



PUPIL INFORMATION FORM

THIS FORM IS BEING COMPLETED FOR:

NEW STUDENT TRANSFER STUDENT CURRENT STUDENT INFORMATION CHANGE

FROM SCHOOL/DISTRICT:

IS STUDENT CURRENTLY UNDER SUSPENSION FROM PREVIOUS SCHOOL/DISTRICT?

Yes No

SCHOOL NAME	
HRM/TEACHER	GRADE
OFFICE USE ONLY	ENTER CODE/REASON

STUDENT

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	SUFFIX
PREFERRED LAST NAME	PREFERRED FIRST NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTH DATE
PROOF OF AGE PROVIDED (CHECK ONE) <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> HOSPITAL RECORD <input type="checkbox"/> TRANSCRIPT <input type="checkbox"/> OTHER: <input type="checkbox"/> VISA/GOVERNMENT DOCUMENT <input type="checkbox"/> COURT RECORD <input type="checkbox"/> MISSING			
STUDENT EMAIL ADDRESS		IS THE STUDENT HISPANIC/LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHAT IS THE STUDENT'S RACE? (YOU MUST SELECT ONE OR MORE) <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE			
DO ANY OF THE FOLLOWING APPLY TO THE STUDENT? <input type="checkbox"/> 504 PLAN—DISABILITY ACCOMMODATIONS NOT COVERED BY SPECIAL ED <input type="checkbox"/> SPECIAL ED SERVICES <input type="checkbox"/> ESOL / ELL SERVICES			
STUDENT HOME/PROPERTY ADDRESS		STUDENT MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS)	
STREET # AND NAME	APT #	STREET # AND NAME	APT #
CITY, STATE	ZIP CODE	CITY, STATE	ZIP CODE
LEGAL SCHOOL DISTRICT OF RESIDENCE (BASED ON HOME ADDRESS)			
STUDENT'S PRIMARY PHONE:		STUDENT'S ALTERNATE PHONE:	
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER	

PARENT / GUARDIAN #1

LIVES WITH STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	
RELATIONSHIP TO STUDENT	STREET # AND NAME	CITY, STATE	ZIP CODE	
CHECK ALL THAT APPLY: CONTACT ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO to Custody, Are MAILINGS ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE TO? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PRIMARY LANGUAGE	SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT/GUARDIAN EMAIL	PLACE OF EMPLOYMENT	MILITARY? <input type="checkbox"/> Active <input type="checkbox"/> RES
PRIMARY PHONE : <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED		ALTERNATE PHONE : <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED		ALTERNATE PHONE : <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED

PARENT / GUARDIAN #2

LIVES WITH STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	
RELATIONSHIP TO STUDENT	STREET # AND NAME	CITY, STATE	ZIP CODE	
CHECK ALL THAT APPLY: CONTACT ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO to Custody, Are MAILINGS ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE TO? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PRIMARY LANGUAGE	SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT/GUARDIAN EMAIL	PLACE OF EMPLOYMENT	MILITARY? <input type="checkbox"/> Active <input type="checkbox"/> RES
PRIMARY PHONE : <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED		ALTERNATE PHONE : <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED		ALTERNATE PHONE : <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED

PARENT / GUARDIAN #3

LIVES WITH STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
RELATIONSHIP TO STUDENT	STREET # AND NAME	CITY, STATE	ZIP CODE
CHECK ALL THAT APPLY:			
CONTACT ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO to Custody, Are MAILINGS ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE TO? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PRIMARY LANGUAGE	SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT/GUARDIAN EMAIL	MILITARY? <input type="checkbox"/> Active <input type="checkbox"/> RES
PLACE OF EMPLOYMENT			
PRIMARY PHONE :	ALTERNATE PHONE :	ALTERNATE PHONE :	
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED	

PARENT / GUARDIAN #4

LIVES WITH STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
RELATIONSHIP TO STUDENT	STREET # AND NAME	CITY, STATE	ZIP CODE
CHECK ALL THAT APPLY:			
CONTACT ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO to Custody, Are MAILINGS ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE TO? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PRIMARY LANGUAGE	SPEAKS ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT/GUARDIAN EMAIL	MILITARY? <input type="checkbox"/> Active <input type="checkbox"/> RES
PLACE OF EMPLOYMENT			
PRIMARY PHONE :	ALTERNATE PHONE :	ALTERNATE PHONE :	
<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER <input type="checkbox"/> FAX <input type="checkbox"/> OK TO CONTACT <input type="checkbox"/> UNLISTED	

ADDITIONAL ADDRESSES for Student – FOR CHILDCARE/TRANSPORTATION—ELIGIBILITY TO BE DETERMINED BY THE BOARD OF EDUCATION

STREET # AND NAME	APT	CITY, STATE	ZIP CODE	LOCATION TYPE: <input type="checkbox"/> CHILDCARE <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> OTHER:
STREET # AND NAME	APT	CITY, STATE	ZIP CODE	LOCATION TYPE: <input type="checkbox"/> CHILDCARE <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> OTHER:

EMERGENCY CONTACTS

1	RELATIONSHIP	NAME	HOME PHONE	WORK PHONE	OTHER PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER
2	RELATIONSHIP	NAME	HOME PHONE	WORK PHONE	OTHER PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER
3	RELATIONSHIP	NAME	HOME PHONE	WORK PHONE	OTHER PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER
4	RELATIONSHIP	NAME	HOME PHONE	WORK PHONE	OTHER PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> PAGER

MEDICAL INFORMATION – THE SCHOOL CANNOT BE FINANCIALLY RESPONSIBLE FOR MEDICAL, DENTAL, AMBULANCE, OR HOSPITAL SERVICE.

PHYSICIAN'S NAME	PHYSICIAN'S PHONE	PREFERRED HOSPITAL
DENTIST'S NAME	DENTIST'S PHONE	MEDICAID # (IF APPLICABLE)
ALLERGIES / HEALTH FACTORS / COMMENTS		LIFE THREATENING? <input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT/GUARDIAN SIGNATURE _____ DATE _____