Code §18.2-89 through 18.2-93, as amended;
- Robbery pursuant to Virginia Code §18.2-58, as amended;
- Prohibited street gang participation, activity or recruitment pursuant to Virginia Code §18.2-46.2 & 18.2-46.3, as amended;
- An act of violence by a mob pursuant to Virginia Code §18.2-42.1, as amended.

I hereby swear or affirm that the above information concerning (student) \_\_\_\_\_ is true and accurate.

\_\_\_\_\_  
Signature of Parent, Independent Student, Legal Guardian or Person Having Charge of Student

\_\_\_\_\_  
Date

**STUDENT INFORMATION (continued)**

**Note: The following information is required by state and federal law.**

Is the Student an **immigrant**?  No  Yes

**Immigrant** – Individuals who are aged 3 through 21; were not born in any State of the United States of America; and have not been attending one or more schools in any one or more States for more than three(3) full academic years.

Is the student a **refugee**?  No  Yes Country Represented: \_\_\_\_\_

**Refugee** – An individual who is outside his/her country and is unable or unwilling to return to the country because of a well-founded fear that he/she will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group. This definition excludes persons displaced by natural disasters or persons who, although displaced, have not crossed an international border. Also excluded are persons commonly known as “economic migrants,” whose primary reason for flight has been a desire for personal betterment rather than persecution per se. Specifically, the U.S. Citizenship and Immigration Services has issued a refugee an I-94 card that is stamped “Refugee” and which contains an alien number.

Is the student’s home unstable?  No  Yes *(If yes, send document to Mary Hodges)*

An Unstable home means - (A) individuals who lack a fixed, regular, and adequate nighttime residence...; and (b) includes (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Is the student a **migrant**?  No  Yes

**Migrant** – A ‘migratory child’ means a child who is or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker, or a migratory fisher, and who, in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain, temporary or seasonal employment in agricultural or fishing work – (A) has moved from one school district to another; (B) in a State that is comprised of a single school district, has moved from one administrative area to another within such district; or (C) resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Is child **neglected**?\*  No  Yes

Is child **delinquent**?\*  No  Yes

**\*Neglected or delinquent children** – A child placed by an agency or court in a local institution for neglected or delinquent children and youth or attending a community day program for such children.

Is the child in **foster care**?

Does the student reside in a foster home?  No  Yes

Name of placing agency (IE, DSS, UMFS): \_\_\_\_\_

*(If yes and agency listed – please provide documents and send to Mary Hodges)*

(Last Name)

(First Name)

(Middle Name)

(Student #)

20 \_\_\_\_\_ - 20 \_\_\_\_\_

# AUTHORIZATION & ACKNOWLEDGEMENTS

- I understand it is a Class 4 misdemeanor charge for knowingly making a false statement concerning the residency of a person 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 or division in which the student resides. Violation of this law is punishable up to a \$250 fine.
- I give my permission for my minor child or myself to attend all school-authorized field trips and after-school programs if offered. I understand that all normal precautions will be taken for safety and students/parents will be advised in advance of all field trips and after-school programs. I may withdraw permission for my child or myself to attend a specific field trip or after-school program by providing written notice to the school.
- I assume liability for all damages or loss of school property caused by myself or the minor student being registered.
- I agree to explain all student absences and tardiness in writing upon student re-entry into school.
- I understand information that is classified as "directory information" may be disclosed under the guidelines noted in School Board Policy JO – Student Records and in accordance with the state and federal law and that I may prevent disclosure of such information by providing written notice to the school.
- If the school is unable to contact parent/guardian/emergency contact, I give permission for the school to contact my child or my physician for clarification of any medical needs.
- I give school authorities permission, in an emergency, to secure necessary aid and transportation for the preservation of my or my child's health, at my expense.
- **I will notify the school with any changes to the information on this form.**

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SIGNATURE OF PARENT, INDEPENDENT STUDENT, LEGAL GUARDIAN OR PERSON HAVING CHARGE OF STUDENT

DATE

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Thank you for providing your school with this important information.

Mr. Paul C. Nichols, III, Division Superintendent  
Mecklenburg County Public Schools  
175 Mayfield Drive, P.O. Box 190, Boydton, VA 23917

[www.mcpsweb.org](http://www.mcpsweb.org)



# Clarksville Elementary School

Mrs. Ann O. Dalton, Principal

1696 Noblin Farm Road

Clarksville, Virginia 23927

Phone #: (434) 374-8668

Fax #: (434) 374-8157

## REQUEST FOR RELEASE OF SCHOOL RECORDS

Student's Name: \_\_\_\_\_

Previous School: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

### Information Requested:

Ph. # \_\_\_\_\_

- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Preschool Physical Exam
- \_\_\_\_\_ Current Grade Placement
- \_\_\_\_\_ Cumulative Record of Grades
- \_\_\_\_\_ Attendance Record
- \_\_\_\_\_ Standardized Test Scores
- \_\_\_\_\_ Gifted Placement Information
- \_\_\_\_\_ Accelerated Reader Records
- \_\_\_\_\_ State Assessment Test Results
- \_\_\_\_\_ Discipline Records

Fax# \_\_\_\_\_

### Special Education Placement Information:

- \_\_\_\_\_ Medical Records
- \_\_\_\_\_ Social History
- \_\_\_\_\_ Educational Evaluation
- \_\_\_\_\_ Psychological Evaluation
- \_\_\_\_\_ Speech/Language Evaluation
- \_\_\_\_\_ Individual Education Plan (IEP)
- \_\_\_\_\_ Eligibility Minutes/Recommendations

\_\_\_\_\_ Any information about disciplinary action if the student was under suspension or expulsion at the time of transfer.

This information will not be released to another party without the written consent of the parent/guardian.

I authorize the release of the above information to:

Clarksville Elementary School  
Attn: Penn H. Poole, Secretary  
1696 Noblin Farm Road  
Clarksville, Virginia 23927  
[ppoole@mcpsweb.org](mailto:ppoole@mcpsweb.org)

\_\_\_\_\_  
Parent's or School Official's Signature

\_\_\_\_\_  
Date

*Parental Permission is no longer required when authorized school personnel requests records. (Family Education Rights and Privacy Act, Final Rule of Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673)*