

STUDENT INFORMATION SHEET

Emergency Contact Information

Student Name: _____
Last First Middle

With whom does the student reside?

Last

First

Middle

Last

First

Middle

Check which one applies: Parent(s) Legal Guardian(s) Other (Please Specify) _____

Home Address: _____
Street, PO Box, or Route City State Zip

Telephone: _____
Work-include area code Home-include area code

Email Address: _____ Cell: _____

Alternate Emergency Contact Information

Name: _____
Last First Relationship to Student

Address: _____
Street, PO Box, or Route City State Zip

Telephone: _____
Work-include area code Home-include area code

Insurance Information

Provider : _____
Insurance Provider Name Policy Number

Name of Cardholder: _____ Cardholder Date of Birth: _____

Cardholder Social Security Number: _____

Please also upload: **A copy of one picture ID of student (Driver's License, Military I.D., Passport)**
A copy of insurance card(s), front and back
May be a scanned copy or photograph of documents

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Social Security Number Disclaimer

The Virginia Governor's School for Agriculture will, under no circumstances, release any student, parent, or guardian's social security number. This information will be kept confidential at all times except in the event of an emergency regarding the welfare and health of the student.

I have read the above statement and understand that my son/daughter's information will be used only for the intended purposes in the event of an emergency.

Parent Signature

Date

By typing or drawing my signature above, I acknowledge that it is my intent to electronically sign this document and agree to the use of electronic records for the purposes provided herein.”

Special Needs Information

Please write a description of the special needs of your son/daughter. Be sure to list special equipment needs.

Special Dietary Needs

Please list the special diet your son/daughter requires. Be sure to include any food allergies.
