ROCKINGHAM COUNTY SCHOOLS

Transportation:	AM	PM
(B=Bus, C=Car, Y=	YMCA, D=D	aycare)
BUS #	_AM	PM
GOES BY:		
	(NICKNAME)	
G	RADE:	
NativeAmerican India		

SCHOOL VEAD:			STUDENT INFORMATION FORM				Iransportation:AMPN	
SCHOOL YEAR: HOMEROOM TEACHER:			(Revised- 2/1/2017)				(B=Bus, C=Car, Y=YMCA, D=Daycar BUS #AM	
 STUDENT LEGAL NAME: _								
	(LAST)		(FIRST)	UOME BUOME	(MIDDLE)			(NICKNAME)
SEX: M F <i>I</i>	BIRTHDATE:			HUME PHUNE:	()			GRADE:
ETHNICITY (Circle One):	Hispanic/Lati	ino N	on-Hispanic					
RACE (Circle One or More):	Black	White	Asian	Hawaiian/Paci	fic Islander	Nativ	/eAmerican In	dian/Alaskan
* <u>Note #1</u> : Hispanic is an Ethnicity			-			list Hispanic	/Latino as their Et	thnicity.
* Note #2: "Multi-Racial" no longer	is a race category; th	erefore, a combinati	ion of the Race ca	ategories listed above m	ust be selected.			
HOME ADDRESS:							(1273)	
	(HOUSE #)		(STI	REET OR ROAD NAME)			(APT#)	
	(CITY)			(STATE)			(ZIP CODE	
Submission of inaccu	rate or falsified i	residence docui	mentation will	I result in the imme	ediate exclusion o	of the stude	ent from the s	chool.
Check only if the followin	g situation app	lies to you and	d/or your chil	ld:				
My child and I live with a fri	end, relative or som	eone else because	e we lost our hon	ne or cannot afford hou	using.			
My child and I are staying i					· ·			
My child and I are living in	an emergency shelte	er, transitional shel	ter or a domestic	c violence shelter.				
My child and I have a prima	ary nighttime resider	nce that is a public	or private place	not designed for, or or	dinarily used as, a re	gular sleepin	ng accommodation	on for human beings.
My child is in the custody o	f the Department of	Social Services.						
If you checked any item above, yo	ou may be eligible fo	or services under th	ne McKinney-Ver	nto 2001 Reauthorizat	ion Act.			
	T	$\cap III_{\subseteq}$.						
ANGUAGE SPOKEN MOS	IUFIENAIH	JIVIE.						
		JIVIE						
STUDENT LIVES WITH (NAI	ME):							
STUDENT LIVES WITH (NA) heck below to indicate the relations	<i>ME):</i> hip of the above nar	med person(s) to th	ne child			Mc	other/Stepfathe	r Other
TUDENT LIVES WITH (NA) heck below to indicate the relations arents Mother Only	ME): hip of the above nar Father Only	med person(s) to th	ne child urents (Guardian Fa	ather/Stepmother _			r Other
TUDENT LIVES WITH (NA) heck below to indicate the relations arents Mother Only	ME): hip of the above nar Father Only	med person(s) to th	ne child urents (Guardian Fa	ather/Stepmother _			r Other
TUDENT LIVES WITH (NA) heck below to indicate the relations arents Mother Only WHAT IS <u>YOUR</u> RELATION.	ME): hip of the above nar Father Only SHIP TO THE C	med person(s) to the Grandpa	ne child arents (F	Guardian Fa	ather/Stepmother _	ARENT, ETC.)		r Other
STUDENT LIVES WITH (NA) heck below to indicate the relations arents Mother Only	ME): hip of the above nar Father Only SHIP TO THE C ht, do you have	med person(s) to the Grandpa	ne child arents (F	Guardian Fa	ather/Stepmother _ GUARDIAN, FOSTER P.			r Other
TUDENT LIVES WITH (NA) heck below to indicate the relations arents Mother Only WHAT IS <u>YOUR</u> RELATION.	ME): hip of the above nar Father Only SHIP TO THE C ht, do you have	med person(s) to the Grandpa	ne child arents (F	Guardian Fa	ather/Stepmother _ GUARDIAN, FOSTER P.	ARENT, ETC.)		r Other
heck below to indicate the relations arents Mother Only WHAT IS YOUR RELATION. If you are NOT the parer If YES, are Legal Court of the parent (PLEASE CIRCLE ONE)	ME): hip of the above nar Father Only SHIP TO THE C nt, do you have documents ava	med person(s) to the Grandpa	ne child arents (F FODY of the d	Guardian Fa	ather/Stepmother _ GUARDIAN, FOSTER P.	ARENT, ETC.)		r Other
ATUDENT LIVES WITH (NA) heck below to indicate the relations arents Mother Only WHAT IS YOUR RELATION. If you are NOT the parent If YES, are Legal Court of	ME): hip of the above nar Father Only SHIP TO THE C nt, do you have documents ava	med person(s) to the Grandpa	ne child arents (F	Guardian Fa	ather/Stepmother _ GUARDIAN, FOSTER P.	ARENT, ETC.)		r Other
TUDENT LIVES WITH (NA) neck below to indicate the relations arents Mother Only WHAT IS YOUR RELATION. If you are NOT the parer If YES, are Legal Court of (PLEASE CIRCLE ONE)	ME): hip of the above nar Father Only SHIP TO THE C nt, do you have documents ava ARDIAN:	med person(s) to the Grandpa CHILD? LEGAL CUST ilable?	re child arents (F	Guardian Fa	ather/Stepmother _ GUARDIAN, FOSTER P.	ARENT, ETC.) NO		r Other
TUDENT LIVES WITH (NA) theck below to indicate the relations arents Mother Only WHAT IS YOUR RELATION. If you are NOT the parent If YES, are Legal Court of (PLEASE CIRCLE ONE) MOTHER/STEPMOTHER/GU. HOME PHONE: ()	ME): hip of the above nar Father Only SHIP TO THE C nt, do you have documents ava ARDIAN:	med person(s) to the Grandpa CHILD? LEGAL CUST ilable?	re child arents (F	Guardian Fa	ather/Stepmother _ GUARDIAN, FOSTER P.	ARENT, ETC.) NO		
TUDENT LIVES WITH (NA) heck below to indicate the relations arents Mother Only WHAT IS YOUR RELATION. If you are NOT the parer If YES, are Legal Court of (PLEASE CIRCLE ONE) MOTHER/STEPMOTHER/GU. HOME PHONE: () ADDRESS:(HOUSE #)	hip of the above nar Father Only SHIP TO THE C ot, do you have documents ava ARDIAN: (STREET OR	med person(s) to the Grandpa CHILD? LEGAL CUST GIABILE? CELL F	(LAST NAME)	Guardian Fa	GUARDIAN, FOSTER P. (FIRS	ARENT, ETC.) NO ST NAME) IL:	(ZIP)	
TUDENT LIVES WITH (NA) heck below to indicate the relations arents Mother Only WHAT IS YOUR RELATION. If you are NOT the parer If YES, are Legal Court of (PLEASE CIRCLE ONE) MOTHER/STEPMOTHER/GU. HOME PHONE: () ADDRESS:	hip of the above nar Father Only SHIP TO THE C ot, do you have documents ava ARDIAN: (STREET OR	med person(s) to the Grandpa CHILD? LEGAL CUST GIABILE? CELL F	(LAST NAME)	Guardian Fa	GUARDIAN, FOSTER P. (FIRS	ARENT, ETC.) NO ST NAME) IL:	(ZIP)	
ADDRESS: (HOUSE #) LANGUAGE SPOKEN MOST	hip of the above nar hip of the above nar Father Only SHIP TO THE C ht, do you have documents ava ARDIAN: (STREET OR OFTEN:	med person(s) to the Grandpa	(LAST NAME)	Guardian Fa	GUARDIAN, FOSTER P. (FIRS E-MA (STA	ARENT, ETC.) NO ST NAME) IL: TED	(ZIP)	
TUDENT LIVES WITH (NA) heck below to indicate the relations arents Mother Only WHAT IS YOUR RELATION. If you are NOT the parent If YES, are Legal Court of (PLEASE CIRCLE ONE) MOTHER/STEPMOTHER/GU. ADDRESS: (HOUSE #) LANGUAGE SPOKEN MOST PLACE OF EMPLOYMENT:	ME): hip of the above nare Father Only SHIP TO THE Cont, do you have documents ava ARDIAN: (STREET OR OFTEN:	med person(s) to the Grandpa CHILD? LEGAL CUST ilable? CELL F	(FODY of the o	Guardian Fa	GUARDIAN, FOSTER P. (FIRS E-MA (STA	ARENT, ETC.) NO ST NAME) IL: TED	(ZIP)	
TUDENT LIVES WITH (NA) heck below to indicate the relations arents Mother Only WHAT IS YOUR RELATION. If you are NOT the parent If YES, are Legal Court of (PLEASE CIRCLE ONE) MOTHER/STEPMOTHER/GU. ADDRESS: (HOUSE #) LANGUAGE SPOKEN MOST PLACE OF EMPLOYMENT:	ME): hip of the above nare Father Only SHIP TO THE Cont, do you have documents ava ARDIAN: (STREET OR OFTEN:	med person(s) to the Grandpa CHILD? LEGAL CUST ilable? CELL F	(FODY of the o	Guardian Fa	GUARDIAN, FOSTER P. (FIRS E-MA (STA GRADE COMPLE)	ARENT, ETC.) NO ST NAME) IL: TE) TED) ONE #:	(ZIP)	
ADDRESS: (HOUSE #) LANGUAGE SPOKEN MOST PLACE OF EMPLOYMENT: (PLEASE CIRCLE ONE) (HOUSE #) LANGUAGE SPOKEN MOST (PLEASE CIRCLE ONE) (HOUSE #) LANGUAGE SPOKEN MOST (PLEASE CIRCLE ONE) (HOUSE #) LANGUAGE SPOKEN MOST (PLEASE CIRCLE ONE) (PLEASE CIRCLE ONE) (HOUSE #)	hip of the above nar hip of the above nar Father Only SHIP TO THE C ht, do you have documents ava ARDIAN: (STREET OR OFTEN:	med person(s) to the Grandpa	(LAST NAME)	Guardian Fa	GUARDIAN, FOSTER P. (FIRS E-MA (STA GRADE COMPLE: WORK PHO (FII)	ARENT, ETC.) NO ST NAME) IL: ONE #:	(ZIP)	
heck below to indicate the relations arents Mother Only WHAT IS YOUR RELATION. If you are NOT the parent of the telescopy of the parent of the p	hip of the above nar hip of the above nar Father Only SHIP TO THE Cont, do you have documents ava ARDIAN: (STREET OR OFTEN:	med person(s) to the Grandpa G	(LAST NAME) (LAST NAME) (LAST NAME)	Guardian Fa	GUARDIAN, FOSTER P. (FIRS E-MA (STA GRADE COMPLE: WORK PHO (FII)	ARENT, ETC.) NO ST NAME) IL: ONE #:	(ZIP)	
* If you are NOT the parer * If you are NOT the parer * If YES, are Legal Court of * (PLEASE CIRCLE ONE) * MODRESS: (PLEASE CIRCLE ONE) * LANGUAGE SPOKEN MOST * PLACE OF EMPLOYMENT: (PLEASE CIRCLE ONE) * (PLEASE CIRCLE ONE) * (PLEASE CIRCLE ONE) * ADDRESS: (PLEASE CIRCLE ONE) * ADDRESS: (PLEASE CIRCLE ONE) * ADDRESS: * (PLEASE CIRCLE ONE) * FATHER/STEPFATHER/GUA * ADDRESS:	hip of the above nar hip of the above nar Father Only SHIP TO THE Cont, do you have documents ava ARDIAN: (STREET OR OFTEN:	med person(s) to the Grandpa G	(LAST NAME)	Guardian Fa	GUARDIAN, FOSTER P. (FIRS E-MA (STA GRADE COMPLE: WORK PHO (FII)	ARENT, ETC.) NO ST NAME) IL: ONE #:	(ZIP)	
* If you are NOT the parer * If you are NOT the parer * If YES, are Legal Court of * (PLEASE CIRCLE ONE) * MODRESS: (PLEASE CIRCLE ONE) * LANGUAGE SPOKEN MOST * PLACE OF EMPLOYMENT: (PLEASE CIRCLE ONE) * (PLEASE CIRCLE ONE) * (HOUSE #) * LANGUAGE SPOKEN MOST * (PLEASE CIRCLE ONE) * FATHER/STEPFATHER/GUA * ADDRESS: * (HOUSE #) * LANGUAGE SPOKEN MOST	ME): hip of the above nare Father Only SHIP TO THE C nt, do you have documents ava ARDIAN: (STREET OR OFTEN: RDIAN:	med person(s) to the Grandpa CHILD? LEGAL CUST SILABILE? CELL F ROAD NAME) ROAD NAME)	(LAST NAME) (LAST NAME) (LAST NAME) (LAST NAME)	Guardian Fa PARENT, GRANDPARENT, Child? YES YES (CITY) (CITY) (CITY) (CITY)	GUARDIAN, FOSTER P. (FIRS E-MA (STA GRADE COMPLE (FII FII E-MAII (STA	ARENT, ETC.) NO ST NAME) IL: TED ONE #:	(ZIP)	
* If you are NOT the parer * If you are NOT the parer * If YES, are Legal Court of (PLEASE CIRCLE ONE) MOTHER/STEPMOTHER/GU ADDRESS: (HOUSE #) LANGUAGE SPOKEN MOST ADDRESS: (HOUSE #) LANGUAGE SPOKEN MOST ADDRESS: (HOUSE #) LANGUAGE SPOKEN MOST	hip of the above nar hip of the above nar Tather Only SHIP TO THE Cont, do you have documents ava ARDIAN: (STREET OR OFTEN: (STREET OR OFTEN:	med person(s) to the Grandpa CHILD? LEGAL CUST SITUATION STATE ST	(LAST NAME) (LAST NAME) (LAST NAME) (LAST NAME)	Guardian Fa PARENT, GRANDPARENT, Child? YES YES (CITY) COUCATION (LAST O	GUARDIAN, FOSTER P. (FIRS E-MA (STA GRADE COMPLE (FII FIMALE (STA GRADE COMPLE (STA (STA GRADE COMPLE (STA	ARENT, ETC.) NO ST NAME) IL: TED ONE #: ERST NAME) L: TE ETED)	(ZIP)	
* If you are NOT the parent * If YES, are Legal Court of MOTHER/STEPMOTHER/GU. * ADDRESS:	hip of the above nar hip of the above nar Tather Only SHIP TO THE Cont, do you have documents ava ARDIAN: (STREET OR OFTEN: (STREET OR OFTEN:	med person(s) to the Grandpa CHILD? LEGAL CUST SITUATION STATE ST	(LAST NAME) (LAST NAME) (LAST NAME) (LAST NAME)	Guardian Fa PARENT, GRANDPARENT, Child? YES YES (CITY) COUCATION (LAST O	GUARDIAN, FOSTER P. (FIRS E-MA (STA GRADE COMPLE (FII FIMALE (STA GRADE COMPLE (STA (STA GRADE COMPLE (STA	ARENT, ETC.) NO ST NAME) IL: TED ONE #: ERST NAME) L: TE ETED)	(ZIP)	
* If YES, are Legal Court of MOTHER/STEPMOTHER/GU. HOME PHONE: ()	ME): hip of the above nare Father Only SHIP TO THE Cont, do you have documents ava ARDIAN: (STREET OR OFTEN: (STREET OR OFTEN:	med person(s) to the Grandpa CHILD? CHILD? CELL FOR ROAD NAME CELL FOR ROAD NAME	(LAST NAME) (LAST NAME) (LAST NAME) (LAST NAME) (LAST NAME)	Guardian Fa PARENT, GRANDPARENT, Child? YES YES YES (CITY) TOUCATION (LAST O	GUARDIAN, FOSTER P. (FIRS E-MA (STA GRADE COMPLE E-MAI (STA T GRADE COMPLE WORK PHO WOR	ARENT, ETC.) NO NO ST NAME) IL: TE) TED) TEST NAME) I.: TE) ETED) TE) ONE #: TE) ONE #:	(ZIP)	

YOU PLAN FOR YOUR CHILD TO TAKE? WILL THEY BE A CAR RIDER, BUS RIDER, GO TO DAYCARE, YMCA, ETC.?

PLEASE WRITE DIRECTIONS TO	YOUR HOME FROM SCHOOL:			
TO PICK UP THE STUDENT FROM WE WILL ASSUME THESE PEOPL	PLE IN ORDER OF PREFERENCE WHO WE I SCHOOL IF WE CANNOT REACH THE PA LE MAY PICK UP THE STUDENT FROM SC ID MUST BE SHOWN IN ORDER FOR ANY	RENTS IN THE EVENT O HOOL DURING REGULAR	F ACCIDENTS, BAD WEAT R HOURS OR CAR PICKUP	THER, SICKNESS, ETC.
<u>NAME:</u>	RELATIONSHIP TO CHILD:	HOME PHONE#	<u>CELL PHONE #</u>	WORK PHONE #
***************************************	MEDICA	L INFORMATION	****************	*************
DOCTOR NAME:			PHONE #:	
	NCERNS YOUR CHILD MIGHT HAVE:			
	TIONS REGULARLY? YES NO			
	AT SCHOOL? YES NO			
	ITY RESTRICTED FOR ANY REASON? YE			
	D FROM A CONCUSSION IN THE P. injury occurred and current signs a		<i>NO</i>	***************************************
PLEASE LIST THE NAMES OF ALI	L OTHER CHILDREN LIVING IN THE HOME	: # BROTHERS:	# SISTERS:	
	AGE: NAI			
	AGE: NAI			
NAME:	AGE: NAI	ME:		_ AGE:
IF BUS RIDER, GIVE:	CHOOL? RIDE CAR L BE PICKED UP IN THE MORNINGS:			
	L BE DROPPED OFF IN THE AFTERNOON			
HAVE YOU MOVED OR RELOCAT IS YOUR CHILD TRANSFERRING IF YES, PLEASE COMPLETE:	ED WITHIN THE LAST 3 YEARS TO OBTA FROM ANOTHER SCHOOL? YES REASON FOR TRANSFERRING:	IN TEMPORARY WORK?	YES NO	
(If no, please request a HEA HAS THE STUDENT EVER BEEN E	EN ENROLLED IN A NORTH CARO LTH ASSESSMENT FORM – REQU ENROLLED IN A <u>ROCKINGHAM COUNTY</u> :	IRED for any new en SCHOOL BEFORE?	rollment in NC schoo	ls.)
I AUTHORIZE THE SCHOOL TO	O SECURE EMERGENCY SERVICES F	OR MY CHILD AS NEE	DED.	
PARENT SIGNATURE:			DATE:	