



Please print legibly or use the fillable PDF.

Student Name (first, middle, last) _____

DOB (mm/dd/yy) _____

Student Cell Telephone # (if applicable) _____

Grade Classification

_____ 9th _____ 10th _____ 11th _____ 12th _____ 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 ___

Contact 3: _____ 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 _____