## **ROCKINGHAM COUNTY SCHOOLS**

			Date:		
			Teacher:		
Name of School:			Phor	ne:	
			Emergency Telephone:		
Student's Name:					
	(Last)	(First)	(Middle)		
Sex: M F	Birth Date:			Age:	
	(Month)	(Day)	(Year)		
Grade:	Birth Place:	(City)	(Sta	ate)	
Student's Current Add	dress:	(4-4)			
Directions:	(Street)	(Apt.)		City)	
Parent/Guardian: (Please circle one)	Name of Father:				
	Name of Mother:				
	Father's Occupation:				
	Mother's Occupation:				
Address before you m	noved into this school district:				
Date you moved to th		(Month)	(Day)	(Year)	
Have you moved or re	elocated within the past three (3)	,		,	
List all other children	in your home:				

NAME	BIRTH DATE	BIRTH PLACE	GRADE	SCHOOL