

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.

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: _____

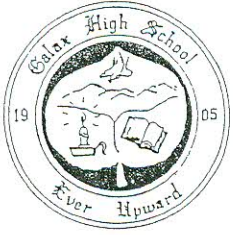
ESCRIBA LOS NOMBRES DE SUS HIJOS Y LAS ESCUELAS EN LAS QUE CADA UNO ESTÁN INSCRITOS: _____

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

