Virginia School for the Deaf, Blind & Multi-Disabled at Hampton

Student Information - Registration Form School Year 2006-2007

(Please complete all areas – there should be no blanks on this form)

Full Name: _____ Date: _____ SS#: _____ Date of Birth: _____

Grade: _____ Sex: _____ Admission Date: _____ Place of Birth: _____

Last Known Residence: _____ Religious Preference of Student/Family: _____

Race/National Background: _____ Limited/Non-English Speaking? Yes: No

Parent/Guardian Information:

Mother's Name: _____ Address: _____

Telephone Numbers: (H) _____ (W) _____ (C) _____ (email) _____

Father's Name: _____ Address: _____

Telephone Numbers: (H) _____ (W) _____ (C) _____ (email) _____

Please check appropriate box: Parent Guardian Divorced Joint Custody Adopted Other

Custodial Parent: Mother Father

Please provide the following appropriate documentation at the time of registration.

1. **Married Biological Parent:** copy of student's birth certificate
2. **Divorced Parents:** copy of custody order from divorce decree
3. **Guardianship:** copy of guardianship papers
4. **Adopted:** copy of adoption papers

Person (s) to be notified in Emergency Situations:

Name: _____ Address: _____

Telephone Numbers: (H) _____ (W) _____ (C) _____

Name: _____ Address: _____

Telephone Numbers: (H) _____ (W) _____ (C) _____

Medical Information:

Physician's Name: _____ Address: _____

City: _____ Zip Code: _____ Phone # _____

Dentist's Name: _____ Address: _____

City: _____ Zip Code: _____ Phone # _____

For more information about programs and the admissions procedures, contact the VSDBM-H Superintendent's Office

Revised 6/06