

Radford City Public Schools
Student Info. Update & Enrollment Form 2010-11
McHarg Elementary School

Teacher's Name

Student's Full Name: _____
First Name **Middle Name** **Last Name**

Name student prefers: _____ Date of Birth ____/____/____ Age _____ Grade _____

Sex: Male Female Is the student Hispanic or Latino? Yes _____ No _____

Race: (**circle all that apply**) American Indian/Alaska Native Asian Black or African American
Native Hawaiian/Other Pacific Islander White

Student lives with (Check only one) Both Parents Mother only Father only
 Mother and Stepfather Father and Stepmother Legal guardian(s) _____ Other

Residence street address of the student's home (no PO Box or Rural Route):

_____ Mailing address (if different from residence): _____

Home Phone: _____ **Primary E-mail address:** _____

Mother, stepmother or female guardian: _____
Mailing address (if different from above): _____

Employer: _____ Occupation: _____ Work Hrs: _____ AM to _____ PM

Employer's address: _____ Work # _____ Cell # _____

Father, stepfather, or male guardian: _____
Mailing address (if different from above): _____

Employer: _____ Occupation: _____ Work Hrs: _____ AM to _____ PM

Employer's address: _____ Work # _____ Cell # _____

Names of Siblings in Home:	Age:	School Attending:	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student morning transportation: school bus # _____ Car other _____

Student afternoon transportation: school bus # _____ Car Walker other _____

In the event of an emergency, every effort will be made to contact the responsible parent(s) or guardian(s) immediately. Failing contact, we will contact the emergency contact persons listed below in order until someone is notified. If the student is seriously ill or injured, however, and requires absolute immediate medical attention, they will be transported to the nearest emergency room.

Secondary Emergency Contracts:

Can Pick Up Child?

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Custody Concerns (official documents required): _____

Medical or Handicapping conditions, allergies, etc. _____

Student is on the following medications: _____

Student's Doctor's Name: _____ Phone Number: _____

Any other information you would like to share:

Parent/Guardian Date

Parent/Guardian Date