



*Please print legibly or use the fillable PDF.*

**Student Name** (first, middle, last) \_\_\_\_\_

**DOB** (mm/dd/yy) \_\_\_\_\_

**Student Cell Telephone #** (if applicable) \_\_\_\_\_

**Grade Classification**

\_\_\_\_\_ 9<sup>th</sup>    \_\_\_\_\_ 10<sup>th</sup>    \_\_\_\_\_ 11<sup>th</sup>    \_\_\_\_\_ 12<sup>th</sup>    \_\_\_\_\_ GED

**Home High School**

\_\_\_\_\_ Dinwiddie    \_\_\_\_\_ Prince George    \_\_\_\_\_ Sussex

**Address Information**

**Home Address** (Physical Address) \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

**Mailing Address** (if different from above) \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

**Demographics**

\_\_\_\_\_ Male    \_\_\_\_\_ Female    \_\_\_\_\_ Non-Binary

Is the student Hispanic? \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Student Ethnicity** (Check all that apply) \_\_\_\_\_ White    \_\_\_\_\_ Black or African-American  
\_\_\_\_\_ Hispanic    \_\_\_\_\_ Alaskan/American Indian    \_\_\_\_\_ Asian    \_\_\_\_\_ Native Hawaiian/Pacific Islander

Does the **STUDENT** have a biological child? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Are both parents allowed to see the student enrolled at Rowanty Technical Center \_\_\_\_\_ Yes    \_\_\_\_\_ No

Is your child currently receiving services through any Special Education Program? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please indicate which your child has: \_\_\_\_\_ IEP    \_\_\_\_\_ 504

**Parent/Guardian/Emergency Contact Information**

*If you DO NOT want to receive Rowanty automatic calls, please check here \_\_\_\_\_*

*Phone Number to use for Rowanty automatic calls \_\_\_\_\_*

**Parent/Guardian I:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Other** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Parent/Guardian II:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Other** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Emergency Contacts**

*Please provide a minimum of two emergency contacts that are allowed to give school staff permission for emergency medical transport and provide medical care to my child. Additionally, these emergency contacts will be notified in case of necessary to drop off or pick up the student.*

**Contact 1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Home** \_\_\_ **Work** \_\_\_ **Cell** \_\_\_

**Contact 2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Home** \_\_\_ **Work** \_\_\_ **Cell** \_\_\_

My signature below indicates that all information is accurate and that I give school administration permission to obtain emergency health care as needed for my child. My signature also acknowledges that I will update Rowanty Technical Center as soon as any changes are made to information included on this document.

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