

Enrollment Procedures for Amherst County High School

Parents/Guardian Must Have:

1. Birth Certificate (not a copy)
2. Immunization Records
3. Proof of residency verifying the physical address in the Amherst County School District.
4. Proof of Custody (if applicable)
5. Families enrolling students identified to be eligible to receive Special Education Services must provide a copy of the IEP (Individualized Educational Plan). Upon review of the IEP by the Special Education Department an enrollment appointment will be scheduled for 2:45p.m. on the first available day.

AMHERST COUNTY PUBLIC SCHOOLS
ANNUAL REGISTRATION/EMERGENCY FORM

School:	Date:
Grade Entering:	Car Rider: Yes No
Out of Zone: Yes No	Car Driver: Yes No

Student ID #	Gender: M F	Date of Birth:
Student's Name (as it appears on birth certificate):		Birth Certificate Number:
Street Address (911 address):		

Mailing Address:

Home Phone:	Previous School Attended:
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Participated in Pre-School Program? Yes No (circle one if Yes)	Head Start Smart Start Other Public Program Private Program
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Are services currently provided to your student per an IEP or 504 plan? Yes No

The following information MUST be completed for all students:

1. Is student Hispanic/Latino?	Yes No
2. What is student's race? (Circle one or more)	American Indian/Alaska Native Asian Black/African American White Native Hawaiian/Other Pacific Islander

Student legally resides with? (circle one): Mother Father Both Parents *Relatives *Guardians
Foster Parents

DSS Placement origination: Case Worker:	
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**Must have legal custody of child and reside in Amherst County and must provide legal documentation.*

#1 Parent/Guardian Information

Name:	Relationship to student:
Home Address:	Employer:
City, State, Zip:	Work Phone: Ext
Home Phone: Cell Phone:	Parent email:

#2 Parent/Guardian Information

Name:	Relationship to student:
Home Address:	Employer:
City, State, Zip:	Work Phone: Ext
Home Phone: Cell Phone:	Parent email:

Family Members (siblings) currently in household:

Name	Date of Birth	School	Grade

Emergency Contacts: Individuals listed below have authorization to pick up my student and can be reached during school hours at the number listed: Note: Parents/Guardians are first contact; emergency contacts are used ONLY if parents cannot be reached.

Name	Relationship	Phone

Military Information: Parents/Guardians currently in full Active Duty: ___Yes ___No
Parents/Guardians currently in National Guard or Reserve: ___Yes ___No

Emergency & Health Information:

In case of serious accident or illness at school, your student will be sent to an emergency medical facility unless the principal is notified in writing that your student may NOT receive treatment for an injury. Parents/Guardians are responsible for all expenses.

Doctor Name: _____ Phone _____
Dentist Name: _____ Phone _____

Health comments:

Date of last tetanus shot: _____

List diagnosed medical conditions of your student: _____

List any allergies your student has; including medications and reactions experienced: _____

List any current medications your student is taking: _____

Are these medications to be taken at school: Yes No _____

Will you need to notify the School Health Assistant or Nurse regarding medical conditions and medications listed above if special medical or health assistance will be required during school hours? Yes No _____

Print Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____

- I affirm that the above registered student has not been expelled from school attendance at any private or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.
- I affirm that the above registered student has been expelled from school attendance at a private or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.

I am aware that making a false statement herein constitutes a Class 3 misdemeanor. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.

Print Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____

Permission/Release Form: _____ School Year: _____

To: Principal of _____ (Name of School)
Re: _____ (Student's Name)

The purpose of this form is to seek permission for your student to be interviewed, photographed, and/or videotaped by the media (radio or television stations, and newspaper reporters). In addition, ACPS seeks permission for your student's photograph or name to be used on the Amherst County Public School's website or in its publications.

Amherst County Public Schools will not release personal student information to the media. Personal information includes; but is not limited to address, telephone number, medical history, academic records and discipline records.

I _____ give/_____ do not give my permission for my student to be interviewed and/or photographed by the media while participating in a school-sponsored event. This permission includes media and achievement recognition of my student by name, age and grade level.

Date: _____ Parent's Signature: _____

**Amherst County High School
Counseling Department
139 Lancer Lane
Amherst, Virginia 24521
Telephone (434) 946-2815
Fax (434) 946-2263**

To Whom It May Concern:

The following student _____ will be enrolling in the _____ grade at Amherst County High School.

For immediate enrollment purposes, please fax a transcript of the student's grades and credits, a copy of his/her current schedule, the birth certificate number, discipline and immunization records, and IEP/504 plan, if applicable.

The official form of these documents, as well as SOL and other standardized test scores, attendance information, and withdrawal grades may be mailed under separate cover.

Thank you for your prompt attention to this request.

Sincerely,

School Counselor

Authorization to Release Student's Record

I will be enrolling my child _____
In the above school and authorize you to release school records to this school.

Name of Previous School

Date of Birth

Previous School Address

Telephone number at previous school

Date of final attendance at previous school

Fax number at previous school

Signature of Parent/Guardian

Date

Amherst County Public Schools Student Transportation Form

School Attending: Amherst County High School

Mode of Transportation (circle one): Bus Car

Student ID # _____ (REQUIRED) Date: _____

Student Name: _____

Date of Birth: _____ Grade: _____ Gender: _____

Parent/Guardian Name(s) _____

Parent/Guardian Signature: _____

911 Address _____

Mailing Address _____

Old Address _____

Home Phone Number _____ Cell Phone Number: _____

Work/Other Contact Numbers: _____

Emergency Contact:

Name _____ Phone Number _____

Name _____ Phone Number _____

911 Address where student will be getting on/off the school bus:

Start Date: _____ *Allow 24 to 48 hours to assign route*

SCHOOL/TRANSPORTATION USE ONLY

AM Bus #: _____ Pick-Up Time: _____ Pick-Up Location: _____

PM Bus #: _____ Drop-Off Time: _____ Drop-Off Location: _____