A TRADITION OF EXCELLENCE FOR ALL
LCS
LYNCHBURG CITY SCHOOLS

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.

Racial Category	Definition of Category
☐ American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America)
☐ Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
☐ 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, 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.