

STUDENT INFORMATION የተማሪ መረጃ

Student's Last Name: _____ First Name: _____ Middle Name: _____

Student and Primary Parent/Guardian Address: Street _____ Apt # _____

City _____ State _____ Zip _____

Date of Birth: Month: _____ Day: _____ Year: _____ Country of Birth: _____ Grade: _____

Gender: [] Male [] Female Gender Identity: [] Male [] Female [] Other Preferred Name: _____

Is this student Hispanic or Latino? (choose only one) [] No, not Hispanic or Latino [] Yes, Hispanic or Latino

What is the student's race? (choose one or more) [] American Indian/Alaskan [] Black or African American [] White [] Asian [] Native Hawaiian or Other Pacific Islander

If a language other than English is spoken in the student's home, what is that language? [] Spanish [] Amharic [] Arabic [] Other (please specify)

Last School Attended: _____ [] Public [] Private

Address: _____ City _____ State _____ Zip _____

If not an Alexandria City school, has student EVER attended Alexandria City Public Schools? [] Yes [] No

If Yes, please provide the following: School: _____ Year: _____ Grade: _____

PARENT/GUARDIAN INFORMATION የወላጅ ወይም የአሳዳጊ መረጃ

Primary Parent/Guardian: _____

Do you live/reside in the City of Alexandria? [] Yes [] No If No, has an exception to policy been approved? [] Yes [] No

Last Name: _____ First Name: _____ [] Male [] Female

[] Father [] Stepfather [] Legal Guardian [] Mother [] Stepmother [] Foster Parent

Other (please indicate relationship): _____

Home Phone: (____) _____ - _____ Is your home phone a cell phone? [] Yes [] No

Cell Phone: (____) _____ - _____ [] No

Email Address: _____

Employer: _____ Work Address: _____ Work Phone: (____) _____ - _____ Ext: _____

Parent/Guardian's preferred language of communication? [] English [] Spanish [] Amharic [] Arabic [] Other (please specify)

Parent/Guardian #2: ወላጅ ወይም አሳዳጊው #2

Last Name: _____ First Name: _____ [] Male [] Female

[] Father [] Stepfather [] Legal Guardian [] Mother [] Stepmother [] Foster Parent

Other (please indicate relationship): _____

Address: [] Address is the same as student and primary parent/guardian's address above

Street _____ Apt # _____

City _____ State _____ Zip _____

Home Phone: (____) _____ - _____ Is your home phone a cell phone? [] Yes [] No

Cell Phone: (____) _____ - _____ [] No

Email Address: _____

Employer: _____ Work Address: _____ Work Phone: (____) _____ - _____ Ext: _____

STUDENT BACKGROUND የተማሪው ዳራ

Does your child have a current IEP for Special Education services or 504 Plan? Yes No
በአሁኑ ሰአት ልጅዎ ለልዩ ትምህርት አገልግሎት ወይም 504 ዕቅድ ላይ ሲሆን? አዎ አይደለም

If Yes, has documentation been provided to the school? Yes No
መልስዎ አዎ ከሆነ፣ ለትምህርት ቤቱ ተስተጋሪ ነው? አዎ አይደለም

Has your child been expelled from attending school at a private or public school in Virginia or another state, for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person? Yes No
ከመሳሪያ፣ አልተሆል ወይም አደንዛኝ እጽ። ወይም ሌላ ሰው ላይ ሆን-ብሎ ጉዳት ማድረስ በመሳሰሉ የትምህርት ቤት ቦርድ ፖሊሲዎች በመግባት የተነሳ ከሌሎች በቨርጂኒያ ወይም በሌላ ስቴት ባሉ የግል ወይም ህዝብ ትምህርት ቤቶች ተባብሮ ያውቃልን?

STUDENT'S SIBLINGS የተማሪ እህቶች ወይም ወንድሞች

Name ስም	Birth Date የልደት ቀን	Sex ጾታ	School ትምህርት ቤት
1.			
2.			
3.			
4.			

EMERGENCY CONTACTS በድንገተኛ ጊዜ ተጠሪ

እባክዎ የአስቸኳይ ጊዜ ውሳኔዎችን ለመስጠት ወይም በአስቸኳይ ጊዜ ወላጆችን ወይም አሳዳጊዎችን ማግኘት ካልቻልን ልጅዎን ከትምህርት ቤት መጥተው የሚወስዱ ቢያንስ የሁለት ሰዎችን ስም ይጥቀሱ።

Emergency Contact #1 (Other than Parent/Guardian): የአደጋ ጊዜ ተጠሪ ቁጥር 1 (ከወላጅ/አሳዳጊ ሌላ)፤

Name: _____ ስም፡ _____
 Address: Street _____ Apt # _____
 አድራሻ፡ መንገድ፡ አፓርትማንት ቁጥር፡ _____
 City _____ State _____ Zip _____
 ከተማ፡ ሀገር ግዛት፡ ቢጥ፡ _____
 Home Phone: _____ Cell Phone: _____
 የቤት ስልክ ቁጥር፡ ተንቀሳቃሽ ስልክ ቁጥር፡ _____
 Work Phone: _____ Relationship to student: _____
 የመስሪያ ቤት ስልክ ቁጥር፡ ከተማሪው ጋር ያለዎት ዝምድና፡ _____

Emergency Contact #2 (Other than Parent/Guardian): የአደጋ ጊዜ ተጠሪ ቁጥር 2 (ከወላጅ/አሳዳጊ ሌላ)፤

Name: _____ ስም፡ _____
 Address: Street _____ Apt # _____
 አድራሻ፡ መንገድ፡ አፓርትማንት ቁጥር፡ _____
 City _____ State _____ Zip _____
 ከተማ፡ ሀገር ግዛት፡ ቢጥ፡ _____
 Home Phone: _____ Cell Phone: _____
 የቤት ስልክ ቁጥር፡ ተንቀሳቃሽ ስልክ ቁጥር፡ _____
 Work Phone: _____ Relationship to student: _____
 የመስሪያ ቤት ስልክ ቁጥር፡ ከተማሪው ጋር ያለዎት ዝምድና፡ _____

Emergency Contact #3 (Other than Parent/Guardian): የአደጋ ጊዜ ተጠሪ ቁጥር 3 (ከወላጅ/አሳዳጊ ሌላ)፤

Name: _____ ስም፡ _____
 Address: Street _____ Apt # _____
 አድራሻ፡ መንገድ፡ አፓርትማንት ቁጥር፡ _____
 City _____ State _____ Zip _____
 ከተማ፡ ሀገር ግዛት፡ ቢጥ፡ _____
 Home Phone: _____ Cell Phone: _____
 የቤት ስልክ ቁጥር፡ ተንቀሳቃሽ ስልክ ቁጥር፡ _____
 Work Phone: _____ Relationship to student: _____
 የመስሪያ ቤት ስልክ ቁጥር፡ ከተማሪው ጋር ያለዎት ዝምድና፡ _____

PRE-KINDERGARTEN EXPERIENCE

Only for students enrolling into kindergarten

ቅድመ መዋለ ህጻናት ልምድ

ወደ መዋለ ህጻናት ለሚመዘገቡ ተማሪዎች ብቻ

ከመዋለ ህጻናት አመት በፊት፣ ልጄ የተከታተለው (አንዱን ይምረጡ)፡

Virginia Preschool Initiative (VPI) 4-year-old program at: የቨርጂኒያ ቅድመ-መደበኛ ትምህርት መርሐግብር (VPI) 4- ዓመት አድሜ ፕሮግራም በ፤

- Alexandria City Public Schools (ACPS)
አሌክሳንደሪያ ከተማ የህዝብ ት/ቤቶች (ACPS)
- Campagna Center
ካምፓኖ ማእከል
- Child and Family Network Center (CFNC)
የልጆች እና የቤተሰብ ኔትወርክ ማእከል (CFNC)
- ALIVE! Child Development Center
አላይቭ (ALIVE!) የልጆች ዴቪሎፕመንት ማእከል
- Creative Play School
ክርኤቲቭ ፕሌይ ስኩል

Another pre-K program: ሌላ ቅድመ-መዋለ ህጻናት ፕሮግራም፡

- Early Childhood Special Education
ቅድመ-ህጻናት ልዩ ትምህርት አገልግሎቶች
- Preschoolers Learning Together (PLT)
ቅድመ-መደበኛ ተማሪዎች የጋራ ትምህርት (PLT)
- Head Start
ሄድ ስታርት
- Full-day Private Preschool/Daycare
ሙሉ ቀን የግል ቅድመ መደበኛ ት/ቤት/ መዋለ ህጻናት
- Half-day Private Preschool
ግማሽ ቀን የግል ቅድመ መደበኛ ት/ቤት
- Licensed Family Home Daycare Provider
በቤተሰብ ቤት ፈቃድ ያላቸው የልጆች መዋለ አገልግሎት
- Department of Defense Child Development Program
የመከላከያ ዲፖርትሜንት የልጆች ዴቪሎፕመንት ማእከል

Other: ሌላ፤

- Parent/Relative
ወላጅ/ዘመድ
- Child care provider in my home (nanny, au pair, etc.)
በቤቴ የሚኖር የልጆች ጥበቃ አገልግሎት የሚሰጥ
- Other: ሌላ፤
Specify: _____
ዝርዝር ግለፅ

By signing this form I am verifying that the information contained herein is correct.

እዚህ የተቀመጠው መረጃ ትክክለኛ ለመሆኑ በፊርማዎ አረጋግጣለሁ።

Parent/Guardian Signature: _____ Date: _____
ወላጅ ወይም የአሳዳጊው ፊርማ፡ ቀን፡ _____

FOR OFFICE USE ONLY

Student ID	School ID	Sch/Res	Att/Permit Code	Address/Transfer Permit Verified	Grade	Entry Code	Entry Date	Office Verification/Signature