

ROCKINGHAM COUNTY SCHOOLS  
STUDENT INFORMATION FORM

STUDENT# \_\_\_\_\_  
SCHOOL YEAR: \_\_\_\_\_  
HOMEROOM TEACHER: \_\_\_\_\_

(Revised- 2/1/2017)

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.  
\_\_\_\_ My child is in the custody of the Department of Social Services.  
If you checked any item above, you may be eligible for services under the McKinney-Vento 2001 Reauthorization Act.

LANGUAGE SPOKEN MOST OFTEN AT HOME: \_\_\_\_\_

STUDENT LIVES WITH (NAME): \_\_\_\_\_  
Check below to indicate the relationship of the above named person(s) to the child

Parents \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_ Grandparents \_\_\_\_ Guardian \_\_\_\_ Father/Stepmother \_\_\_\_ Mother/Stepfather \_\_\_\_ Other \_\_\_\_

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. IT IS RCS POLICY THAT A VALID ID MUST BE SHOWN IN ORDER FOR ANYONE TO CHECK A CHILD OUT OF SCHOOL.

<u>NAME:</u>	<u>RELATIONSHIP TO CHILD:</u>	<u>HOME PHONE#</u>	<u>CELL PHONE #</u>	<u>WORK PHONE #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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:

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

HAS YOUR CHILD SUFFERED FROM A CONCUSSION IN THE PAST YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_

(If yes, please indicate when injury occurred and current signs and symptoms, if any)

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: \_\_\_\_\_

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: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

HAS YOUR CHILD EVER BEEN ENROLLED IN A NORTH CAROLINA PUBLIC SCHOOL? \_\_\_\_\_ YES \_\_\_\_\_ NO

(If no, please request a HEALTH ASSESSMENT FORM – REQUIRED for any new enrollment in NC schools.)

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: \_\_\_\_\_