

Student SIMS # \_\_\_\_\_  
School Year \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_  
Bus Transportation: \_\_\_AM \_\_\_PM  
( D= DAY CARE VAN Y = BUS C=CAR W=WALK)  
After-School- YMCA \_\_\_\_\_

ROCKINGHAM COUNTY SCHOOLS- \_\_\_\_\_ School  
STUDENT INFORMATION FORM

Name: \_\_\_\_\_ Goes by: \_\_\_\_\_  
Last First Middle

Grade Level: \_\_\_\_\_ Sex: M F Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Medicaid # (if applicable) \_\_\_\_\_ Race: Circle One Black White Asian Hispanic Multi-Racial Native Am.

Home Address: \_\_\_\_\_ E-mail address \_\_\_\_\_  
House Number Street or Road Name  
City State Zip Code Home Phone: \_( ) \_\_\_\_\_

Cell Phone Numbers: Mom (Guardian) \_\_\_\_\_ Dad \_\_\_\_\_ Other Family Member \_\_\_\_\_

Directions to your home from the school: \_\_\_\_\_  
\_\_\_\_\_

Student Resides with \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Mr. & Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_  
Name

What is the relationship to the child? \_\_\_\_\_

Names of Emergency contacts and telephone numbers in case parents cannot be contacted for early weather related releases, accidents:

| Name: | Relationship to child | Home # or Cell # |
|-------|-----------------------|------------------|
| _____ | _____                 | _____            |
| _____ | _____                 | _____            |

Name three people who are allowed to pick your child up from school during regular hours or car pick up in the afternoon?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When school is released early for a weather related day or other circumstances, what is your plan? What form of transportation do you plan for your child to take? Will they be a car rider, bus rider, stay at after-school day care, YMCA etc.? \_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts:

Doctor's Name: \_\_\_\_\_ Phone: \_( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street Name City State Zip

Dentist's Name: \_\_\_\_\_ Phone: \_( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street Name City State Zip

Preferred Hospital: \_\_\_\_\_ Phone: \_( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street Name City State Zip

Name of Emergency Contact that you would prefer us to call first in case of emergency or parent cannot be contacted:

Name: \_\_\_\_\_ Phone: \_( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street Name City State Zip

Relationship to the Child \_\_\_\_\_

**Necessary Family Information**

**Mother/Stepmother/Guardian:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's Level of Education:** Last Grade Completed: \_\_\_\_\_ **Mother's Employer Name:** \_\_\_\_\_  
Work Number: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Father/Stepfather/Guardian:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Father's Level of Education:** Last Grade Completed: \_\_\_\_\_ **Father's Employer Name:** \_\_\_\_\_  
Work Number: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Family Information:**

**Parent's Marital Status:** \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single  
Do we have the necessary and most current custody papers regarding any custody concerns? \_\_\_\_\_ If not, please turn those into our office as soon as possible.

Number of Brothers: \_\_\_\_\_ Sisters \_\_\_\_\_ Living at Home (please list)

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Health/Medical History:**

1. Does your child take any medicines regularly? \_\_\_\_\_ If yes, Name of Medication? \_\_\_\_\_

2. List any special health conditions your child might have: \_\_\_\_\_  
\_\_\_\_\_

3. Is your child's physical activity restricted for any reason? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Do you have Accident/Health Care? \_\_\_\_\_ Name of Company \_\_\_\_\_ Policy# \_\_\_\_\_

**Additional Information:**

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: Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Transferring: \_\_\_\_\_

Has this student ever enrolled in **Rockingham County Schools** before: \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what school: \_\_\_\_\_

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

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_