

Student Information

Student's Legal Name _____
(Last) (First) (Middle) (Preferred)

Social Security Number _____ - _____ - _____ **Birth Date** ____/____/____
(Not required but preferred) (Month) (Day) (Year)

Birthplace _____ **Birth Certificate Number** _____
(City) (County) (State)

Race B = Black H = Hispanic I = American Indian A = Asian W = White **Gender** Male Female
(Circle one) (Circle one)

- Has student ever been expelled or suspended from school? Y N
- Has student ever been in any special education classes? Y N
- Is student eligible for gifted program? Y N

Last School Attended: _____ **Withdrawal Date:** _____

Address of Last School: _____

Residence Information

Physical 911 Address: _____
(Street Address) (City) (Zip Code)

Mailing Address: (if different) _____
(Street Address) (City) (Zip Code)

Home Phone: _____ - _____ - _____ **Cell Phone:** _____ - _____ - _____
(Phone # is required)

Parent/Guardian Information

Child lives with: Father Mother Stepmother Stepmother Legal Guardian (*Legal Papers REQUIRED*)
(Circle all that apply)

Parent #1: _____
(Last Name) (First Name) (Middle) (Relationship)

Address: _____ **Occupation:** _____
(Full if different from student)

Employer: _____ **Work Phone:** _____

Parent #2: _____
(Last Name) (First Name) (Middle) (Relationship)

Address: _____ **Occupation:** _____
(Full if different from student)

Employer: _____ **Work Phone:** _____

Emergency Contact Information

Emergency Contact: _____
(Last Name) (First Name) (Middle) (Relationship)

Address: _____ **Occupation:** _____
(Full if different from student)

Employer: _____ **Work Phone:** _____

Emergency Contact: _____
(Last Name) (First Name) (Middle) (Relationship)

Address: _____ **Occupation:** _____
(Full if different from student)

Employer: _____ **Work Phone:** _____

Medical Information

Current Medical Conditions: _____

Current Medications: _____ **Allergies:** _____