



STUDENT ID # ____ LEVEL ENTERING ____

STUDENT INFORMATION

Student Name _____
First Middle Last
 Student's Nickname _____ Student's Personal Phone (if applicable) (_____) - _____
 Gender: Male Female
 Primary Language Spoken in Home _____ First Language Spoken by Student _____
 Birth Date _____ Birth City & State _____
 Date _____ Student's Address:
 House Number _____ Street Name _____ City _____ State _____
 Zip _____ Home Phone (_____) - _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name _____ Title: Mr. Mrs. Ms. Other: _____
Last First
 Marital Status _____ Relationship to Student _____
 Apt # (if applicable) _____ P.O. Box (if applicable) _____ House Number _____ Street Name _____
 City _____ State _____ Zip _____ Home phone (_____) - _____
 Occupation _____ Employer _____
 Employment Address _____ City _____ State _____ Zip _____
 Business Phone (_____) - _____ Ext # _____ Cell Phone/Beeper (_____) - _____
 E-mail Address _____

Parent/Guardian #2

Name _____ Title: Mr. Mrs. Ms. Other: _____
Last First
 Marital Status _____ Relationship to Student _____
 Apt # (if applicable) _____ P.O. Box (if applicable) _____ House Number _____ Street Name _____
 City _____ State _____ Zip _____ Home phone (_____) - _____
 Occupation _____ Employer _____
 Employment Address _____ City _____ State _____ Zip _____
 Business Phone (_____) - _____ Ext # _____ Cell Phone/Beeper (_____) - _____
 E-mail Address _____

EMERGENCY CONTACT INFORMATION

Contact _____ Person _____ (Other _____ than _____ Parent) _____
 _____ Relationship _____
 _____ Home Phone (____) _____ - _____
 Physician _____ Phone (____) _____ - _____
 Dentist _____ Phone (____) _____ - _____
 Hospital Preference _____

This automated phone notification service will be used in the event of weather-related closings, late openings and early dismissals.
Please provide up to 3 phone numbers (only direct lines will be called; please do not enter numbers that require an extension).

1. (____) _____ - _____ 2. (____) _____ - _____ 3. (____) _____ - _____

ADDITIONAL INFORMATION

Siblings: (Names and Birth Dates):

Please list any additional information of which the school should be aware:

Form Completed by (PLEASE PRINT) _____ Relationship _____
 Signature _____ Date _____

Office Use Only