

# KING'S FORK HIGH SCHOOL GUIDANCE OFFICE

## **REGISTRATION**

Student registration will be done by appointment only. Please contact the **Guidance Office at 923-5240** to make an appointment. On the day of the appointment, please arrive 30 minutes early to complete the required paperwork if you have not already done so.

**Only the custodial parent or guardian can enroll a student and the parent must be living in Suffolk.** No other individual can enroll a student unless he or she has legal custody of the student.

**To register a student, the parent must provide on day of appointment the following:**

- **An original birth certificate**
- **Transcript and withdrawal form from previous school**
- **SOL scores if applicable (out of state testing if applicable)**
- **Immunization Records**
- **Copy of IEP (Individualized Education Plan) or 504 Plan**
- **Court custody papers if applicable**
- **One of the following for Proof of Residency:**
  - a signed lease in your name and photo ID or
  - a current electric, gas or water bill in your name & photo ID or
  - a home purchase contract signed by you and a licensed realtor with a closing date or anticipated closing date and photo ID or
  - if living with a family member or friend for 30 days or more in the City of Suffolk and consider this to be your nighttime residence, a Driver's License with the new Suffolk address (ask for form PP-137)

## **WITHDRAWALS**

Parents of students withdrawing must contact Mrs. Harris, Guidance Secretary, at least 2 days before the student's last day. This will allow her to collect grades and prepare the withdrawal documents. All books must be returned the day of withdrawal. Parent must bring in their photo ID to withdraw student.



STUDENT RECORD RELEASE

To the Guidance Department

Of \_\_\_\_\_

\_\_\_\_\_ has enrolled in the \_\_\_\_\_ grade.

Please send us the following information:

- \_\_\_\_\_ A complete Transcript.
- \_\_\_\_\_ Immunization and health records.
- \_\_\_\_\_ Graduation requirement (If Applicable).
- \_\_\_\_\_ Test data including Literacy Passport and SOL (If Applicable).
- \_\_\_\_\_ Interpretation of your marking system.
- \_\_\_\_\_ Record of grades during current year to date of withdrawal.
- \_\_\_\_\_ Attendance.
- \_\_\_\_\_ Psychological, sociological and educational evaluations, or any special educational placement and IEP or 504 Plan.
- \_\_\_\_\_ Driver education information.
- \_\_\_\_\_ Discipline (Including recommendation for expulsion or alternative settings).
- \_\_\_\_\_ Child study minutes or eligibility minutes.

\_\_\_\_\_  
Guidance Secretary/Guidance Counselor

Please forward the records to: Guidance Department

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission for all school records of my child (named above) to be released to the school above where he/she is presently enrolled.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

Student's ID#: \_\_\_\_\_



**Student Registration Form**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(First) (Middle) (Last) (Generation)

Gender: (circle one) M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

Ethnic Code:

**1. Is the student (or if you are the student- Are you) Hispanic/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 (or if you are the student - what is your) race? (choose one or more)**

\_\_\_\_\_ 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, Japan, Korea, Malaysia, Pakistan, the Philippine 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 original peoples of Europe, the Middle East, or North Africa.)

Country of Birth (If not the United States): \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Student Lives With (circle one): Mother & Father Mother Only Father Only Guardian Foster Parent

Parent/Guardian Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: Apt. Number: \_\_\_\_\_ P. O. Box: \_\_\_\_\_

Lot (Street Number): \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

Father Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

Mother E-mail: \_\_\_\_\_ Father E-mail: \_\_\_\_\_

Mother Cell Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Please list student name/school for all children you currently have enrolled in Suffolk Public Schools:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information (Other than Immediate Family):**

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Pager: \_\_\_\_\_

**Other Contact Information (Other than Immediate Family):**

Name: \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Pager \_\_\_\_\_

**Medical:**

Physician: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

Medical Alerts (Allergies/Med Conditions): 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

Is This Student Considered To Be: Homeless \_\_\_\_\_ Migrant \_\_\_\_\_ Immigrant \_\_\_\_\_ Refugee \_\_\_\_\_

**Handbook:**  I choose to receive a paper copy of the student handbook.  
 I choose to receive an electronic copy of the student handbook.

I certify this information to be true: \_\_\_\_\_  
Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For School Use Only**

Student Identification #: \_\_\_\_\_  
Birth Certificate #: \_\_\_\_\_ Physical Completed & Submitted: Yes No  
Special Services Survey Completed and Submitted: Yes No Media Opt Out Form: Yes No  
Internet Permission: Yes No Family Life Opt Out: Yes No  
Immunizations: Diphtheria \_\_\_\_\_ Polio \_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Tdap \_\_\_\_\_  
Entry Code: \_\_\_\_\_ Homeroom Assignment: \_\_\_\_\_

Bus Route # \_\_\_\_\_  
School \_\_\_\_\_



**INFORMATION CARD**

Homeroom # \_\_\_\_\_  
PLEASE COMPLETE ALL SECTIONS OF THIS FORM

If any information included on this card is different from last year, please check this box.   
1. STUDENT INFORMATION (Please Print All Information)

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home tel. # \_\_\_\_\_

2. PARENT/GUARDIAN INFORMATION

Mother's/Guardian's name \_\_\_\_\_ Home tel. # \_\_\_\_\_

Work tel. # (with extension) \_\_\_\_\_ Cell tel. # \_\_\_\_\_ E-mail \_\_\_\_\_

Father's/Guardian's name \_\_\_\_\_ Home tel. # \_\_\_\_\_

Work tel. # (with extension) \_\_\_\_\_ Cell tel. # \_\_\_\_\_ E-mail \_\_\_\_\_

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are court orders restricting noncustodial parents or others from contact with child. Provide principal with a copy of the order.

3. LOCAL CONTACT INFORMATION

Those designated below are authorized to pick up my child from school in case of an accident, illness or an emergency.

1. Local contact's name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home tel. # \_\_\_\_\_ Work tel. # (with extension) \_\_\_\_\_

Cell tel. # \_\_\_\_\_ E-mail \_\_\_\_\_

2. Local contact's name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home tel. # \_\_\_\_\_ Work tel. # (with extension) \_\_\_\_\_

Cell tel. # \_\_\_\_\_ E-mail \_\_\_\_\_

4. MEDICAL/PHYSICIAN INFORMATION COMPLETE SECTION BELOW

List student's known allergies and medical conditions \_\_\_\_\_

Doctor's name \_\_\_\_\_ Tel. # \_\_\_\_\_

In a medical emergency, I hereby authorize the school division to seek emergency medical assistance for my child if I nor contact persons may be reached.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please update your school immediately if any information changes.  
Would you like to receive information about Family Access to Medical Insurance Security Plan (FAMIS)? Yes \_\_\_\_\_ No \_\_\_\_\_



SPECIAL SERVICES SURVEY

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address \_\_\_\_\_

Circle one per question

Yes No 1. Has your child ever attended Suffolk Public Schools? If yes, please list name of school and dates attended:

\_\_\_\_\_  
\_\_\_\_\_

Yes No 2. Has your child ever received special education services? If yes, please circle: LD, EMR, ED, Speech, Hearing, Vision, Other: if other, please state:

\_\_\_\_\_

Yes No 3. Has your child ever been enrolled in any gifted and talented classes? List the type of gifted class: \_\_\_\_\_

Yes No 4. Has your child ever had or does he/she currently have a 504 plan?

Yes No 5. Has your child ever repeated a grade? If so, which one(s)? \_\_\_\_\_

Yes No 6. Are there any court orders (custody papers, protective orders, criminal petitions, etc.) involving this child? (If so, please provide us a copy.

Yes No 7. Are you the custodial parent or the legal guardian of this child?

Please note any additional information that would enable us to work with your child more effectively:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Suffolk Public Schools Home Language Survey

**Parent/Guardian:** This form must be completed for all students registering in Suffolk Public Schools.

## To be Completed by Parent or Guardian

Under provisions of the Civil Rights Act of 1964, each student's dominate language must be identified. This information is essential in order for schools to provide meaningful instruction. Your cooperation in meeting this requirement is appreciated. Please answer the questions below accurately and completely.

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Mo. Day Yr.

1. What was the first language spoken by the student? \_\_\_\_\_

2. Is there a language, other than the English, spoken in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Which language(s)? \_\_\_\_\_

3. Does the student speak or understand a language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

Which language(s)? \_\_\_\_\_

In which language do you prefer to receive oral communication from the school?  
\_\_\_\_\_

In which language do you prefer to receive written communication from the school?  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This procedure meets federal requirements for identifying and assessing language minority students in order to provide appropriate instructional support services for those students found to be English language learners. If another language is indicated on the home language survey, the student will be tested for English language proficiency. Parents or guardians will be informed of the results of the English language proficiency assessment.

Place this completed form in the Student's Cumulative Record Folder

## Suffolk Public Schools Military Connected Families

Virginia School Divisions are required to identify students who are military dependents. Select the code below that best identifies your student, and return this form to your child's school. If you are not active duty military or reserve no action is necessary.

A form is required for **each** student who is a dependent of a service member.

Student's Name: \_\_\_\_\_ Building: \_\_\_\_\_  
First Name
Middle Name
Last Name

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Select Code	Description of Code
___ NONE (1)	Student is not military connected
___ Active Duty(2)	Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, or, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services)
___ Reserve (3)	Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
___ National Guard (4)	Student is a dependent of a member of the Active Duty or Reserve Forces of the National Guard

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## “SCHOOL DISCIPLINE AFFIRMATION FORM”

Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in 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. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor. The registration document shall be maintained as a part of the student's scholastic record. (Code of Virginia 22, 1-3.2)

**PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW**

I, \_\_\_\_\_, affirm that \_\_\_\_\_  
Has not been expelled from school attendance 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.

\_\_\_\_\_  
Parent, Guardian, or person having control  
or charge of child

\_\_\_\_\_  
Date

\*\*\*\*\*

I, \_\_\_\_\_, affirm that \_\_\_\_\_  
Has been expelled from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

\_\_\_\_\_  
Parent, Guardian, or person having control  
or charge of child

\_\_\_\_\_  
Date



**Acceptable Use, Internet Safety Regulation and  
Google Apps for Education Notification of Children's Online Privacy Protection Act Form**

Suffolk Public Schools is providing students with Google Apps for Education (GAFE) accounts. GAFE accounts include free, web-based programs including email, document, spreadsheet, presentation, calendar and collaboration tools for students and teachers. This service is available through an agreement between Google and Suffolk Public Schools.

Google Apps for Education runs on an Internet domain purchased and owned by the district and is intended for educational use only. This permission form serves to obtain parental consent and notification of the Children's Online Privacy Act (COPPA).

**Children's Online Privacy Protection Act (COPPA)**

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, Google advertising is turned off for Google Apps for Education users. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes. For more information about COPPA, please consult <http://www.ftc.gov/privacy/coppafaqs.shtml>.

Suffolk's K-12 Google Apps for Education is available at school and at home via the web. Even though email from known inappropriate sites is blocked, there is always a chance students will be exposed to inappropriate content. School staff will monitor student use of Apps when students are at school. Parents are responsible for monitoring their child's use of Apps when accessing programs from home. Students are responsible for their own behavior at all times.

**STUDENT'S AGREEMENT**

*Every student, regardless of age, must read and sign below:* I have read, understand and agree to abide by the terms of the foregoing Acceptable Use, Internet Safety Regulation, and Google Apps for Education Notification. Should I commit any violation or in any way misuse my access to Suffolk Public Schools' technology resources, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

Student Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If I am signing this Regulation when I am under 18, I understand that when I turn 18, this Regulation will continue to be in full force and effect and agree to abide by this Regulation.

**PARENT'S OR GUARDIAN'S AGREEMENT**

*To be read and signed by parents or guardians:* As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the School District's Acceptable Use and Internet Safety Regulation for the student's access to Suffolk Public Schools' technology resources. I understand that access is being provided to the students for educational purposes only. I understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Regulation. I am therefore signing this Regulation and agree to indemnify and hold harmless the School, the School District and the Internet provider against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing Regulation. Further, I hereby give permission for my child or ward to use Suffolk Public Schools' technology resources for the term of my child's or ward's attendance at Suffolk Public Schools. I understand that the Acceptable Use and Internet Safety Regulations will be reviewed biennially and updated as needed. I understand should there be a change in Suffolk Public Schools' Acceptable Use and Internet Safety Regulation, parental permission will be automatically revoked and a new AUP will be issued for signature by the parent/guardian giving permission for their child or ward to use Suffolk Public Schools' technology resources.

Parent or Guardian Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Suffolk Public Schools  
Transportation Department  
Student Transportation Information  
(One student per form)

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Print Name

Physical Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Email: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

My child **DOES NOT** need school bus transportation provided by Suffolk Public Schools.

My **WILL NEED** transportation based on the in zone physical address listed above.

**AM PICK UP ONLY**       **PM DROP OFF ONLY**       **BOTH AM/PM**

My child's bus stop is based upon the in zone day care address listed below.  
This **DOES NOT** guarantee a house stop for the location listed below. **If your child care provider is out of zone for your homebased school, you will need to contact student services at 925-6750 and complete an out of zone waiver request. Please refer to the school zone locator on the Suffolk Public Schools website for zone locations.**

Day Care Provider's Name: \_\_\_\_\_

Day Care Provider's Address: \_\_\_\_\_

Day Care Provider's Phone Number: \_\_\_\_\_

**AM PICK UP ONLY**       **PM DROP OFF ONLY**       **BOTH AM/PM**

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Note: Alternate transportation for childcare requires five (5) consecutive days (AM, PM or both) at the same location.** The childcare provider must be on Suffolk Public Schools approved provider list. This list may be found on the Suffolk Public Schools website or at your child's assigned school. Requests made after June 30<sup>th</sup> are received after our bus routing process has been initiated, it may be more difficult to accommodate your request for transportation. Please be mindful that requests require at least 5 business days for action by the Transportation Department.

**FOR OFFICE USE ONLY: DATE RECEIVED** \_\_\_\_\_

# Chromebook Agreement Form for Students

▶▶ THIS FORM MUST BE COMPLETED AND RETURNED TO SCHOOL

Dear Student and Parent/Guardian:

Congratulations! To promote anytime, anywhere learning, Suffolk Public Schools is providing mobile devices for students. The mobile device is an important part of your school's curriculum, and you will use it in school every day. You can also take the device home when you and your parent/guardian read and agree to the terms on this form. If you and your parent/guardian do not agree, you will not be assigned a Chromebook for use at home.

## Terms of Student Usage Agreement

- Students will abide by all policies outlined in the Suffolk Public Schools Code of Conduct. You and your parent/guardian will receive this document at the start of each school year.
- Students acknowledge that any issued device is the property of Suffolk Public Schools. It is yours to use, but it is owned by the school division. You will return the device to Suffolk Public Schools within three (3) days upon your withdrawal from the school, school division, at the end of the school year or immediately upon the request of a teacher, administrator or other school division official. Failure to return the Chromebook, for any reason, at the end of the school year or when withdrawing from Suffolk Public Schools will result in a charge up to \$250. Students will not be issued a new Chromebook until the fee is paid or the original Chromebook is returned.
- Students will adhere to the usage agreement each time the device is used, including when not on school grounds.
- Students will make available for inspection by any school administrator or teacher any messages, files or other activity sent or received on their SPS-issued device.
- Students will report to responsible school personnel any incidents of inappropriate electronic communications transmitted in any form using SPS-owned technology.
- Students will not, in any way, deface the device or adhere stickers directly on the Chromebook.
- The school should be contacted to assess any hardware or software problems that may arise.
- The device may be used to connect to the Internet outside of school; however, it is not the responsibility of the school division to provide Internet connectivity.
- Parent/Guardian is responsible for monitoring the use of the Internet with this device when not on the school division network. The Internet filtering software on the device may not be disabled or bypassed for any reason.
- Physically altering the device and tampering with existing identification labels/stickers is considered vandalism and is strictly prohibited.
- Students are expected to follow all copyright laws. The sharing and transferring of copyrighted materials with this device is prohibited. When in doubt, ask school personnel first.
- Students will bring their SPS-issued Chromebook, fully charged, with them to school each day.

If loss or damage occurs, students and their parent/guardian agree to any applicable charges outlined below. The charges are intended to promote good habits and responsible handling of SPS-issued mobile devices. Devices reported as stolen outside of school require that parent/guardian notify police and send an official police report to their school administration.

- I. First incident: No charge for accidental damage to mobile device; letter to parent/guardian. Full price of repair or replacement for an intentionally damaged mobile device and a parent/guardian meeting with administrator is required. Charge of \$100 for lost or stolen mobile device and a parent/guardian meeting with principal is required. Replacement chargers are available from the school division for a \$25 cost.
  
- II. Second and subsequent incidents: No charge for accidental damage to mobile device; letter to parent/guardian. Full price of repair or replacement for an intentionally damaged mobile device and a parent/guardian meeting with administrator is required. Full depreciated value for a lost or stolen mobile device and a parent/guardian meeting with principal is required. Multiple incidences of damage may result in loss of right to take home the mobile device.

**I acknowledge:**

- **Receipt of this Mobile Device Agreement Form.** I understand and agree that if I do not honor all the terms in this agreement, I may be subject to disciplinary action and my SPS-issued mobile device may be confiscated.
  
- **Receipt of the school division's parent/guardian handbook** provided from the school attended by my child. I have reviewed the contents and acknowledge the school division's technology policy.
  
- That signing below only signifies receipt and review of the documents and furthermore that by signing this statement of receipt, I am not waiving but expressly reserving my rights protected by the Constitution or laws of the United States or Commonwealth of Virginia and my right to express disagreement with the school's or school division's policies or decisions.

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Grade/Homeroom: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you refuse the use of the Chromebook provided by Suffolk Public Schools, please check this box

and indicate your reason for refusal: \_\_\_\_\_

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**This form must be completed and returned before a student is issued a Chromebook to take home.**



**Gender Inclusive Registration Form**  
[To be Completed by Students who have expressed  
concerns regarding their gender identity]

Suffolk Public Schools is committed to recognizing the diversity of our students. If you have any questions or concerns about any of the information we are collecting, please don't hesitate to discuss with us.

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_

1. Your Name as it appears on your birth certificate:

\_\_\_\_\_

First	Middle	Last
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2. Name You Use: \_\_\_\_\_

3. Gender as it appears on your birth certificate:

Male     Female     Other \_\_\_\_\_     Decline to State

4. How do you identify [how do you see yourself]:

Male     Female     Other \_\_\_\_\_     Decline to State

5. Preferred Pronoun you use:

She/Her/Hers     He/Him/His     They/Them     Another pronoun: \_\_\_\_\_

6. Is your parent/guardian aware of your gender identity? Yes  No



7. Do you give permission for Suffolk Public Schools to discuss your gender identity with your parent/guardian? Yes  No

8. Rather than completing this form, do you prefer to share this information privately, and if so, we can set up a time to discuss this information with you in person.

Yes  No

Is there anything about your gender that you would like for us to know?

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Please know that Suffolk Public Schools considers this private and confidential information that will only be shared with your expressed permission and school counseling.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Received by:

\_\_\_\_\_  
School Counselor

\_\_\_\_\_  
Date