



School Year: _____ Student Registration Form · Williamsburg-James City County Public Schools

Student Information

Student's Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____ Suffix: _____ Male Female Grade Level: _____

Student's Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone Number: _____

STUDENT ETHNICITY:

Is the student Hispanic or Latino? (choose only one)

No, not Hispanic or Latino Yes, Hispanic or Latino (person of Cuban, Mexican, Puerto Rican, South American, Central American or other Spanish culture, regardless of race)

What is the student's race? (may choose one or more)

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 attachments.)

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.)

Black or African American (A person having origins in any of the Black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Has the student ever attended school in the state of Virginia? Yes No If Yes, please provide the following:

Name of school: _____ City school is located: _____

Has the student ever attended a WJCC Public School? Yes No

If yes, please provide the following: Name of School: _____ Year: _____ Grade: _____

Parent/Guardian Information

Does your child have court restrictions regarding a parent/legal guardian contact? No Yes (please provide court documents)

Enrolling Parent/Guardian: Active Military? Yes No Member of National Guard Yes No Reserves Yes No

Have legal custody of student? Yes No Contact with student allowed? Yes No

Last Name: _____ First Name: _____

Relationship to Student: Father Mother Step-Father Step-Mother Legal Guardian Foster Parent

Other (please specify relation): _____ Financially responsible for student? Yes No

Lives with student? Yes No

Where do you pay taxes: James City County City of Williamsburg Other: _____

Mailing Address (if different from student's address): Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email address: _____

Can Pick-up Student? Yes No Have rights to student's educational records? Yes No

Parent/Guardian #2: Active Military? Yes No Member of National Guard Yes No Reserves Yes No
 Have legal custody of student? Yes No Contact with student allowed? Yes No

Last Name: _____ First Name: _____

Relationship to Student: Father Mother Step-Father Step-Mother Legal Guardian Foster Parent
 Other (please specify relation): _____ Financially responsible for student? Yes No

Address: Lives with student? Yes No If no, are school mailings allowed? Yes No

Where do you pay taxes: James City County City of Williamsburg Other: _____

Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email address: _____

Can Pick-up Student? Yes No Have rights to student's educational records? Yes No

Parent/Guardian #3: Active Military? Yes No Member of National Guard Yes No Reserves Yes No
 Have legal custody of student? Yes No Contact with student allowed? Yes No

Last Name: _____ First Name: _____

Relationship to Student: Father Mother Step-Father Step-Mother Legal Guardian Foster Parent
 Other (please specify relation): _____ Financially responsible for student? Yes No

Address: Lives with student? Yes No If no, are school mailings allowed? Yes No

Where do you pay taxes: James City County City of Williamsburg Other: _____

Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email address: _____

Can Pick-up Student? Yes No Have rights to student's educational records? Yes No

Other Children in the Family

	Name	Birth Date	Gender	School, if Attending
1				
2				
3				
4				

Emergency Contacts

	Name	Relationship to Student	Telephone Number	Can pick up student?
1			Cell <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Telephone Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			Cell <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Telephone Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			Cell <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Telephone Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Kindergarten Experience (only complete if enrolling student for kindergarten)

Bright Beginnings Head Start Private Program (please specify): _____
Time spent each week in the program: Less than 15 hours 15 to 29 hours 30 or more hours Didn't attend Pre-K program

Behavior Affirmation Statement

Please circle the appropriate response in both Statements 1 and 2 below.

STATEMENT 1

I affirm that _____ has or has not been expelled from school attendance at a private school 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 willful infliction of injury to another person.

STATEMENT 2

I affirm that _____ has or has not been found guilty of or adjudicated delinquent for any offense listed in subsection G of § 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or its territories.

I am aware that making a false statement herein constitutes a class 3 misdemeanor.

Birth Certificate Affidavit – Complete ONLY if birth certificate is not available

Student's Age _____ Student's Date of Birth _____
City/State/Country of Student's Birth _____

I have been notified that Section 22.1-3.1 of the Code of Virginia requires me to present a certified copy of the student's birth record upon enrollment. I am unable to provide a certified birth record for the following reason:

I can/will provide the following written documentation of the student's identity and age (attach copy):

Parent Signature

By signing below, I certify that all information on this student registration form is true and accurate to the best of my knowledge and belief.

Parent/Guardian Signature: _____ Date: _____

SCHOOL OFFICE USE ONLY

Serving School: ELEMENTARY: CBB DJM JBB JR MES MW NES RB SH
SECONDARY: BMS LHM TMS JHS LHS WHS

Teacher Name: _____ Homeroom: _____

Student ID #: _____ Bus Route: AM: _____ PM: _____

Entry Date: _____ Entry Code: _____

Birth Certificate Number: _____ Birth Place: _____

Proof of residency documents provided (two forms required):

Gas/Water/Electric Lease/Mortgage Other: _____

Health Physical and Immunizations received: Yes No If No, still need _____

Enrolling Parent/Guardian photo ID presented to School Official: Yes No

Court Documents provided (if previously noted): Yes No