

# GALAX HIGH SCHOOL REGISTRATION DATA

Student's Full Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Birth Date: \_\_\_\_\_ Present Age: \_\_\_\_\_ Gender (circle one): Male Female

Social Security or Written Waiver \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Enrolled in Grade \_\_\_\_\_

Place of Birth \_\_\_\_\_ Home Language \_\_\_\_\_

1. Hispanic: YES NO (answer required)

2. Select one or more of the following: \_\_\_\_\_ White \_\_\_\_\_ Native Hawaiian/Other Pacific Islander  
\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American

Mailing Address \_\_\_\_\_ Residence \_\_\_\_\_

Do You Reside In: Galax City \_\_\_\_\_ Grayson County \_\_\_\_\_ Carroll County \_\_\_\_\_ Other \_\_\_\_\_

Who does the Student Reside With? \_\_\_\_\_ Proof of Residence \_\_\_\_\_

Do you reside with friends/family in their home? YES\* NO \*May qualify for McKinney-Vento

Father/Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Names of Brothers or Sisters in Galax City Public Schools:

Brothers	Grade	Sisters	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of sickness or emergency, contact: (Please list someone other than parent)

Name	Phone	Phone
1. _____	_____	_____
2. _____	_____	_____

Please list anyone who is NOT ALLOWED to pick up your child \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address of that School (if not Galax School) \_\_\_\_\_

Street, Route, & Box No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # of Previous School \_\_\_\_\_ Last Grade Completed \_\_\_\_\_ Year \_\_\_\_\_

Has your child ever been found eligible for any special education services? This includes speech/language. YES NO

If yes, what? \_\_\_\_\_

You might be eligible for the Migrant Educational Program (MEP).

Please answer these questions if you are interested in your child receiving migrant education services.

Was the purpose of the move to Galax due to economic necessity? Yes / No (circle one)

Was the move to obtain work that is:

(1) temporary or seasons AND Yes / No (circle one)

(2) agricultural or fishing? Yes / No (circle one)

Note to school officials: If the answer to all three questions is yes, please inform the Title I Coordinator (Mrs. Rebecca Cardwell) so that the student will be added to our Migrant Program.

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

Date \_\_\_\_\_

GALAX CITY PUBLIC SCHOOLS

TRANSPORTATION DEPARTMENT

PARENTS - PLEASE HELP US PROVIDE SAFE TRANSPORTATION FOR OUR STUDENTS BY FILLING OUT THIS FORM AND RETURNING IT TO YOUR CHILD(REN)'S SCHOOL. PLEASE PRINT.

BUS NO. \_\_\_\_\_ LOAD NO. \_\_\_\_\_

LOCATION OF BUS STOP: \_\_\_\_\_

LIST YOUR CHILD(REN) AND SCHOOL THEY ATTEND: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE. IF YOU HAVE ANY TRANSPORTATION CONCERNS, PLEASE GIVE US A CALL AT 236-2911.

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Escuelas Públicas de Galax

Departamento de Transportación

Estimados Padres: Favor de ayudarnos a brindar una transportación segura a nuestros estudiantes. Llene este formulario y devuélvalo con sus hijos a la escuela. Favor de escribir en letras de cajón.

AUTOBÚS NO: \_\_\_\_\_ CARGA NO: \_\_\_\_\_

LOCALIZACIÓN DE LA PARADA DE AUTOBÚS: \_\_\_\_\_

ESCRIBA LOS NOMBRES DE SUS HIJOS Y LAS ESCUELAS EN LAS QUE CADA UNO ESTÁN INSCRITOS: \_\_\_\_\_

NOMBRES DE LOS PADRES: \_\_\_\_\_

DIRECCIÓN: \_\_\_\_\_

TELÉFONO: \_\_\_\_\_

MUCHAS GRACIAS POR SU AYUDA. SI TIENE ALGUNA PREGUNTA SOBRE LA TRANSPORTACIÓN DE SUS HIJOS, FAVOR DE LLAMARNOS AL 236-2911.



# Galax High School

MAROON TIDE DRIVE  
GALAX, VIRGINIA 24333

<http://www.gcps.k12.va.us>

GUIDANCE DEPARTMENT

276-236-2991  
HOMEWORK HOTLINE 276-238-TIDE (8433)  
FAX: 276-236-8011

## DECLARATION OF RESIDENCY

I declare that I am a legal resident of Galax City and my child is entitled to enroll in a Galax City School.

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

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

Date \_\_\_\_\_

Child \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**GALAX CITY PUBLIC SCHOOLS  
223 LONG STREET  
GALAX, VA 24333  
(276) 236-2911**

**Request for Education Record**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Current Address: \_\_\_\_\_

**Parental Consent: I hereby authorize the previous school attended, listed above, to release to the Galax City Public School System my child's education record.**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Please mail all student record information to the school circled below as soon as possible. Thank you for your assistance.**

**Galax Elementary School**  
225 Academy Drive  
Galax, VA 24333  
(276) 236-6159

**Galax Middle School**  
202 Maroon Tide Drive  
Galax, VA 24333  
(276) 236-6124

**Galax High School**  
200 Maroon Tide Drive  
Galax, VA 24333  
(276) 236-2991

