



# BEDFORD COUNTY PUBLIC SCHOOLS INFORMATION FORM



School:	Today's Date:	Start Date:	ID#:	EIMS#:
Last school attended: _____				
Name of School			City/State	
Please circle: Did your child receive special services/programs at their last school?			IEP	504 TAG
Please circle: Has student attended BCPS before?		NO	YES	When? What school?
Please circle: Bedford COUNTY or CITY resident		Closest major crossroad?		
Please circle: Ethnic group		American Indian/Alaskan Native	Asian/Pacific Island	Black Hispanic White Hawaiian
Please circle: School Transportation		Walk	Car	Bus How many miles from home to school?

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First Middle Last

Name Student goes by: \_\_\_\_\_ SS# \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Number/Street City Zip

Home Phone \_\_\_\_\_ Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Month-Day-Year City/State Country (if not USA)

Student's Primary Language: \_\_\_\_\_ Language used at home: \_\_\_\_\_ Language spoken by student: \_\_\_\_\_

**Student Resides With (at address above)**

Family Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

ADULT 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Highest grade completed in school: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer Town Occupation

Phone(W): \_\_\_\_\_ Phone(C): \_\_\_\_\_ Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_

ADULT 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Highest grade completed in school: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer Town Occupation

Phone (W): \_\_\_\_\_ Phone(C): \_\_\_\_\_ Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Other Parent Student Does Not Reside With:** Send Mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

ADULT 3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Number/Street City/State/Zip

Highest grade completed in school: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer Town Occupation

Phone (W): \_\_\_\_\_ Phone(C): \_\_\_\_\_ Pager: \_\_\_\_\_

**Emergency Names:** In case parent/guardian cannot be reached, what **LOCAL** resident(s) may we call?

NAME1: \_\_\_\_\_ Relation to student: \_\_\_\_\_ Phone H: \_\_\_\_\_ Phone C: \_\_\_\_\_ Phone W: \_\_\_\_\_

NAME2: \_\_\_\_\_ Relation to student: \_\_\_\_\_ Phone H: \_\_\_\_\_ Phone C: \_\_\_\_\_ Phone W: \_\_\_\_\_

**Please PRINT the names of ALL people permitted to pick up your child from school**

NAME1: \_\_\_\_\_ Relation to student: \_\_\_\_\_ Phone H: \_\_\_\_\_ Phone C: \_\_\_\_\_ Phone W: \_\_\_\_\_

NAME2: \_\_\_\_\_ Relation to student: \_\_\_\_\_ Phone H: \_\_\_\_\_ Phone C: \_\_\_\_\_ Phone W: \_\_\_\_\_

**SIBLINGS:**

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_ Birth date \_\_\_\_\_

**MEDICAL INFORMATION** (please list any medical conditions we need to know):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WEARS GLASSES?** Yes \_\_\_\_ No \_\_\_\_

**WEARS CONTACTS?** Yes \_\_\_\_ No \_\_\_\_

**PHYSICIAN:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Virginia law permits only students who are residents of Bedford County to enroll and attend Bedford County Public Schools on a tuition-free basis. A parent or guardian can be charged with Class 4 misdemeanor for knowingly making a false statement concerning the residency of a child. All students attending Bedford County Public Schools must live with a parent or legal guardian residing in Bedford County or must reside with a parent or legal guardian who own property. (Section 22.1-264.1 Code of Virginia)

It is imperative that all items on this registration form are true, complete and accurate.

As parent/guardian of the above named student, I affirm that I have completed this form in its entirety and to the best of my knowledge. I further affirm that I am a resident of this District and that the information presented in this Affidavit or in connection with any investigation of my residency or the residency of the student is true, complete, and accurate.

\_\_\_\_\_  
Signature of Person with Legal Custody of the Student

\_\_\_\_\_  
Date

<p>Jefferson Forest High School 1 Cavalier Circle Forest, VA 24551</p> <p>Main Office Phone (434)525-2674 Main Office Fax (434)525-0106</p> <p>Guidance Office Phone (434)525-7305 Guidance Office Fax (434)477-5459</p> <p>www.bedford.k12.va.us/jfhs</p>
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