

**AMHERST COUNTY PUBLIC SCHOOLS**  
**ANNUAL REGISTRATION/EMERGENCY FORM**

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)	Head Start Smart Start Other Public Program Private Program

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

**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 affirm that the above registered student has not been expelled from school attendance at any private or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.
- I affirm that the above registered student has been expelled from school attendance at a private or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.

I am aware that making a false statement herein constitutes a Class 3 misdemeanor. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.

Print Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Permission/Release Form: \_\_\_\_\_ School Year: \_\_\_\_\_

To: Principal of \_\_\_\_\_ (Name of School)  
Re: \_\_\_\_\_ (Student's Name)

The purpose of this form is to seek permission for your student to be interviewed, photographed, and/or videotaped by the media (radio or television stations, and newspaper reporters). In addition, ACPS seeks permission for your student's photograph or name to be used on the Amherst County Public School's website or in its publications.

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.

I \_\_\_\_\_ give/\_\_\_\_\_ do not give my permission for my student to be interviewed and/or photographed by the media while participating in a school-sponsored event. This permission includes media and achievement recognition of my student by name, age and grade level.

_____
Date: _____ Parent's Signature: _____

