

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

Name	Phone	Phone
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1. _____	_____	_____
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2. _____	_____	_____
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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 <b>first</b> enrolled in <b>any</b> 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:

<p><b>Directions:</b></p> <ol style="list-style-type: none"> <li>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></li> <li>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.</li> <li>Place the original form in the student's cumulative folder.</li> </ol>	
<p style="text-align: center;"><b>Determination (ESL Teacher ONLY)</b></p> <p>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.</p>	<p>Teacher name: _____</p> <p>First/ Home Language: _____</p> <p>Administer the English language proficiency test? Circle: Yes or No</p>

