



PITTSYLVANIA COUNTY SCHOOLS Virtual School Program

REGISTRATION FORM

Virtual School Student

- Yes
 No

School student would attend _____
Date of request _____ / _____ / _____ Age of student _____

Identification Number _____ Teacher _____ Grade _____
Entry Date _____ Entry Code _____ Ethnicity _____

Name of student _____ Gender: Male Female
(Last) (First) (Middle)

Student's Date of Birth _____ / _____ / _____ Student's Social Security Number _____ - _____ - _____
Student's Birth Certificate Number _____ Issuing State _____
Home Address _____ Home Phone # () _____ - _____
(Please include number, name of street/road or P.O. Box Number, city, state & zip code)
E-Mail Address: _____

Father's Name _____ Education _____
Daytime Phone Number () _____ - _____ ext. _____
Employer _____ Occupation _____

Mother's Name _____ Education _____
Daytime Phone Number () _____ - _____ ext. _____
Employer _____ Occupation _____

Legal Guardian(s) if different from parents: _____ Education _____
Employer _____ Occupation _____
Daytime Phone Number () _____ - _____ ext. _____

Student Resides with (Check One)

- Mother & Father
 Mother & Step-Father
 Father & Step-Mother
 Mother Only
 Father Only
 Guardian
 Other (explain) _____

In case of emergency, list the names of (2) people NOT listed above

Name _____ Phone () _____ - _____
Relationship _____ Cell () _____ - _____
Name _____ Phone () _____ - _____
Relationship _____ Cell () _____ - _____

Custody Concerns _____

Please list any medical conditions, allergies (including food) or handicaps of the student _____,

_____, _____, _____, _____,
If a medical condition was indicated above, please use the space provided below to explain emergency medical procedures to be followed in the event of illness.

Is the student taking medication during the school day? Yes No
If yes, name of medication _____, purpose of medication _____

Family doctor _____ Address _____ Phone () _____ - _____

List first and last names of brothers and sisters in spaces below:

(1)	(3)	(5)
(2)	(4)	(6)

What language(s) are spoken in your home?

Does the student speak English as a second language? Yes No

List the names of all schools in Pittsylvania County where the student has been enrolled

(1) _____ (4) _____
(2) _____ (5) _____
(3) _____ (6) _____

Name of last school attended _____

School Address _____ Phone Number () _____ - _____
Fax Number () _____ - _____ Date(s) of attendance _____

Is the student enrolled in the Gifted & Talented Program? Yes No

Is the student currently receiving special education services as specified in an IEP (Individual Education Plan) or a 504 plan?

Yes No

If yes, please check appropriate classification. SLD SED EMH TMH

Did student attend a Pre-Kindergarten program as a four year old? Yes No

If yes, where did they attend? _____
(Name of school or provider)

Type of school (please check one)

- Public school
- Private school (includes faith based and commercial day-care centers)
- Head Start Program
- Licensed Family Home Provider (preschool or child daycare in a home where the provider is licensed by the state of Virginia or another state)

How many hours per week did they attend? _____

Please check one of the following. Student is transported to school by: Bus # _____ Car Daycare Walk

Miles to school _____

Total credits accumulated _____ Number of days absent _____ Number of suspensions from school _____

Date(s) of suspension(s) _____

VHSL eligibility Yes No

If no, please give reason. _____

STUDENT'S ACADEMIC SCHEDULE

1 st Semester	2 nd Semester	Resource Lab
P1		
P2		
P3		
P4		
P5		
P6		
P7		
P8		

Parent Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____

PLEASE NOTIFY SCHOOL OFFICIALS IMMEDIATELY OF ANY CHANGES TO STUDENT INFORMATION GIVEN