



**ENROLLMENT PROCEDURES  
RUSSELL COUNTY PUBLIC SCHOOLS  
P.O. BOX 8  
84 LORRAINE C. TURNER DRIVE  
LEBANON, VIRGINIA 24266  
(276)889-6500**

**(FOR OFFICIAL USE ONLY)** THE FOLLOWING DOCUMENTS  
HAVE BEEN OBTAINED FROM THE CHILD'S PARENT(S) OR  
GUARDIAN(S) AS REQUIRED BY THE STATE OF VIRGINIA AND  
RUSSELL COUNTY PUBLIC SCHOOLS.

BIRTH CERTIFICATE       COMPLETED QUESTIONNAIRE  
 PHYSICAL EXAM           IMMUNIZATION RECORD  
 PROOF OF LEGAL GUARDIANSHIP  
 SOCIAL SECURITY # (OPTIONAL)

ENROLLING SCHOOL \_\_\_\_\_

ENROLLMENT DATE \_\_\_\_\_ ENROLLER'S SIGNATURE: \_\_\_\_\_

**STUDENT INFORMATION**

NAME \_\_\_\_\_ PREFERRED NAME : \_\_\_\_\_

STUDENT IDENTIFICATION # \_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS (911) \_\_\_\_\_

FATHER/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT RESIDES WITH: (PLEASE CIRCLE) MOTHER/FATHER    MOTHER    FATHER    GRANDPARENTS    OTHER  
DOES LEGAL GUARDIAN HAVE CUSTODY PAPERS?    YES    NO    COPY OF CUSTODY PAPERS ON FILE AT SCHOOL?    YES    NO

IF OTHER, NAME/RELATIONSHIP \_\_\_\_\_

TELEPHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ UNLISTED ?    Y    N    CELL PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY # (OPTIONAL) \_\_\_\_\_ BIRTH CERTIFICATE # \_\_\_\_\_ BIRTH STATE \_\_\_\_\_

STUDENT ETHNIC STATUS (CIRCLE ONE)    WHITE    BLACK    HISPANIC    ASIAN/PACIFIC ISLANDER    INDIAN/ALASKAN    UNSPECIFIED

SCHOOL TRANSFERRING FROM: \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PREVIOUSLY ATTENDED A RUSSELL COUNTY SCHOOL    YES    NO

LAST RCPS SCHOOL ATTENDED: \_\_\_\_\_

**FOSTER CARE INFORMATION**

IS STUDENT IN FOSTER CARE:    YES    NO    IF YES:    IN COUNTY PLACEMENT    OUT OF COUNTY PLACEMENT

PLACEMENT/TRANSFER FROM \_\_\_\_\_ COUNTY

**BUS INFORMATION**

RIDE A BUS: YES NO BUS NUMBER(S) 1. \_\_\_\_\_ 2. \_\_\_\_\_ MILES STUDENT LIVES FROM SCHOOL \_\_\_\_\_

**EARLY DISMISSAL**

RIDE THE BUS AS USUAL? YES NO BUS # \_\_\_\_\_ PLEASE CALL: \_\_\_\_\_ # \_\_\_\_\_

**EDUCATIONAL INFORMATION**

RECEIVES SPECIAL EDUCATION SERVICES: YES NO LIST DISABILITY LEVEL: \_\_\_\_\_

RECEIVES TITLE 1 SERVICES: YES NO TITLE 1 SERVICES RECEIVED \_\_\_\_\_

**PARENT/GUARDIAN(S) INFORMATION** [such as mother, father, stepmother, stepfather, etc. List all that apply]

MALE GUARDIAN NAME - \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

EDUCATION LEVEL COMPLETED \_\_\_\_\_ SOCIAL SECURITY NUMBER (Optional) \_\_\_\_\_ DOB \_\_\_ | \_\_\_ | \_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER'S PHONE# \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FEMALE GUARDIAN NAME - \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EDUCATION LEVEL COMPLETED \_\_\_\_\_ SOCIAL SECURITY NUMBER (Optional) \_\_\_\_\_ DOB \_\_\_ | \_\_\_ | \_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER'S PHONE:# \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

In the event that I/we cannot be reached, only the individuals below have authorization to pick up my child:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

Emergency Contact Comments: \_\_\_\_\_

**EMERGENCY & HEALTH INFORMATION**

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. The parent(s)/guardian(s) is responsible for all expenses.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

MEDICAL ALERT: \_\_\_\_\_

MEDICAL ALERT 2: \_\_\_\_\_

ADDITIONAL HEALTH INFORMATION: (Optional) Can we share this information for school purposes?    YES    NO

Parent Signature: \_\_\_\_\_

DOES YOUR CHILD HAVE AN ACUTE OR CHRONIC ILLNESS?    YES    NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

IS YOUR CHILD USING ANY MEDICATIONS?     YES     NO    IF YES, PLEASE LIST MEDICATIONS \_\_\_\_\_

PRESCRIPTION DRUG \_\_\_\_\_    OVER-THE-COUNTER DRUGS \_\_\_\_\_    DRUGS FOR ALLERGIES \_\_\_\_\_

DOES YOUR CHILD HAVE A HANDICAPPING CONDITION?    YES    NO    IF YES, PLEASE DESCRIBE: \_\_\_\_\_

HEALTH COMMENTS: \_\_\_\_\_

EMERGENCY COMMENTS: \_\_\_\_\_

\_\_\_\_\_



**RUSSELL COUNTY PUBLIC SCHOOLS PRE-KINDERGARTEN EXPERIENCE  
ENROLLMENT FORM**

**DID YOUR CHILD ATTEND A PRE-KINDERGARTEN PROGRAM** (*any training before entering the kindergarten grade level*)?

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IF YES, CHECK THE PROGRAM THAT BEST DESCRIBES THE PROGRAM YOUR CHILD ATTENDED:**

\_\_\_\_\_ **PRE-K PROGRAM (TITLE I PRE-K)**

\_\_\_\_\_ **SPECIAL EDUCATION ONLY** (*THE STUDENT IS SERVED IN A PRESCHOOL PROGRAM THAT SERVES ONLY STUDENTS WITH DISABILITIES OR DEVELOPMENTAL DELAYS (FOR EXAMPLE LEBANON PRIMARY SCHOOL'S PROGRAM)*)

\_\_\_\_\_ **COORDINATED SPECIAL EDUCATION** (*THE STUDENT SPENDS PART OF THE DAY IN A PRESCHOOL SPECIAL EDUCATION PROGRAM AND PART OF THE DAY IN A PREKINDERGARTEN PROGRAM FOR NON-DISABLED PEERS SUCH AS: TITLE I PRE-K, HEADSTART, OR OTHER PROGRAMS LISTED*)

\_\_\_\_\_ **VIRGINIA PRESCHOOL INITIATIVE (PRE-K) PROGRAM**

\_\_\_\_\_ **COORDINATED PRE-KINDERGARTEN CLASSROOM** (*THE PROGRAM COORDINATES FUNDS FROM TWO OR MORE FEDERAL, STATE, AND LOCAL GOVERNMENT GRANT PROGRAMS*).

\_\_\_\_\_ **HEADSTART PROGRAM**

\_\_\_\_\_ **DAY CARE PROGRAM** (*SUCH AS CHURCH RELATED DAY CARE PROGRAM OR OTHER DAY CARE PROGRAM*)

\_\_\_\_\_ **LICENSED FAMILY HOME DAYCARE PROVIDER** (*THE STUDENT IS SERVED BY A PRESCHOOL OR CHILD DAYCARE PROVIDED IN A HOME WHERE THE PROVIDER IS LICENSED BY THE STATE OF VIRGINIA OR OTHER STATE IN WHICH THE PROGRAM OPERATES*)

**PLEASE LIST THE NAME OF THE DAY CARE PROGRAM YOUR CHILD ATTENDED BEFORE ENTERING KINDERGARTEN:** \_\_\_\_\_

**Did your child participate in the Russell County Imagination Library Program prior to kindergarten?**

-----**YES** -----**NO**



## Russell County Public Schools Student Home Language Survey

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

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Relationship of Person Completing Survey: \_\_\_\_\_

**1. What was the first Language your child spoke?**

\_\_\_\_\_  
\_\_\_\_\_

**2. Which Languages other than ENGLISH can your child speak?**

\_\_\_\_\_  
\_\_\_\_\_

**3. Which Language does your child use most often when he/she speaks to friends?**

\_\_\_\_\_  
\_\_\_\_\_

**4. Which Language does your child use most often when he/she speaks to you and other family members?**

\_\_\_\_\_  
\_\_\_\_\_

**5. In your home, do YOU speak a Language other than English?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6. In which Language do you prefer to receive communication *from your school*?**

\_\_\_\_\_  
\_\_\_\_\_