

GALAX MIDDLE SCHOOL REGISTRATION DATA

Student's Full Name _____
(Last) (First) (Middle) (Nickname)

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

Social Security _____ / _____ / _____ 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
223 Long Street
Galax, Virginia 24333
(276) 236-2911 Fax (276) 236-5776

REQUEST FOR EDUCATION RECORD

Student's Name

Previous School Attended

Date of Birth

Address of Previous School

Parent/Guardian/Surrogate

City, State, Zip Code

I hereby authorize _____ to release to the Galax City Public School System my child's education record.

Date

Signature of Parent/Guardian/Surrogate

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

Galax Elementary School
Attn: Guidance
225 Academy Drive
Galax, VA 24333
(276) 236-6159
Fax (276) 236-5839

Galax Middle School
Attn: Guidance
202 Maroon Tide Drive
Galax, VA 24333
(276) 236-6124
Fax (276) 236-4162

Galax High School
Attn: Guidance
200 Maroon Tide Drive
Galax, VA 24333
(276) 236-2991
Fax (276) 236-8011

Galax City Public Schools
Home Language/Migrant Education Survey Form
Encuesta del Idioma del Hogar y Educación Migrante

| Student Information/ <i>Información sobre estudiante</i> | | |
|--|---|---|
| First Name/ <i>Nombre</i> | Last Name/ <i>Apellido</i> | Middle Name/ <i>inicial</i> |
| Country of Birth/ <i>lugar de nacimiento</i> | Date first enrolled in any U.S. school (Private or Public, but not PreK)/ <i>Fecha de Matricula en E.U.</i> | Date of Birth/ <i>Fecha de nacimiento</i> |
| Current School/ <i>Escuela Actual</i> | School Enrollment Date/ <i>Fecha de matricula en la escuela</i> | Current Grade/ <i>Grado actual</i> |

| Questions for Parents/Guardians/ <i>Padres o Encargados</i> | Parent Response/ <i>Respuestas</i> |
|--|------------------------------------|
| What is the first language the student learned to speak? <i>¿Que idioma aprendió a hablar primero el estudiante?</i> | |
| What language does the student speak most often? <i>¿Que idioma habla el estudiante con más frecuencia?</i> | |
| What language is most often spoken in the home? <i>¿Que idioma se habla en el hogar con más frecuencia?</i> | |
| Have you moved within the last 36 months? <i>¿Se ha mudado en los últimos 36 meses?</i> | |
| Was the purpose of the move due to economic necessity and was the move to obtain work that is (1) temporary or seasonal AND (2) agricultural or fishing? <i>¿Era el propósito de la mudanza debido a la necesidad económica y era el movimiento para obtener el trabajo que es (1) temporal o estacional Y (2) asociado con la agricultura o la pesca?</i> | |

Parent/Guardian Signature/*Firma*: _____ Date/*Fecha*: _____

*****For Office Use Only*****

Person Reviewing this Survey:

| | |
|---|--|
| Directions: 1. Parents/guardians of ALL new students must complete this form at the time of enrollment and record all information requested. <i>Provide interpreting services whenever necessary.</i> 2. Ensure that all questions on the form are completed. If any of the above questions have a language other than English or "yes" listed in the response column, make a copy of the original and forward it on immediately to your ESL teacher. Once received, The ESL Program staff will review the responses, interview the parent as necessary, and/or the student to determine the home language and/or migrant eligibility. 3. Place the original form in the student's cumulative folder. | |
| Determination (ESL Teacher ONLY) If the student's first or home language is anything other than English, a language proficiency test should be administered unless proper documentation is found that the child was tested in a previous school district (if transfer) and that testing medium complies with VA testing standards for LEP students. | Teacher name: First/ Home Language: Administer the English language proficiency test? Circle: Yes or No |

