

AMHERST COUNTY PUBLIC SCHOOLS
ANNUAL REGISTRATION/EMERGENCY FORM

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School:		Date:
Grade Entering:		Car Rider: Yes No
Out of Zone: Yes No		Car Driver: Yes No
Student ID #	Gender: M F	Date of Birth:
Student's Name (as it appears on birth certificate):		Birth Certificate Number:
Street Address (911 address):		
Mailing Address:		
Home Phone:	Previous School Attended:	
Participated in Pre-School Program? Yes No (circle one if Yes)	Provide the name of the PK school/program where student attended:	
Are services currently provided to your student per an IEP or 504 plan? Yes No		

The following information MUST be completed for all students:

1. Is student Hispanic/Latino?	Yes No
2. What is student's race? (Circle one or more)	American Indian/Alaska Native Asian Black/African American White Native Hawaiian/Other Pacific Islander

Student legally resides with? (circle one): Mother Father Both Parents *Relatives *Guardians
 Foster Parents

DSS Placement origination:
 Case Worker:

**Must have legal custody of child and reside in Amherst County and must provide legal documentation.*

#1 Parent/Guardian Information

Name:	Relationship to student:
Home Address:	Employer:
City, State, Zip:	Work Phone: Ext
Home Phone: Cell Phone:	Parent email:

#2 Parent/Guardian Information

Name:	Relationship to student:
Home Address:	Employer:
City, State, Zip:	Work Phone: Ext
Home Phone: Cell Phone:	Parent email:

Family Members (siblings) currently in household:

Name	Date of Birth	School	Grade

Emergency Contacts: Individuals listed below have authorization to pick up my student and can be reached during school hours at the number listed: Note: Parents/Guardians are first contact; emergency contacts are used ONLY if parents cannot be reached.

Name	Relationship	Phone

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Military Information: Parents/Guardians currently in full Active Duty: ___Yes ___No
 Parents/Guardians currently in National Guard or Reserve: ___Yes ___No

Emergency & Health Information:

In case of serious accident or illness at school, your student will be sent to an emergency medical facility unless the principal is notified in writing that your student may NOT receive treatment for an injury. Parents/Guardians are responsible for all expenses.

Doctor Name:	Phone
Dentist Name:	Phone

Health comments:

Date of last tetanus shot:

List diagnosed medical conditions of your student:

List any allergies your student has, including medications and reactions experienced:

List any current medications your student is taking:

Are these medications to be taken at school: Yes No

Will you need to notify the School Health Assistant or Nurse regarding medical conditions and medications listed above if special medical or health assistance will be required during school hours? Yes No

Print Parent/Guardian Name:	Parent/Guardian Signature:
Date:	

I, _____ the parent/guardian of _____ grants permission:

(Please check all that apply)

- For my student to be photographed or videotaped while at school or school sponsored activities (this does not exclude students from being recorded by video surveillance that is used in all of Amherst County Public Schools and school buses for the purpose of student and school safety)
- For photographs, videos, or interviews of my student to be used on the school or school division website, school yearbook, school newspaper, or other school sponsored publications or media (radio or television stations, and newspaper reporters). This would exclude a student from having their school picture taken or being in the school yearbook if parental permission is not given.

Amherst County Public Schools will not release personal student information to the media. Personal information includes; but is not limited to address, telephone number, medical history, academic records and discipline records.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings.

- I give permission for my student's address, phone number, and e-mail address to be provided to outside organizations that request directory information, such as class ring and graduation companies, military recruiters, and colleges and universities.

Print Parent/Guardian Name:	Parent/Guardian Signature:
Date:	