

# Application for Entrance and Emergency Medical Form

For Office use only

Student # \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_

Teacher/HR \_\_\_\_\_

Bus No. \_\_\_\_\_

## Student Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_ Race (see back of form)

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_ City, State, Country of Birth \_\_\_\_\_

Grade at Last School Attended \_\_\_\_\_ Last School Attended \_\_\_\_\_

Address \_\_\_\_\_ Has student ever attended Lynchburg City Schools?  Yes  No

If yes, which school? \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Name of Pre-School(s) Attended \_\_\_\_\_

How many days per week did child attend preschool? \_\_\_\_\_ Child attended for  Full Day  Half Day

Is this child currently residing in a foster home?  Yes  No

Has this child ever been found guilty or delinquent in a court of law?  Yes  No (Per Code of VA § 22.1-3.2)

If yes, please describe \_\_\_\_\_

## Parents/guardians with whom the child lives (person/s who have primary physical custody of child)

**Parent/Guardian Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Residence Address \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_  Unlisted? Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Parents/guardians with whom the child DOES NOT live (for example, father and stepmother)

**Parent/Guardian Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Use this person as a contact in case of emergency?  Yes  No

Address \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Use this person as a contact in case of emergency?  Yes  No

Address \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

## Additional Emergency Contacts

In the event that there is an emergency and the parents/guardians above can't be reached, whom should we contact?

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

## Medical Information

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

List all allergies, including drug and food allergies \_\_\_\_\_

List any serious chronic medical condition the child may have, such as heart problems, asthma, diabetes, seizures, etc. \_\_\_\_\_

List all medications the child is currently taking on a regular basis \_\_\_\_\_

## Medical Release

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 number, 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian's Signature

### **Ethnicity and Race Identification**

The federal government issued standards for reporting individual race and ethnicity data beginning in the 2010-11 school year. To comply with those standards, please complete the information below for the student listed on the front of this form. If you choose not to provide this information, we are required to provide an answer on your behalf.

The two questions below are designed to identify your ethnicity and race. **Please be sure to answer both questions.**

1. **Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.)?**  Yes  No
2. **Select the racial category or categories with which you most closely identify by placing a check by the appropriate category. Check as many as apply, but you must choose at least one.**

<b>Racial Category</b>	<b>Definition of Category</b>
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America)
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

### **Language**

Lynchburg City Schools is responsible for collecting information regarding language for each student.

1. **What is the student's country of birth?**  United States  Other (if other please list) \_\_\_\_\_
2. **What is the primary language spoken at home?**  English  Other (if other please list) \_\_\_\_\_
3. **What is the language most often spoken by the student?**  English  Other (if other please list) \_\_\_\_\_
4. **What is the language the student first acquired?**  English  Other (if other please list) \_\_\_\_\_
5. **Has the student lived in another country?**  Yes  No (if yes, what is the date of entry into the United States?) \_\_\_\_\_
6. **What was the date of entry to any United States public school?** \_\_\_\_\_

### **Military Connection**

Lynchburg City Schools is required by Virginia law to identify students who have a parent or guardian in the uniformed services. This information will provide LCS with data used for becoming eligible for Impact Aid Program funds, as well as funds from other grants.

#### **Definitions:**

**Active Duty Forces** includes Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services.

**Reserve Forces** includes Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard.

(select one)

- This student does not have a parent/guardian in the military.
- This student has a parent/guardian who is a member of active duty forces.
- This student has a parent/guardian who is a member of reserve forces.