STUDENT INFORMATION (K-12)This form is required for new students only

Student Full Name	e (Middle Name required)	Gender	Grade	Birthdate	Race (see key below)	Latino/Hispanic? Yes or No	Birth- Place
Race Key: 5 – Whit	te; 4-Black-African American; 3		slander; 2-A	sian; 1-American Ir	ndian-Alaskan	Native;	
HOME LANGU	AGE SURVEY RECEIV	ED AND COMP	LETED?		_ Yes _	No	
FATHER'S NA	ME			EMPLOYER			
HOME ADDRE	SS						
	ERS						
	Home Phone SS			Work Phone		C	ell Phone
	ME						
	SS (If different)						
PHONE NUMB	ERS			Work Phone			ell Phone
	SS						
EMERGENCY						(C)	- Hard Cord
RELATIONSHII	ncy contacts will be used in ind	ividuai cases of inju	ry or emerge	ency, not in weatne		ts. (Parents WIII be t	called first)
	JIRE BUS TRANSPORT	ATION?			_		
	STUDENT INFO ONLY						
DAY CARE BE	FORE SCHOOL				_ PI	HONE	
DAY CARE AFTER SCHOOL					_ PI	HONE	
PRESCHOOL A	ATTENDED (Y or N):	_ HOW MANY	YEARS _	NAME OF	PRESCHO	OL	
JMC PARENT REQUE	ACCESS ESTED PASSWORD – II	F NOT ALREAD	Y ON FIL	E			
0	D INFORMATION SENT Mother Father	TO:	O O	GUARDIANSH Mother Father		UNCH BALANO	
0	Both		0	Both		cannot be both in	a split family
	Office Use Only	□ ELEME	NTARY	☐ HIGH SCHO	OOL	NURSE	