



_____ School Name

STUDENT INFORMATION

Has this child ever enrolled in Richmond Public Schools? YES NO _____ / /
 Where? (Name of School) Date last enrolled

School ID# _____ Name _____
 Last First Middle

Sex _____ Current Grade _____ Registration Date ____/____/____ Social Security Number _____
(Per federal and Virginia law, the provision of a child's Social Security Number is voluntary on the part of the person enrolling the student.)

Birth Certificate # _____ Birth Date _____
 (Required by Virginia law)

IEP: YES NO 504 Plan: YES NO
 Copy of IEP or 504 Plan Provided? YES NO

TRANSFER INFORMATION

(School from which student is transferring) Date Withdrawn ____/____/____

School Name _____ Phone Number _____

School Address _____
 Street City State Zip Code

PRIMARY CONTACT INFORMATION

Call Last Name First Name Middle Title Relationship
 1 _____

Home: House # Prefix Street Name Type Suffix Apt.#
 (N, E, S, W) (St, Rd, etc.) (A, B, L)

City: _____ St: _____ Zip: _____ - _____

Home Tel# _____ Unlisted: YES NO

Mail: _____

City: _____ St: _____ Zip: _____ - _____

Employer: _____ Work #: _____ Ext: _____

Occupation: _____ Cell #: _____ Ext: _____

Fed Emp? YES NO E-mail: _____ Pager # _____ Ext: _____

Student's Name _____

Student's Number _____

SECONDARY CONTACT INFORMATION

Call Last Name First Name Middle Title Relationship
2 _____

Home: House # Prefix Street Name Type Suffix Apt.#
(N, E, S, W) (ST, Rd, etc.) (A, B, L)

City: _____ St: _____ Zip: _____ - _____

Home Tel# _____ Unlisted: YES NO

Mail: _____
City: _____ St: _____ Zip: _____ - _____

Employer: _____ Work #: _____ Ext: _____

Occupation: _____ Cell #: _____ Ext: _____

Fed Emp? YES NO E-mail: _____ Pager # _____ Ext: _____

ADDITIONAL CONTACT INFORMATION

Call Last Name First Name Middle Title Relationship
3 _____

Home: House # Prefix Street Name Type Suffix Apt.#
(N, E, S, W) (ST, Rd, etc.) (A, B, L)

City: _____ St: _____ Zip: _____ - _____

Home Tel# _____ Unlisted: YES NO

Mail: _____
City: _____ St: _____ Zip: _____ - _____

Employer: _____ Work #: _____ Ext: _____

Occupation: _____ Cell #: _____ Ext: _____

Fed Emp? YES NO E-mail: _____ Pager # _____ Ext: _____

Student's Name _____

Student's Number _____

SPECIAL INSTRUCTIONS

HEALTH INSURANCE AND IMMUNIZATIONS

Does the student have health insurance? YES NO

If yes, is it Medicaid , FAMIS , Private , or Other _____ (check one)

If no, would you like someone to contact you concerning health insurance? YES NO

	Date	Date	Date	Date	Date	Date
DPT						
Polio						
Measles						
Mumps						
Rubella						
HIB						
Hearing						
Physical						
Hgb/Het						
Hep. B						

Last Physical Exam: ____ / ____ / ____

Brother(s) Sister(s)

Grade	Name	Birthday	Age	Sex	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has your child had any disciplinary infractions in his/her previous school? YES NO

(All parents/guardians must complete and sign the attached Affirmation Form)

If yes, please explain: _____

Parent/Guardian Signature _____ Date ____ / ____ / ____

School Official Signature _____ Date ____ / ____ / ____