Halifax County Public Schools
School Year 2026-2027

rev 3/24/2026

Student Demographic Information

Student Full Name: _____ Sex: _____
(First) (Middle) (Last)

Mailing Address: _____

911 Address **(If different from mailing):** _____

Birthdate: _____ Country of Birth: _____ Phone: _____ Grade: _____

Race: **(Must select one or more)** ___American Indian/Alaskan Native __Asian ___Black/African American ___Native Hawaiian/Pacific Islander ___White
Hispanic/Latino: **(Must select Yes or No)** ___Yes ___No

Emergency Contact/Physician Information – Other than Parent

The Emergency Contact Individuals listed below have authorization to pick up my child and can be reached during school hours at the number listed.

Name: _____ Relationship: _____ Phone: _____
(First) (Middle) (Last)

Name: _____ Relationship: _____ Phone: _____
(First) (Middle) (Last)

Name: _____ Relationship: Physician Phone: _____

Name: _____ Relationship Dentist Phone: _____

Parent/Guardian Information

Primary Household ___Yes ___No Email: _____

Name: _____ Race: _____ DOB: _____ Relationship: _____
(First) (Middle) (Last)

Home Address: _____ Legal Guardian: ___Yes ___No

City, State, ZIP: _____ Lives With: ___Yes ___No

Employer: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State, ZIP: _____ Cell Phone: _____

Household Members: _____
Please list all members in the household.

Did you attend Halifax County Schools? ___Yes ___No Maiden Name: _____

Parent/Guardian Information

Primary Household ___Yes ___No Email: _____

Name: _____ Race: _____ DOB: _____ Relationship: _____
(First) (Middle) (Last)

Home Address: _____ Legal Guardian: ___ Yes ___No

City, State, ZIP: _____ Lives With: ___Yes ___No

Employer: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State, ZIP _____ Cell Phone: _____

Household Members: _____
Please list all members in the Household

Did you attend Halifax County Schools? ___Yes ___No Maiden Name: _____

Parent/Guardian Information

Primary Household ___Yes ___No Email: _____

Name: _____ Race: _____ DOB: _____ Relationship: _____
(First) (Middle) (Last)

Home Address: _____ Legal Guardian: ___ Yes ___No

City, State, ZIP: _____ Lives With: ___Yes ___No

Employer: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State, ZIP _____ Cell Phone: _____

Household Members: _____
Please list all members in the Household

Did you attend Halifax County Schools? ___Yes ___No Maiden Name: _____

Parent/Guardian Information

Primary Household ___Yes ___No Email: _____

Name: _____ Race: _____ DOB: _____ Relationship: _____
(First) (Middle) (Last)

Home Address: _____ Legal Guardian: ___ Yes ___No

City, State, ZIP: _____ Lives With: ___Yes ___No

Employer: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State, ZIP _____ Cell Phone: _____

Household Members: _____
Please list all members in the Household

Did you attend Halifax County Schools? ___Yes ___No Maiden Name: _____

Additional Demographic Information

Under provisions of the Civil Rights Act of 1964, each student's dominate language must be identified. This information is essential in order for schools to provide meaningful instruction.

What is the primary language used in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

In which language do you prefer to receive written communication from the school? _____

In which language do you prefer to receive oral communication from the school? _____

Date of Entry to the US: _____
MM/DD/YYYY

Date of Entry to a US Public School: _____ Date of Entry to a VA Public School: _____
MM/DD/YYYY MM/DD/YYYY

This procedure meets federal requirements for identifying and assessing language minority students in order to provide appropriate instructional support services for those students found to be English language learners. If another language is indicated, other than English, as the primary language in the home, the student will be tested for English language proficiency. Parents or guardians will be informed of the results of the English language proficiency assessment.

Has your family moved within the last 36 months with the purpose to obtain or seek work in agriculture or fishing?___Yes ___No

The student is an immigrant(age 3-21, born outside the US , and have not attended one or more schools in the US for more than 3 full academic years). ___Yes ___No

Homeless: ____No ____Yes(**if yes**, please complete the following questions:)

_____Unsheltered (Living in abandoned buildings, campgrounds and vehicles, space not meant for habitation)

_____Shelters (Living in shelters and transitional housing programs, awaiting foster care placement)

_____Doubled-Up (Living with relatives or friends due to financial hardship)

_____Hotel/Motel (Living in hotel/motel due to a lack of alternative adequate accommodations)

Military Connected Student

_____Student is not Military connected

_____Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services.)

_____Student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, Coast Guard)

_____National Guard Active

_____National Guard Reserve

Family Educational Rights and Privacy Act (FERPA)

Do you grant permission to allow directory information to be shared for non-commercial purposes? (i.e. student's name, address, and phone number to military recruiters or institutions of higher education that request such information)

_____Yes, I give permission for my student's directory information to be shared.

_____No, I do not give permission for my student's directory information to be shared.

Do you grant permission for your student's contact information to be provided to the US Military for the sole purpose of informing students of potential career opportunities? (Grades 11-12)

_____Yes, I give permission for my student's information to be shared with the US Military.

_____No, I do not give permission for my student's information to be shared with the US Military.

Technology

Do you have a computer in your home? ___Yes ___ No

Do you have internet access? ____Home Internet ____Smart Phone

(Select One below)

_____Internet access at home allows for live streaming, classroom instruction, real time interaction with teachers and classmates

_____Internet access at home is available but too slow for live streaming or real time interaction

_____No internet connection available at home for unknown reasons

_____No internet connection at home due to cost of service

_____No internet connection at home due to service availability

_____Check if you will **not allow** your child's picture (without a name) to be displayed on our internet site.

_____Check if you will **not allow** your child to use the internet at school for educational purposes.

Messenger Preferences: (how/reason you would like to be contacted by our phone system)

You may go to Campus Portal to fill out additional phone numbers and email addresses:
https://campus.halifax.k12.va.us/campus/portal/halifax.jsp

Phone Number/Email used for Messenger

Guardian 1 – Phone Number: _____Email: _____

Guardian 2 – Phone Number: _____Email: _____

(Please check options below)

	Emergency	Attendance	Behavior	General	Priority	Teacher
Text	_____	_____	_____	_____	_____	_____
Voice	_____	_____	_____	_____	_____	_____
Email	_____	_____	_____	_____	_____	_____

Health Information

** School nurse/trained personnel may provide basic first aid as needed.**
In case of serious accident or illness at school, your child will be sent to an emergency medical facility.
The parent/guardian is responsible for all expenses.

List any illness or handicap that we should know about: _____

_____

Medical Alerts: _____

Medication: _____

Emergency Comments: _____

_____

It is the responsibility of the parent to contact the school regarding any health care needs that need to be addressed during school hours.

Student Password: _____
Please enter a student password that will be used when a Parent/Guardian calls school. This is for Security.

Transportation Plan

Miles from Home _____

AM Mon Car _____Bus # _____*Address _____

AM Tue Car _____Bus # _____*Address _____

AM Wed Car _____Bus # _____*Address _____

AM Thur Car _____Bus # _____*Address _____

AM Fri Car _____Bus # _____*Address_____

PM Mon Car _____Bus # _____*Address _____

PM Tue Car _____Bus # _____*Address _____

PM Wed Car _____Bus # _____*Address_____

PM Thur Car _____Bus # _____*Address_____

PM Fri Car _____Bus # _____*Address_____

*Address is only needed for bus riders.
Is this a change of your physical/permanent address _____Yes _____No

OR
_____My child drives to/from school daily. (HCHS only)

This transportation plan will be for the entire year. Notes and phone calls will not be accepted for changes to the original plan. Parents must come to the school's office to amend or update the transportation plan. Emergencies will be handled on an individual basis.

Pre-K Experience

Please select from the following:

_____Headstart
_____Public Preschool/Pre-K
_____Private Preschool/Daycare
_____Department of Defense Child Development Program
_____Family Home Daycare Provider
_____No Preschool Experience

Preschool/Pre-K Experience_____
(Facility Name)

Preschool/Pre-K experience facility: _____In State _____Out of State**(please select one)**

Number of hours in Preschool/Pre-K program per week:

_____No time in Preschool/Pre-K program
_____Less than 15 hours per week
_____15-29 hours per week
_____30+ hours per week

School Last Attended:

School Name: _____

Address: _____

The Statement below is to be signed by Parents of Students transferring from another school division. *

I hereby certify that _____is not currently expelled and is eligible to re-enroll
(Student Name)
at the school last attended.

_____ _____
Parent/Guardian Signature **Date**

Failure to provide complete and accurate information will result in the student being removed from Halifax County Public Schools.