

ROCKINGHAM COUNTY SCHOOLS
STUDENT INFORMATION FORM

STUDENT# _____
SCHOOL YEAR: _____
HOMEROOM TEACHER: _____

(Revised- 03/25/2013)

Transportation: ____AM ____PM
(B=Bus, C=Car, Y=YMCA,D=Daycare)
BUS # ____AM ____PM

STUDENT LEGAL NAME: _____ GOES BY: _____
(LAST) (FIRST) (MIDDLE) (NICKNAME)

SEX: M__ F__ BIRTHDATE: _____ HOME PHONE #: (____) _____ GRADE: _____

ETHNICITY (Circle One): Hispanic/Latino Non-Hispanic

RACE (Circle One or More): Black White Asian Hawaiian/Pacific Islander Native American Indian/Alaskan

* Note #1: Hispanic is an Ethnicity and not a Race; therefore, one or more Race categories listed above must be selected for students who list Hispanic/Latino as their Ethnicity.

* Note #2: "Multi-Racial" no longer is a race category; therefore, a combination of the Race categories listed above must be selected.

HOME ADDRESS: _____
HOUSE # STREET OR ROAD NAME APT#
CITY STATE ZIP CODE

Submission of inaccurate or falsified residence documentation will result in the immediate exclusion of the student from the school.

Check only if the following situation applies to you and/or your child:

- My child and I live with a friend, relative or someone else because we lost our home or cannot afford housing.
- My child and I are staying in a hotel, motel or campground due to lack of adequate alternative accommodations.
- My child and I are living in an emergency shelter, transitional shelter or a domestic violence shelter.
- My child and I have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- The child is in the custody of Department of Social Services.

If you checked one of the boxes, you may eligible for services under the McKinney-Vento 2001 Reauthorization Act.

LANGUAGE SPOKEN MOST OFTEN AT HOME: _____

STUDENT LIVES WITH: __PARENTS __MOTHER ONLY __FATHER ONLY __GRANDPARENTS __GUARDIAN
__ FATHER/STEPMOTHER __ MOTHER/STEPFATHER __ OTHER _____
(NAME)

WHAT IS YOUR RELATIONSHIP TO THE CHILD? _____
(PARENT, GRANDPARENT, GUARDIAN, FOSTER PARENT, ETC.)

** If you are NOT the parent, do you have LEGAL CUSTODY of the child? YES _____ NO _____

** If YES, are Legal Court documents available? YES _____ NO _____

(PLEASE CIRCLE ONE)

MOTHER/STEPMOTHER/GUARDIAN: _____
(LAST NAME) (FIRST NAME)

HOME PHONE #: (____) _____ CELL PHONE #: (____) _____ E-MAIL: _____

ADDRESS: _____
(HOUSE #) (STREET OR ROAD NAME) (CITY) (STATE) (ZIP)

LANGUAGE SPOKEN MOST OFTEN: _____ EDUCATION (LAST GRADE COMPLETED) _____

PLACE OF EMPLOYMENT: _____ WORK PHONE #: _____

(PLEASE CIRCLE ONE)

FATHER/STEPFATHER/GUARDIAN: _____
(LAST NAME) (FIRST NAME)

HOME PHONE #: (____) _____ CELL PHONE #: (____) _____ E-MAIL: _____

ADDRESS: _____
(HOUSE #) (STREET OR ROAD NAME) (CITY) (STATE) (ZIP)

LANGUAGE SPOKEN MOST OFTEN: _____ EDUCATION (LAST GRADE COMPLETED) _____

PLACE OF EMPLOYMENT: _____ WORK PHONE #: _____

**PARENT'S MARITAL STATUS: MARRIED _____ DIVORCED _____ SEPARATED _____ SINGLE _____ WIDOWED _____

If there are CUSTODY concerns, have you given us the most current court documents for the student's record? YES _____ NO _____

***WHENEVER SCHOOL IS RELEASED EARLY BECAUSE OF BAD WEATHER OR OTHER CIRCUMSTANCES, WHAT FORM OF TRANSPORTATION DO 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:

PLEASE NAME AT LEAST 3 PEOPLE IN ORDER OF PREFERENCE WHO WE MAY USE AS EMERGENCY CONTACTS AND WHO WILL HAVE PERMISSION TO PICK UP THE STUDENT FROM SCHOOL IF WE CANNOT REACH THE PARENTS IN THE EVENT OF ACCIDENTS, BAD WEATHER, SICKNESS, ETC. WE WILL ASSUME THESE PEOPLE MAY PICK UP THE STUDENT FROM SCHOOL DURING REGULAR HOURS OR CAR PICKUP IN THE AFTERNOON.

NAME: RELATIONSHIP TO CHILD: HOME PHONE #: CELL PHONE #: WORK PHONE #

MEDICAL INFORMATION

DOCTOR NAME: _____ **PHONE #:** _____

DENTIST NAME: _____ **PHONE #:** _____

PREFERRED HOSPITAL: _____ **PHONE #:** _____

INSURANCE COMPANY NAME: _____ **POLICY #:** _____

LIST ALLERGIES OR HEALTH CONCERNS YOUR CHILD MIGHT HAVE: _____

DOES THE CHILD TAKE MEDICATIONS REGULARLY? YES ___ NO ___ **MEDICINES:** _____

WILL CHILD NEED MEDICATIONS AT SCHOOL? YES ___ NO ___ (IF YES, PLEASE REQUEST A "PERMISSION TO ADMINISTER MEDICATION" FORM)

IS THE CHILD'S PHYSICAL ACTIVITY RESTRICTED FOR ANY REASON? YES ___ NO ___ **IF YES, PLEASE EXPLAIN:**

PLEASE LIST THE NAMES OF ALL OTHER CHILDREN LIVING IN THE HOME: # BROTHERS: _____ # SISTERS: _____

NAME: _____ **AGE:** _____ **NAME:** _____ **AGE:** _____

NAME: _____ **AGE:** _____ **NAME:** _____ **AGE:** _____

NAME: _____ **AGE:** _____ **NAME:** _____ **AGE:** _____

HOW WILL THE CHILD GET TO SCHOOL? RIDE CAR _____ RIDE BUS _____

IF BUS RIDER, GIVE ADDRESS WHERE STUDENT WILL BE PICKED UP IN THE MORNINGS: _____
_____ AND

ADDRESS WHERE STUDENT WILL BE DROPPED OFF IN THE AFTERNOONS: _____

HAVE YOU MOVED OR RELOCATED WITHIN THE LAST 3 YEARS TO OBTAIN TEMPORARY WORK? YES ___ NO ___

IS YOUR CHILD TRANSFERRING FROM ANOTHER SCHOOL? YES ___ NO ___

IF YES, PLEASE COMPLETE: REASON FOR TRANSFERRING: _____

NAME OF SCHOOL: _____

ADDRESS: _____ **PHONE#:** () _____

HAS THE STUDENT EVER BEEN ENROLLED IN A ROCKINGHAM COUNTY SCHOOL BEFORE? YES ___ NO ___

IF YES, NAME OF SCHOOL: _____ **YEAR OF ENROLLMENT:** _____

I AUTHORIZE THE SCHOOL TO SECURE EMERGENCY SERVICES FOR MY CHILD AS NEEDED.

PARENT SIGNATURE: _____ **DATE:** _____