

# AMELIA COUNTY PUBLIC SCHOOLS

Please Print

8701 OTTERBURN ROAD AMELIA COURT HOUSE, VA 23002

## STUDENT INFORMATION UPDATE FORM

### STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE
BIRTH DATE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHPLACE CITY, STATE/PROVINCE, COUNTRY
PHYSICAL ADDRESS	CITY	STATE
		ZIP
MAILING ADDRESS	CITY	STATE
		ZIP
HOME PHONE NUMBER  STUDENT IS AN AMELIA COUNTY RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER COUNTY OF RESIDENCE		

#### STUDENTS RESIDES WITH – (CHECK ALL THAT APPLY)

- |                                 |                                      |   |  |
|---------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Foster Parent |

**Ethnic Group and Race Categories** The federal government **requires** that **both** these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are **required** to make selections for both.

**1. Is this student Hispanic or Latino? (choose only one)**

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

**2. What is the student's race? (select ALL that apply)**

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America and Mexico.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the Black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

STUDENT NAME

**PARENT / GUARDIAN INFORMATION**

PLEASE INDICATE ONE  MOTHER  STEP-MOTHER  LEGAL GUARDIAN  FOSTER CARE PARENT  OTHER (SPECIFY) \_\_\_\_\_

MOTHER'S NAME	<input type="checkbox"/> SAME ADDRESS <input type="checkbox"/> DIFFERENT ADDRESS	HOME PHONE ( )	CELL PHONE ( )
MOTHER'S EMPLOYER	WORK PHONE ( )		
MOTHER'S EMAIL	ADDRESS IF DIFFERENT		

PLEASE INDICATE ONE  FATHER  STEP-FATHER  LEGAL GUARDIAN  FOSTER CARE PARENT  OTHER (SPECIFY) \_\_\_\_\_

FATHER'S NAME	<input type="checkbox"/> SAME ADDRESS <input type="checkbox"/> DIFFERENT ADDRESS	HOME PHONE ( )	CELL PHONE ( )
FATHER'S EMPLOYER	WORK PHONE ( )		
FATHER'S EMAIL	ADDRESS IF DIFFERENT		

**EMERGENCY CONTACT**

<b>EMERGENCY CONTACT 1</b>	RELATIONSHIP TO STUDENT	HOME PHONE # ( )
WORK PHONE	CELL PHONE	
<b>EMERGENCY CONTACT 2</b>	RELATIONSHIP TO STUDENT	HOME PHONE # ( )
WORK PHONE	CELL PHONE	
<b>EMERGENCY CONTACT 3</b>	RELATIONSHIP TO STUDENT	HOME PHONE # ( )
WORK PHONE	CELL PHONE	

DO YOU AUTHORIZE THE ABOVE INDIVIDUALS TO PICK UP YOUR CHILD FROM SCHOOL?  YES  NO

**MILITARY CONNECTION**

**MILITARY-CONNECTED STUDENTS** THE 2015 VIRGINIA GENERAL ASSEMBLY REQUIRES THE IDENTIFICATION OF UNIFORMED SERVICES-CONNECTED STUDENTS. THE IDENTIFICATION IS CRITICAL TO BEST SERVE MILITARY FAMILIES.

- NOT MILITARY CONNECTED
- DEPENDENT OF A MEMBER OF THE ACTIVE DUTY FORCES (FULL TIME) ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD
- DEPENDENT OF A MEMBER OF RESERVE FORCES (ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD)
- DEPENDENT OF A MEMBER OF THE NATIONAL GUARD (AND NOT A DEPENDENT OF A MEMBER OF THE US ARMED SERVICES)

STUDENT NAME

PARENT/GUARDIAN INITIALS

**MEDICAL INFORMATION**

I realize that I, as the Parent/Guardian, *am responsible for notifying the school of any changes of the above information* (including change of address, new phone numbers, medical problems, etc). I hereby authorize the school and/or hospital to provide medical care for my child according to their best judgment, and agree to pay expenses so incurred, including ambulance transportation if necessary.

Furthermore, to ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. This will be done on a "need to know basis", in a confidential manner. I agree that the school nurse may consult with my child's family physician about his/her medical condition.

Parent/Guardian Signature

Date

STUDENT'S DOCTOR

TELEPHONE NUMBER ( )

HOSPITAL PREFERENCE

STUDENT'S DENTIST

TELEPHONE NUMBER ( )

IS YOUR CHILD CURRENTLY ON ANY MEDICATION  YES  NO

IF YES, PLEASE LIST NAMES AND DOSES

PLEASE CHECK ANY MEDICAL CONDITIONS THAT YOUR CHILD IS CURRENTLY BEING TREATED FOR. DESCRIBE BELOW

- ASTHMA      INHALER NEEDED YES OR NO
- SEIZURES
- DIABETES      INSULIN DEPENDENT YES OR NO
- HEART PROBLEMS
- VISION PROBLEMS
- HEARING LOSS
- OTHER      DESCRIBE

**ALLERGIES**

TYPE OF ALLERGY

TYPE OF REACTION

TREATMENT NEEDED      YES OR NO

PLEASE SPECIFY      BENADRYL / EPI-PEN / BOTH

**HEALTH GUIDELINES**

- ALL MEDICINES ARE TO BE PROVIDED BY THE STUDENT'S PARENT OR LEGAL GUARDIAN IN A NEW, UNOPENED CONTAINER.
- FOR THE SAFETY / HEALTH OF ALL OF OUR STUDENTS, YOUR CHILD *MUST* BE KEPT AT HOME UNTIL THEY ARE FREE OF THE FOLLOWING CONDITIONS FOR 24 HOURS WITHOUT THE USE OF MEDICATION
  - FEVER GREATER THAN 100
  - UNDIAGNOSED SKIN RASH
  - SEVERE HEADACHE
  - SKIN INFECTION
  - ANY CONTAGIOUS ILLNESS
  - VOMITING
  - HEAD LICE
  - TOOTHACHE
  - ABDOMINAL PAIN
  - DIARRHEA
  - PERSISTENT SORE THROAT
  - EAR PAIN
  - RED, ITCHY, DRAINING EYES

STUDENT NAME

I, the undersigned, do hereby authorize officials of Amelia County Public Schools to contact directly the emergency contacts named here and to authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of the said child. In the event physicians, emergency contacts or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for the said child.

Parent/Guardian Signature

Date

**SCHOOL STAFF COMPLETE ONLY**

POWERSCHOOL STUDENT NUMBER # \_\_\_\_\_

DATE ENTER IN POWERSCHOOL \_\_\_\_\_

STAFF INITIALS \_\_\_\_\_