
Last Name First Name Middle Name Grade Entity

Gender: Birthdate: Homeroom:

Fed. Race: American Indian: _ Asian: _ Black: _ Native Hawaiian: _ White: Hisp/Lat Ethnicity: _

Birth City: Birth State: Birth Country: Birth County:

Mailing Information

Name:
Address:
City, State, Zip: Home Phone:

Mailing Address:

Parent/Guardian Information

Parent/Guardian #1: Email:
Second Phone #: 3rd Phone #:
Work Location: Relationship of Guardian to Student:

Emergency Contact Information

Emergency Contact 1: Relationship:
Address: Email:
Contact Phone: Secondary:

-Emergency Contact 2: Relationship:
Address: Email:
Contact Phone: Secondary:

Medical Information

Physician: Phone #:
Dentist: Phone #:
Hospital: Phone #:

Alert Information