

Student Registration Form – Page 1

STI Student ID

To Be Completed by Parent or Guardian

Student Legal Name (as it appears on the birth certificate)			Student Previous Name (if any)		
Last	First	Middle	Last	First	Middle
Student Nickname	Date of Birth (mm/dd/yyyy)	Student Home Telephone (ten digits) to be used by School Messenger System		Gender	Grade Level
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnic Group and Race Categories The federal government 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. 1. Is this student Hispanic or Latino? (<i>choose only one</i>) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> 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 race? (<i>select all that apply</i>) <input type="checkbox"/> 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.) <input type="checkbox"/> 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.) <input type="checkbox"/> Black or African American (A person having origins in any of the Black racial groups of Africa) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East)				Other Children in Family	
				Name	Date of Birth
Residence Address of Student and Enrolling Parent			Resident/Non-resident Information-Where do you reside? (select only one)		
Street	Apt No.	City	State	Zip Code/Suffix	<input type="checkbox"/> Alleghany County <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bath County <input type="checkbox"/> Botetourt County <input type="checkbox"/> Craig County <input type="checkbox"/> Covington
Mailing Address of Parent					
Street	Apt No.	City	State	Zip Code/Suffix	
Enrolling Parent					
Last	Relationship		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
			<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Self	
	First	Middle	Place of Employment:		
E-mail			Highest level of education:		
	Contact Numbers (ten digits)	Home	Work	Cell	
Other Parent Resides With? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Spouse					
Last	First	Middle	Address (if different from above)		Place of Employment:
			Highest level of education:		
	Contact Numbers (ten digits)	Home	Work	Cell	
Other Parent Resides With? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Spouse					
Last	First	Middle	Address (if different from above)		Place of Employment:
			Highest level of education:		
	Contact Numbers (ten digits)	Home	Work	Cell	

Information from the Alleghany Highlands Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or guardian or of the eligible student.

Allegheny Highlands Public Schools

Student Registration Form – Page 2

STI Student ID

Student Legal Name: (Last)

(First)

(Middle)

EMERGENCY CONTACTS

NAME	RELATIONSHIP	HOME NUMBER	WORK NUMBER	CELL NUMBER

Student has the following health insurance: Check all that apply. ☐ Private ☐ Medicaid* ☐ FAMIS* ☐ None

If your child receives Medicaid or FAMIS, complete Form D

Number of Years Previously in K-12	Number of Full Academic Years Completed in U.S. <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 or more <input type="checkbox"/> 1 <input type="checkbox"/> 3	Ever Attended AHPS before? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of last school attended in ACPS: Last year attended ACPS:	Homeless: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, complete Form B) <small>The term "homeless youth" means (A) individuals who lack a fixed, regular, and adequate nighttime residence, and (B) includes (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardships, or a similar reason; are living in motels, hotels, trailer parks, or campgrounds due to lack of alternative accommodations, are living in emergency or transitional shelters, are abandoned in hospitals, or are awaiting foster care placement; (ii) children 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 who are living in cars, parks, public spaces, abandoned buildings, substandard house, bus or train stations, or similar settings; and (iv) migratory children who qualify as homes for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).</small>
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Last School Attended NOT in Allegheny Highlands Public Schools

School Phone (ten digits)

School Name

Street

City

State

Zip Code

School Fax (ten digits)

Country of Birth Military Connect: <input type="checkbox"/> 1- No military connection <input type="checkbox"/> 2- Active duty: Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard <input type="checkbox"/> 3- National Guard or Reserve: Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)	Original U.S. Entry Date: <input type="checkbox"/> 2 Refugee <input type="checkbox"/> 3 Non-Immigrant <input type="checkbox"/> 4 Asylum <input type="checkbox"/> F1 Student Visa Holder <input type="checkbox"/> J1 Foreign Exchange Student	Home Language (If not English, complete Form A) <input type="checkbox"/> English <input type="checkbox"/> Other	Parent Correspondence Language <input type="checkbox"/> English <input type="checkbox"/> Other	Bus Information Bus # _____ Miles from school: _____ A WRITTEN BUS NOTE is required for any bus change. Where does the child go in the afternoon? Are there restrictions on who may pick up the child from school?
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☐ I affirm that the above registered student **has not been** expelled from school attendance at any 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.

☐ I affirm that the above registered student **has 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.

I am aware that making a false statement herein constitutes a class 3 misdemeanor. I am aware that Allegheny Highlands Public Schools (AHPS) staff may verify residency documentation, including contacting landlords, to confirm Allegheny County/ Covington City residency. I am aware that if I move from AHPS district that the above registered student may no longer be eligible to attend AHPS. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.

Parent or Guardian Signature _____ Date _____ Print Name _____

Current Enrolling AHPS School _____ ACPS Staff Signature _____ Date _____ Print Name _____
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Alleghany Highlands Public Schools
Student Registration Form – New Enrollment
(Include this form with Student Registration Form Page 1 and Page 2)

To Be Completed by Alleghany Highlands Public Schools 'Staff (with input from parent or guardian) Student Name: STI Student ID: Proof of Date of Birth: Birth Certificate Number: Affidavit with Supporting Documentation Code					Original ACPS Entry Date	Original 9th Grade Entry Date	Date:
Transportation <input type="checkbox"/> Authorized to Ride Bus <input type="checkbox"/> Not Authorized to Ride Bus	Proof of Address Received Document Type(s)				Homeless <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, complete Form B)	Migrant <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, complete Form C)	Contact Restriction <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education Program Code <input type="checkbox"/> 504 <input type="checkbox"/> IEP	Gifted Status	ELP Level	ESL Status	LEP Semesters in Virginia	Counselor	Homeroom	Teacher

Current Enrolling AHPS School _____ AHPS Staff Signature _____ Date _____ Print Name _____

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