

# Chesterfield County Public Schools

# Student Information Card

Please do not write in shaded areas (office use only) › 2012 › AAA-1046

New student

Previously enrolled

Previously enrolled in Chesterfield

<b>Student information</b>	Student name (last, first, middle)		Date of birth month date year	Sex	Social Security #	
	Resides at (home address)				Home phone	
	Street	City	State	ZIP	Apt.	
	Lives with	<input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Other _____				
	Student's ethnicity (mark only one box on this line) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino					
	Student's race (mark as many boxes in this section as apply to your child) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White					
	Birthplace	State	Country	Citizenship (country)	Birth certificate #	
	What language is spoken in your home most of the time?			What language does your child speak most of the time?		

<b>Parent/guardian information</b>	Check one <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Other _____				
	Name (last, first, middle)		Employer	Work phone	Cell phone
	Resides at (if different from student)				Phone (if different)
	Street	City	State	ZIP	Apt.
	Receives	<input type="checkbox"/> Attendance <input type="checkbox"/> Gradings <input type="checkbox"/> Scheduling <input type="checkbox"/> Discipline <input type="checkbox"/> Mailings <input type="checkbox"/> Can pick up student			

<b>Parent/guardian information</b>	Check one <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Other _____				
	Name (last, first, middle)		Employer	Work phone	Cell phone
	Resides at (if different from student)				Phone (if different)
	Street	City	State	ZIP	Apt.
	Receives	<input type="checkbox"/> Attendance <input type="checkbox"/> Gradings <input type="checkbox"/> Scheduling <input type="checkbox"/> Discipline <input type="checkbox"/> Mailings <input type="checkbox"/> Can pick up student			

<b>Additional contact</b>	Check one <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				
	Name (last, first, middle)		Employer	Work phone	Cell phone
	Resides at (if different from student)				Phone (if different)
	Street	City	State	ZIP	Apt.
	Receives	<input type="checkbox"/> Attendance <input type="checkbox"/> Gradings <input type="checkbox"/> Scheduling <input type="checkbox"/> Discipline <input type="checkbox"/> Mailings <input type="checkbox"/> Can pick up student			

<b>Emergency contacts</b>	Emergency contact person (other than parent)	Relationship	Emergency phone #s
	Student's doctor	Phone	Hospital preference
	<input type="checkbox"/> Yes <input type="checkbox"/> No                   The parent/guardian gives the principal, or the principal's designee, the authority to contact the pupil's doctor or a rescue squad or take the pupil to a hospital emergency room in case of an emergency.		

<b>Additional student information</b>	School last attended		Grade	Phone	
	School address				
	Street	City		State	ZIP
	Brothers (names and ages)				
	Sisters (names and ages)				

<b>Student medical information</b>	Drug allergy and reaction				
	Food allergy and reaction				
	Insect allergy and reaction				
	Other allergy and reaction				
	Describe any special treatment needed, procedure to be followed or medication taken for the health issues listed above. Medications to be taken at school must be provided by parent or guardian and delivered to school by an adult.				

<b>Signatures</b>	Signatures of parents/guardians				Date

<b>Office use only</b>	School name	School year	Date	Grade	<input type="checkbox"/> Current spec perm	Student ID	Entry date/code
					<input type="checkbox"/> Next spec perm		
	Bus a.m.	Bus p.m.	Day care (address)			Homeroom/teacher	
	ESOL code		ESOL entry date			ESOL exit date	
	Gifted code	Gifted date	Magnet program			SPL flag	Locker #
	Verification	<input type="checkbox"/> Residence	<input type="checkbox"/> Affidavit (discipline)		<input type="checkbox"/> Physical/immunizations		