

NEW STUDENT AND GENERAL DEMOGRAPHIC SHEET

Student Information

(Please print)

Student Name: _____ Grade Entering: _____ Original Year of Grad: _____

Address: _____

Gender:

- Male
 Female

Mailing: _____

Ethnicity:

- White
 Black
 Hispanic
 American Indian/Alaskan
 Asian/Pacific Islander

Date of Birth: ____/____/____ City/State of Birth: _____

Parent/Guardian Information

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child(ren), **UNLESS** a parent has a court order that indicates otherwise. The school **MUST HAVE A COPY OF THE COURT ORDER** on file; or either parent may check the child out of the school with proper identification.

(please print)

Mother's Name: _____ Email: _____@_____._____

Address: (if different than student): _____

Home #: (____)____.____, Cell #: (____)____.____, Work #: (____)____.____x____

Father's Name: _____ Email: _____@_____._____

Address: (if different than student): _____

Home #: (____)____.____, Cell #: (____)____.____, Work #: (____)____.____x____

When neither parent is the guardian, please complete the section below AND provide proper documentation

Guardian 1 Name: _____ Email: _____@_____._____

Address: (street, town, state, zip): _____

Home #: (____)____.____, Cell #: (____)____.____, Work #: (____)____.____x____

Relationship: (check one) Grandparent, Aunt, Uncle, Friend, Neighbor, Other: _____

Guardian 2 Name: _____ Email: _____@_____._____

Address: (street, town, state, zip): _____

Home #: (____)____.____, Cell #: (____)____.____, Work #: (____)____.____x____

Relationship: (check one) Grandparent, Aunt, Uncle, Friend, Neighbor, Other: _____

General Questions

Does your student currently receive Special Education or 504 Services? ____ Yes ____ No

Please list names and ages of siblings: _____

Would you like a second Report Card mailed to non-custodial parent? ____ Yes or ____ No – if yes, which _____

Last school attended (*name, city and state*): _____

Date student left last school attended: ____/____/____

Is your student involved or interested in extracurricular activities? ____ Yes or ____ No – if yes, which _____

May the coach and/or advisor for the extracurricular activity contact your student? ____ Yes or ____ No

Note: it remains the student's responsibility to seek out sign up information for sports or clubs with or without contact

Emergency Contact Information

In the event of an emergency **ONLY** when parents/guardians cannot be reached, please list three people we may contact to pick up your student.

NOTE: This does not represent a list for general dismissals. All dismissals must be approved by a parent/guardian, preferably in writing.

“In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to contact the parties or my child’s physician/dentist listed below and on their health form. The school may also make whatever arrangements seem necessary, including calling an ambulance and transporting my child to the hospital.”

Parent/Guardian Signature: _____ Date: ____/____/____

Contact #1 Name: _____ Phone #: (____)____.____ (circle one) Home/Cell/Work

Relationship: (*check one*) Grandparent, Aunt, Uncle, Friend, Neighbor, Other: _____

Contact #2 Name: _____ Phone #: (____)____.____ (circle one) Home/Cell/Work

Relationship: (*check one*) Grandparent, Aunt, Uncle, Friend, Neighbor, Other: _____

Contact #3 Name: _____ Phone #: (____)____.____ (circle one) Home/Cell/Work

Relationship: (*check one*) Grandparent, Aunt, Uncle, Friend, Neighbor, Other: _____

Please Note:

To enter school you must provide a copy of the student’s last physical exam, dated within one year of entry and a copy of immunizations signed by a health care provider to include:

5 doses of DTP/Dt/DTaP/Td/Tdap ~ with the last dose being within 10 years

4 doses of Polio/OPV/IPV

2 doses of MMR (one dose for 6th grade)

3 doses of Hepatitis B vaccine/HBV/Hep B, if born on or after 1/1/93

1 dose of Varicella (chickenpox) vaccine as reported by healthcare provider or history of chickenpox disease as reported by parent or health care provider (except for 11th and 12th graders).
