

Hippy Program Registration Form

FCPS Student ID

Check one English Spanish

To Be Completed by Parent or Guardian

Complete this Section for your Student

Student Legal Name (as it appears on the birth certificate)

Last		First		Middle		School Site	
Student Nickname	Date of Birth (mm/dd/yyyy)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Telephone	<input type="checkbox"/> unlisted	Cell Telephone	

Ethnic Group and Race Categories

- | | |
|---|---|
| <p>1. Is this student Hispanic or Latino? (<i>choose only one</i>)</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p> | <p>2. What is the student's race? (<i>select all that apply</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> |
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Complete this Section for You, the Enrolling Person

Residence Address of Family and Enrolling Person

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

Base School

School your child will attend kindergarten	Year your child will enter kindergarten	Current Age of Child
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Have YOU (parent not child) ever participated in this program before? Yes No

If so, please complete below:

When _____ Where (which school/site) _____ How many times _____

Has your CHILD ever participated in any of the following programs?

- Hippy
 Head Start
 Arabic Speakers Early Literacy
 Korean Speakers Early Literacy
 Spanish Speakers Early Literacy
 African Heritage Early Literacy