

LUNENBURG COUNTY PUBLIC SCHOOLS

KINDERGARTEN REGISTRATION INFORMATION

Student's Name: _____ Grade: _____ Date: _____
(Last Name) (First Name) () (Middle Name) () ← Check Preferred Name

School: _____ Student ID No. _____ Social Security No.: _____ - _____

Date of Birth: _____ Birth Certificate No.: _____ Male Female

County of Birth: _____ State of Birth: _____ City of Birth: _____

ETHNICITY

Is your child Hispanic or Latino? Yes No

Race (Check All that Apply)

() American Indian or Alaska Native; () Asian; () Black or African American; () Native Hawaiian/Other Pacific Islander;
() White

Has this student **EVER** attended school in Lunenburg County? Yes No

Last School Attended: _____

Last School's Address: _____

911 ADDRESS (Required)

(Road/Street No.) (Road/Street Name) (City/Town) (State) (Zip Code)

MAILING ADDRESS (if Different)

(P.O. Box Number, Apt., etc.) (City/Town) (State) (Zip Code)

Parent's Contact Email Address: _____

Home Phone: () Cell: () County of Residence: _____

Bus No.: AM: _____ PM: _____ Miles from School: _____

Student's Name: _____

Student Lives with: Both Parents; Mother Only; Father Only; Legal Guardian(s);
 Mother/Stepfather; Father/Stepmother; Foster Family; Spouse

Name: _____

What language (s) is (are) spoken in the home? _____

Was your child in any of the following? Gifted; Special Ed.; 504 Plan; ESL; Other: _____

Was your child in a Pre-K Program? Yes; No; Name of Program: _____
 Head Start; Public Preschool; Private Preschool/Daycare; Department of Defense Child Development Program; Family Daycare Provider; No Preschool Experience

MILITARY

Not Military; Active Military—Other than National Guard; Reserve Military—Other than National Guard;
 National Guard—Active and Reserve

MEDICAL INFORMATION

Current Medications: _____

Allergies: _____

Father's Name: _____	Father's Home Phone: _____
Father's Employer: _____	Father's Work Phone: _____
Mother's Name: _____	Mother's Home Phone: _____
Mother's Employer: _____	Mother's Work Phone: _____
Guardian's Name: _____	Guardian's Home Phone: _____
Guardian's Employer: _____	Guardian's Work Phone: _____

I understand that the student becomes subject to all policies, regulations, and guidelines of the school division, including the Code of Student Conduct.

Signature of Parent(s)/Guardian(s) (Required) _____
Date (Required)

Lunenburg County Board of Education

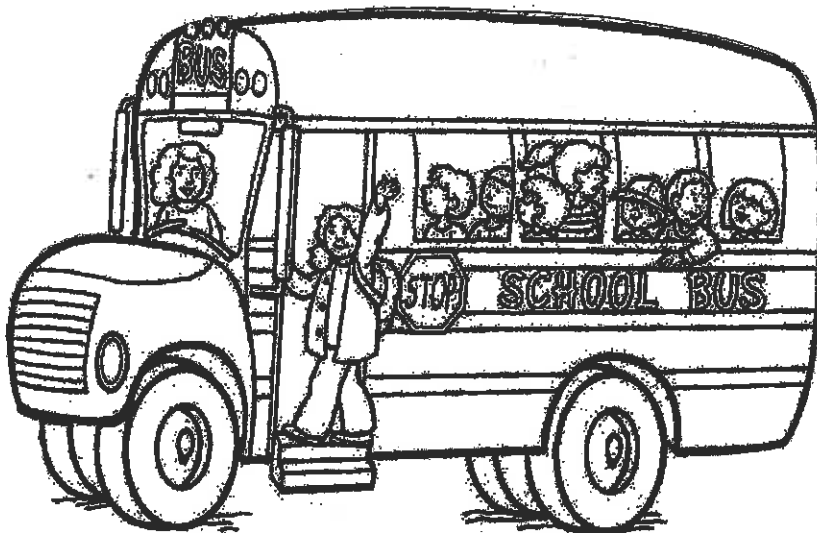


Office of Transportation and Maintenance
Post Office Box 710
Kenbridge, Virginia 23944

School Board Office
(434) 676-2467

Fax
(434) 676-1000

Jay Strawser
Superbisor of Transportations and Operations



- * Student Transportation Forms/Emergency Contact List
- * "Presence of Responsible Adult at Bus Stop" Pre-K - 3rd Grade
- * Notification of "Change of Bus or Location" Before 2:00 P.M. of School Day (i.e.) please let Jay off at Grandma's today???????
- * Emergency/Weather related closings and delays

"Strength of purpose achieves the impossible..."

Lunenburg County Public Schools

Transportation Survey

Student's Name (Print) _____

Grade Level _____ School _____

Parent's, Guardian and Baby Sitter Names: (Father) _____

(Mother) _____ (Guardian) _____

(Baby Sitter) _____

911 Address _____

Mailing Address _____

Baby Sitter's 911 Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Baby Sitter's Home Phone Number _____ Cell Phone _____

SPECIFIC identification of your residence (street & house number if you live in town or 911 number and intersection of roads if you live outside of town limits. Please include directions to your house from school: _____

List other children living in your house in Lunenburg County and the bus they ride:

Assigned bus# _____

LUNENBURG COUNTY PUBLIC SCHOOLS

TRANSPORTATION DEPARTMENT

1009 MAIN STREET

434-676-2467

FAX: 434-676-1000

To All Parents:

In order to be able to communicate with all parents in the event of a bus emergency, we are requesting that you provide the Transportation Department with your home phone number as well as an emergency number. Please fill out the information requested below and return to your child's bus driver as soon as possible.

Bus #: _____

Student Name: _____ **Grade:** _____

_____ **Grade:** _____

_____ **Grade:** _____

911 Address: _____

Home Phone #: _____ **Cell Phone #:** _____

Emergency Phone #: _____

Parent(s) Name(s): _____

PLEASE PRINT ALL INFORMATION!!!!!!

Instructions for School Bus Riders

Realizing that most students are cooperative in obeying bus rules, it is important that everyone be cooperative to insure the safety of all who ride the bus. This can be accomplished if everyone remembers these things:

1. Safety **MUST** be everyone's main concern and goal.
2. The driver is in complete charge at all times.
3. Riding the school bus is a **PRIVILEGE**...not a right.

Students should be at the bus stop at least 5 minutes before the pick-up time.

File:JFCC-RR School Policy

Presence of Parents or Responsible Adults at the School Bus Stops

(For Students Grade Three and Below)

In the interest of the safety and welfare of school bus passengers, students in Grade Three or below who ride a school bus must have a parent, guardian or other responsible adult present at the bus stop or the student's house when the student exits the bus.

Parents please complete the Transportation Survey Completely and return it to the school as soon as possible. Please provide any additional phone numbers and contacts. They can be most helpful if needed.

If the student needs to ride another bus, be picked up or dropped off at a different location. Please send a note or notify the School Before 2 P.M. that school day.

Please feel free to call me at 434-676-2467 or email me at jay.strawser@k12lcps.org



Lunenburg County Public Schools
Student Home Language Survey

Date: _____ Student Name: _____

School: (Please Circle).

Kenbridge Elementary School

Victoria Elementary School

Lunenburg Middle School

Central High School

Relationship of Person Completing Survey: (Please Circle).

Mother Father Guardian Other: Please Specify: _____

Please answer the following questions:

What is the primary language used in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language the student first acquired? _____

Parent/guardian preferred language of communication from the school: _____

Office Use Only: One copy of this form should be kept in the student's permanent record.
Please forward a copy of this survey to Mary Pat Johnson if the parent answered yes to any of the questions and/or if they request communication in a different language.



Escuelas Públicas del Condado de Lunenburg
Encuesta de Idioma Hablado en el Hogar

Fecha: _____ Nombre del estudiante: _____

Escuela: (Por favor círculo).

Kenbridge Elementary School

Victoria Elementary School

Lunenburg Middle School

Central High School

Relación de la persona que completa la encuesta: (Por favor círculo).

Madre Padre Guardián Otro: Especificar: _____

Por favor, conteste las siguientes preguntas:

¿Cuál es el idioma principal que se utiliza en el hogar, sin importar el idioma que habla el estudiante? _____

¿Cuál es el idioma más a menudo que habla el estudiante? _____

¿Cuál es la primera idioma aprendió el estudiante? _____

Idioma preferido de los padres / tutores de la comunicación de la escuela: _____

Uso de la oficina: Una copia de esta forma debe mantenerse en el archivo permanente del estudiante.
Por favor, envíe una copia de esta encuesta a Mary Pat Johnson si el padre respondió afirmativamente a alguna de las preguntas y / o si solicitan la comunicación en un idioma diferente.