

NORTH HARRISON COMMUNITY SCHOOLS STUDENT INFORMATION – MORGAN ELEMENTARY SCHOOL
PLEASE PRINT - COMPLETE ALL SECTIONS-RETURN FORM TO YOUR CHILD'S SCHOOL

STUDENT INFORMATION				
Student Last Name	First Name	Middle Name	Name Student Goes By	Gender Male Female
Student Grade	Homeroom Teacher K - 6	Student Birth Date	Birth City	Birth State
Previous School			Previous School City	Previous School State
Home Address – <i>Where student lives</i>		City and Zip Code	Home Phone number (_____) _____ - _____	
Mailing Address – <i>If different from home address</i>			City and Zip Code	

SCHOOL TRANSPORTATION		
Morning Pick Up Address – <i>If NOT car rider</i>	City and Zip Code	Bus #
Afternoon Drop Off Address – <i>If NOT car rider</i>	City and Zip Code	Bus #
Additional School Transportation Notes		

CONTACTS – List only parents/guardians who may be contacted and may assume care of the student.

Father/Guardian First Name-Last Name _____
 Student lives with this parent YES NO
 Place of Employment _____ Work Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____
 Other Phone (_____) _____ - _____
 Email Address _____

Mother/Guardian First Name-Last Name _____
 Student lives with this parent YES NO
 Place of Employment _____ Work Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____
 Other Phone (_____) _____ - _____
 Email Address _____

Step-Parent First Name-Last Name _____
 Student lives with this parent YES NO
 Place of Employment _____ Work Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____
 Other Phone (_____) _____ - _____
 Email Address _____

If parents are separated, divorced, deceased, or student lives with a guardian, LIST THE PERSON WHO HAS PRIMARY CUSTODY. Court papers must be provided within two weeks of enrollment to establish custody.

Name _____ Relationship to Student _____

OTHER CONTACTS – List three neighbors or nearby relatives who will assume temporary care of your child if the contacts listed above cannot be reached.

Name _____ Phone (_____) _____ - _____ Relationship _____
 Name _____ Phone (_____) _____ - _____ Relationship _____
 Name _____ Phone (_____) _____ - _____ Relationship _____

PARENT/GUARDIAN SIGNATURE REQUIRED ON OTHER SIDE OF THIS FORM — — — — — ▶

Student Last Name	First Name
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RACE AND ETHNICITY – Note: Both Part 1 and Part 2 of the question must be answered.

Part 1: Ethnicity	Is this individual Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.)
Part 2: Race	What is the individual's race? (Choose one or more) <input type="checkbox"/> American Indian or Alaska Native – origins in any of the original peoples of N. America and maintaining culture through tribal affiliation or community recognition <input type="checkbox"/> Asian – origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent <input type="checkbox"/> Black or African American – origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander – origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> White – origins in any of the original peoples of Europe, the Middle East, or North America

HOME LANGUAGE

A. What is the native language of the student? _____

B. What is the predominant language of the student? _____

C. What language is most often spoken by the student at home? _____

SIBLING INFORMATION – List each brother or sister enrolled at North Harrison Schools

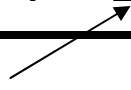
NAME	BUILDING	GRADE

EMERGENCY MEDICAL INFORMATION

Please provide information the school staff should know regarding this student's physical or mental disability		Student's Allergies		
Student's Doctor	Doctor's Address	City	State	Doctor's Office Phone #

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on this form and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Parent/Guardian Signature Required _____ **Date** _____

SIGN HERE 

Office Use Only	Date of Enrollment: / /	Email Student Information	STN Number:
	Book Rental Paid	Birth Certificate Received	Student ID Number:
	Custody Papers	Immunizations Received	Internet AUP Returned
	AM Bus Number:	PM Bus Number:	