

Family Literacy ESOL Program Registration Form

FCPS Student ID

Location Name: _____

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		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	Language Spoken at Home	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.)

How did you hear about this program?

- School Open House
 School (Parent Liaison, Teacher, etc.)
 Friend or Family
 Other:

Residence Address of Family and Enrolling Person

Enrolling Person					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	Sibling(s) in Fairfax County Public Schools	
		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 or Pony to: Family Literacy ESOL Program 8270 Willow Oaks Corporate Dr #5122 Fairfax, VA 22031

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