

# Early Literacy Program Registration Form

FCPS Student ID

Check one  Arabic  Korean  Spanish  African Heritage  HIPPY

To Be Completed by Parent or Guardian

**Complete this Section for your Student**

**Registration Date:**

Student Legal Name (as it appears on the birth certificate)					
Last	First	Middle	Student Nickname		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth (City, State)	Date of Birth (mm/dd/yyyy)	Current Age of Child	Email	Home Telephone <input type="checkbox"/> unlisted	Cell Telephone

**Ethnic Group and Race Categories** The federal government **requires** that **both** these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are **required** to make selections for both.

1. Is this student Hispanic or Latino? (*choose only one*)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

2. What is the student's race? (*select all that apply*)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, **Cambodia, China, India, Korea, Malaysia, Pakistan, and Phillipine Islands, Thailand, and Vietnam.**)
- Black or African American** (A person having origins in any of the Black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the originals peoples of Europe, North Africa, or the Middle East.)

\_\_\_\_\_  
Language Spoken at Home

\_\_\_\_\_  
Preferred FCPS Correspondence Language

Program Site

\_\_\_\_\_  
1st site choice

\_\_\_\_\_  
2nd site choice

**Residence Address of Family and Enrolling Person**

<b>Enrolling Person</b>			Relationship				
Last	First	Middle	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other				
Street	Apt No.	City	State	Zip Code/Suffix	Home Phone	Cell Phone	Email

**Base School**

School your child will attend kindergarten	Year your child will enter kindergarten	<b>Sibling(s) in Fairfax County Public Schools</b>	
		Name _____	School _____
Have YOU (parent not child) ever participated in this program before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name _____	School _____
If so, please complete below:			
When _____	Where (which school/site) _____	How many times _____	
Has your CHILD ever participated in any of the following programs?			
<input type="checkbox"/> HIPPY <input type="checkbox"/> Head Start <input type="checkbox"/> Arabic Speakers Early Literacy <input type="checkbox"/> Korean Speakers Early Literacy <input type="checkbox"/> Spanish Speakers Early Literacy <input type="checkbox"/> African Heritage Early Literacy			

**Mail to:** Family and School Partnership - Early Literacy Program - Room 112 2334 Gallows Road Dunn Loring, VA 22027

**Fax to:** 703-204-4311

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