



**Emergency Contacts (Fill in information for at least two contacts.)**

**NOT PARENTS OR GUARDIANS—LOCAL CONTACTS ONLY!**

	Relationship (to child)	Home (With area code)	Work (With area code)	Other (With area code)
Contact One (other than parent/guardian)		<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling
Contact Two (other than parent/guardian)		<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling
Contact Three (other than parent/guardian)		<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling	<input type="checkbox"/> Emergency Calling

**Emergency Student Release Authorization** - In the event of an emergency and the the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

**\*Legal Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Daycare/Childcare Provider**

Daycare/Childcare Provider Name	Phone Number	Other Phone

Is Daycare/Childcare Provider authorized to remove student from school?  Yes  No

Is Daycare/Childcare Provider responsible for transportation?  Yes  No If yes, please describe: \_\_\_\_\_

Previous School Attended Has your child ever attended Hanover County Public Schools?  Yes  No

Previous school attended, including Hanover County: \_\_\_\_\_

**If student is enrolling in a pre-K program or in grade KG, identify the current or most recent PK experience. (Check all that apply.)**

- Head Start  
  Public Preschool  
  Private Preschool/Daycare  
  Department of Defense Child Development Program  
 Family Home Daycare Provider  
  No Preschool Experience  
 Average weekly time in PK Program?  
  < 15 Hours  
  15 - 29 hours  
  30 or more hours

The information reported on this Student Enrollment form will become a part of your child's current school record. Student record information will not be released to third parties or used for other than routine daily and/or emergency contact purposes without the knowledge or permission of parents, guardians or students who have passed their eighteenth birthday, except in accordance with the law.

**I certify that the information I have provided on this form is true and accurate. I understand that making a false statement about my residency is a Class 4 misdemeanor. I understand that if I make such a false statement, I will be liable to the Hanover County School Board for tuition charges for the time my child(ren) is/are enrolled and that my child(ren) will be withdrawn. I authorize the Hanover County School Board to verify the accuracy of the information on this form with governmental agencies, landlords, lenders, and other sources. I authorize the Hanover County School Board to rely upon and use any information received from such contacts. If any change occurs in my residency after I submit this form, I am responsible for immediately notifying my child's/children's school(s) of the change.**

**\*Legal Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



The Hanover County School Board does not unlawfully discriminate on the basis of age, sex, race, color, religion, disability or national origin in its employment practices or educational programs and activities. The Director for Special Education is designated as coordinator for non-discrimination for access to and implementation of programs under Section 504 and the Americans with Disabilities Act. The Assistant Superintendent of Human Resources is designated as coordinator for non-discrimination regarding personnel matters under Section 504 and the Americans with Disabilities Act. To contact Hanover County Public Schools by telephone, please call 804-365-4500.

Student Health Information

Student Name: Legal Last Name		Legal First Name	Legal Middle Name	Preferred Name
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Room / Home Base Teacher		

Medications taken regularly: \_\_\_\_\_

Does your child have any medical conditions that will require special care? If so, indicate below in detail:

- Yes  No Allergies: State what kind: Environmental, food, insect (bees, wasps, yellow jackets) and treatment: \_\_\_\_\_
- Yes  No Asthma: Physician's name/number/medication \_\_\_\_\_
- Yes  No ADD or ADHD \_\_\_\_\_
- Yes  No Cardiovascular: Condition & Cardiologist's name/number \_\_\_\_\_
- Yes  No Diabetes: Physician's name/number \_\_\_\_\_
- Yes  No Hearing Deficit (wears hearing device? Yes/No) \_\_\_\_\_
- Yes  No Juvenile Arthritis \_\_\_\_\_
- Yes  No Migraines: Physician's name/number and Medication \_\_\_\_\_
- Yes  No Physical Limitations \_\_\_\_\_
- Yes  No Scoliosis: Physician's name/number \_\_\_\_\_
- Yes  No Seizures: Neurologist's name/number \_\_\_\_\_
- Yes  No Urinary Tract Problem: Condition & Urologist's name/number \_\_\_\_\_
- Yes  No Vision Correction – Glasses/Contacts \_\_\_\_\_
- Yes  No Wheelchair bound \_\_\_\_\_
- Yes  No Other \_\_\_\_\_

List any childhood diseases: \_\_\_\_\_

PARENT AUTHORIZATION

The school nurse/attendant may contact our family physician for medical information. In case of serious accident/illness, I request the school contact me first. If a person listed above cannot be reached, the school may make arrangements deemed necessary, including transportation to a medical facility via rescue squad to obtain medical assistance.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Physician/Phone \_\_\_\_\_ Hospital Choice \_\_\_\_\_

Dentist/Phone \_\_\_\_\_

Would you like information on low cost health insurance; Medicaid/FAMIS for children?  Yes  No

Ver: 4.00.04 03/25/2019



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