

## 2009-2010 JONESVILLE MIDDLE SCHOOL STUDENT INFORMATION FORM

PLEASE PROVIDE INFORMATION FOR ALL AREAS REQUESTED BELOW. ALL REQUESTED INFORMATION IS NECESSARY FOR STATE REPORTING PURPOSES AND PROPER MAINTENANCE OF SCHOOL RELATED PROGRAMS. STUDENTS NAME MUST MATCH BIRTH CERTIFICATE OR BE SUPPORTED BY COURT DOCUMENTATION.

LAST NAME	FIRST NAME	MIDDLE NAME	GENERATION	GRADE	GENDER	DATE OF BIRTH
			II III IV JR SR		M F	- -

NICKNAME/PREFERRED NAME	SOCIAL SECURITY NUMBER	STUDENT'S BIRTH CITY OR COUNTY AND STATE OR COUNTRY IF OTHER THAN UNITED	STUDENT'S BIRTH CERTIFICATE NUMBER
	- -		

TO LIST INFORMATION FOR PARENT(S)/GUARDIAN IN THE SPACE TO THE RIGHT PLEASE USE THE FOLLOWING GUIDELINES. STUDENTS LIVING WITH BOTH FATHER AND MOTHER WOULD BE LISTED AS FATHER/MOTHER LAST NAME AS SHOWN IN THE EXAMPLE TO THE RIGHT. STUDENTS LIVING WITH ONLY ONE PARENT SHOULD HAVE THE NAME OF THE PARENT THEY ARE LIVING WITH LISTED FOR PARENT/GUARDIAN. PARENTS WHO DO NOT LIVE WITH THE STUDENT AND STEP-PARENTS WILL BE LISTED ON THE PARENT/GUARDIAN FORM.

PARENT(S)/GUARDIAN  
EXAMPLE  
JOHN/JANE DOE

ALL STUDENTS MUST SHOW A VIRGINIA ADDRESS IN THE STUDENT INFORMATION SYSTEM, THEREFORE, ADDRESS INFORMATION PROVIDED BELOW MUST SHOW A VIRGINIA ADDRESS. INFORMATION PROVIDED ON THE PARENT/GUARDIAN FORM MAY SHOW OUT-OF-STATE ADDRESSES. THERE IS NO RESTRICTION ON OUT-OF-STATE TELEPHONE NUMBERS.

P O BOX #	OR	ROUTE #	ROUTE BOX #	OR	STREET ADDRESS
CITY		STATE	ZIP CODE	TELEPHONE NUMBER	
		VIRGINIA		( ) -	

WILL THIS STUDENT RIDE A BUS AT ANY TIME DURING THE YEAR. IF YES PLEASE LIST THE BUS NUMBER IF KNOWN				YES	NO	BUS NUMBER	
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PLEASE SPECIFY STUDENTS ETHNICITY WITH AN X IN THE BOX BESIDE THE PROPER ETHNIC DESCRIPTION

00	UNSPECIFIED		03	BLACK/NOT OF HISPANIC ORIGIN		06	NATIVE HAWAIIAN
01	AMERICAN INDIAN/ALASKAN NATIVE		04	HISPANIC			
02	ASIAN/PACIFIC		05	WHITE/NOT OF HISPANIC ORIGIN			

HOME LANGUAGE SURVEY INFORMATION

WAS THE FIRST LANGUAGE THIS STUDENT LEARNED ENGLISH			YES	NO
CAN THIS STUDENT SPEAK LANGUAGES OTHER THAN ENGLISH			YES	NO
WHICH LANGUAGE DOES THIS STUDENT USE MOST OFTEN WHEN THEY SPEAK TO THEIR PARENTS			ENGLISH	OTHER:
DOES ANYONE IN THIS STUDENTS HOME SPEAK ANY LANGAGE OTHER THAN ENGLISH			YES	NO

THE TWO QUESTIONS LISTED BELOW ARE FOR TRANSFER STUDENTS ONLY

PLEASE LIST THE LAST LEE COUNTY SCHOOL THE ABOVE STUDENT ATTENDED, IF ANY, AND THE YEAR OF ATTENDANCE

SCHOOL	YEAR

PLEASE LIST THE LAST SCHOOL THE ABOVE STUDENT ATTENDED AND THE CITY/STATE OF THE SCHOOL

SCHOOL	CITY	STATE

PLEASE PROVIDE THE MEDICAL AND EMERGENCY INFORMATION BELOW THE SCHOOL SHOULD BE AWARE OF SO THEY MAY REACT IN A TIMELY MANNER SHOULD AN EMERGENCY SITUATION ARISE.

  
  
  
  

THE PEOPLE LISTED BELOW CAN BE CONTACTED IN AN EMERGENCY SITUATION WHEN THE PARENT(S)/GUARDIAN ARE NOT AVAILABLE

RELATIONSHIP	NAME	ADDRESS	CITY	ZIP CODE	PHONE NUMBER
					( ) -
					( ) -
					( ) -
					( ) -

I GIVE PERMISSION FOR THIS STUDENT TO BE TREATED AT

NEAREST MEDICAL FACILITY	
PARENT(S)/GUARDIAN SIGNATURE	
FOR SCHOOL USE ONLY	
RECORDED IN POWERSCHOOL BY	DATE RECORDED