



**Charlottesville City Schools**  
**STUDENT INFORMATION FORM**  
**FOR NEW AND RETURNING STUDENTS**  
 (3/2017)

**SUMMER 2019**

**PLEASE PRINT**

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

Student name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Last First Middle

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

Preferred phone number: \_\_\_\_\_ Parent cell phone: \_\_\_\_\_

Gender: (please check)  Female  Male Date of birth: (MM-DD-YYYY): \_\_\_\_\_

School (entering): \_\_\_\_\_ Grade (entering): \_\_\_\_\_

Is student a dependent of a member of the military?  No  Active duty  Reserve  National Guard

*\*If student's physical address is different than the mailing address, please note here:*

**PARENT/LEGAL GUARDIANS (Not Emergency Contacts)**

The "1<sup>st</sup> Parent/Mother" and "2<sup>nd</sup> Parent/Father" sections should be used for the student's biological or adoptive parents wherever practical. A legal guardian can be entered using the "3<sup>rd</sup> Parent/Guardian" section; please check with the school if you have not previously shown custody documentation. If you need to list additional parent/guardians, tell the school. Do not list emergency contacts here.

	1 <sup>st</sup> Parent/Mother	2 <sup>nd</sup> Parent/Father	3 <sup>rd</sup> Parent/Guardian
Name			
Relationship to child			
Is this parent living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell phone			
Home phone			
Email			
Work phone			
Employer			
Has legal custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has physical custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized to pick the child up at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restricted contact with the child by court order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address if not living with child (check yes if you need to receive duplicate mailings/report cards)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parents' marital status:  Single  Married  Separated  Divorced  Widowed

Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> One parent (please specify): _____ <input type="checkbox"/> Grandparent(s)
<input type="checkbox"/> Parent and stepparent (please specify): _____ <input type="checkbox"/> Foster parents <input type="checkbox"/> Other: _____

If parents are separated or divorced, custody is:  Joint  Other: \_\_\_\_\_

Is this a court-enforced custody agreement?  Yes  No Is child in foster care?  Yes  No If yes, briefly give information:

**For new enrollments or changes in guardianship:** Please provide all legal documentation regarding custody and visitation to the school. If the person completing form is **not** a biological/adoptive parent, complete the Residency and Custody Verification Form. If the person is caring for the student in the extended absence of the parent/guardian, complete the Parent's Authorization for Parent Designee Form.

—CONTINUED ON BACK—

### STUDENT SIBLINGS

Full Name	Date of Birth: (MM-DD-YYYY)	Gender
		<input type="checkbox"/> Female <input type="checkbox"/> Male
		<input type="checkbox"/> Female <input type="checkbox"/> Male
		<input type="checkbox"/> Female <input type="checkbox"/> Male
		<input type="checkbox"/> Female <input type="checkbox"/> Male

### TRANSPORTATION

In the morning, child will: (select below)	After school, child will: (select below)	If early dismissal, child will: (select below)
<input type="checkbox"/> Ride bus from home	<input type="checkbox"/> Ride bus home	<input type="checkbox"/> Ride bus home
<input type="checkbox"/> Ride bus from:	<input type="checkbox"/> Ride bus to:	<input type="checkbox"/> Ride bus to:
<input type="checkbox"/> Walk/ride bike to school	<input type="checkbox"/> Walk/ride bike	<input type="checkbox"/> Walk/ride bike
<input type="checkbox"/> Ride to school with parent/guardian	<input type="checkbox"/> Ride home with parent/guardian	<input type="checkbox"/> Ride home with parent/guardian
<input type="checkbox"/> Ride with:	<input type="checkbox"/> Ride with:	<input type="checkbox"/> Ride with:
	<input type="checkbox"/> Stay for activities/CLASS	

Person(s) allowed to pick up student from school without additional permission from parent/guardian (see also emergency contacts, below): \_\_\_\_\_

Is the child living in a temporary or shared home?  Yes  No

➔

**IF YES:**

Where does the student stay at night?

In a car  
 In a hotel or motel  
 At a campsite

In a shelter or other (name explain) \_\_\_\_\_  
 Other location not appropriate for housing (e.g., abandoned building)  
 Temporarily with another family or more than one family in a house, mobile home, or apartment (due to not having a place of their own)

Please see school to complete "Student Residency Affidavit" and "Shared Housing Disclosure Form" or others. Documentation is required. This information is maintained confidentially and is used only to offer appropriate services to students as part of the McKinney-Vento Homeless Education Assistance Act.

### EMERGENCY INFORMATION: All Sections Must Be Completed & Signed

	Emergency Contact #1 (required)	Emergency Contact #2 (optional)	Emergency Contact #3 (optional)
Name			
Relationship to student			
Telephone			
Authorized to pick student up from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preferred in case of emergency: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any health conditions or restrictions that the child has which should be known by the school: \_\_\_\_\_

Is your child covered by health insurance?  Yes  No If no, call your school for information about FAMIS (student insurance)

If yes, which insurance? \_\_\_\_\_ Name of insured: \_\_\_\_\_

Yes  No If the school is unable to reach me in an emergency involving my child, I give permission for the school to take such emergency action as it may consider necessary. I also give permission for any such treatment prescribed by the attending physician.

**Parent/Guardian Signature:** \_\_\_\_\_