

NEW STUDENT: YES NO

LAST SCHOOL ATTENDED: _____

STUDENT INFORMATION:

LEGAL LAST NAME, FIRST NAME, MIDDLE	SEX	BIRTHDATE	SS#	GRADE

HOME LANGUAGE: _____

MIGRANT: Y N

PARENT /GUARDIAN INFORMATION: (Student lives with)

NAME: _____

RELATIONSHIP: _____

MAILING ADDRESS: _____

HOME PHONE: _____

STREET ADDRESS: _____

MOM CELL: _____

CITY AND ZIP: _____

DAD CELL: _____

PLACE OF EMPLOYMENT: MOM _____

DAD _____

EMAIL ADDRESS: _____

WORK PHONE MOM: _____

WORK PHONE DAD: _____

OTHER: PARENT/GUADIAN IF DIFFERENT ADDRESS THAN ABOVE:

DO THEY WANT MAILINGS: Y N

NAME: _____

RELATIONSHIP: _____

MAILING ADDRESS: _____

HOME PHONE: _____

STREET ADDRESS: _____

CELL PHONE: _____

CITY AND ZIP: _____

WORK PHONE: _____

PLACE F EMPLOYMENT: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

ADDRESS, CSZ: _____

COUNTY YOU LIVE IN (CIRLCE)

BUENA VISTA 11

POCAHONTAS 76

HOME PHONE: _____ CELL PHONE: _____
RELATION: _____

NAME: _____
ADDRESS, CSZ: _____
HOME PHONE: _____ CELL PHONE: _____
RELATION: _____

CALHOUN 13
SAC 81
ETHNICITY (CIRCLE)

- 1 - AM. INDIAN
- 2 - ASIAN/PACIFIC ISLAND
- 3 - HISPANIC
- 4 - BLACK (NON-HISPANIC)
- 5 - WHITE (CAUCASIAN)