

NORTH HARRISON COMMUNITY SCHOOLS STUDENT INFORMATION

PLEASE PRINT – COMPLETE ALL SECTIONS – RETURN TO YOUR CHILD’S SCHOOL

STUDENT INFORMATION			
Last Name	First Name	Middle Name, <i>no initials</i>	Grade
Gender Female Male	Date of Birth	Home Phone Number	Student Cell Phone Number
Home Address – <i>Where student lives</i>		City	Zip code
Mailing Address – <i>If different from home address For Example, P.O. Box</i>		City	Zip Code
Previous School, <i>new enrollments only</i>		City & State of Previous School	Years Attended
CONTACTS – List only parents/guardians who may be contacted and may assume care of the student.			
Mother/Guardian First Name-Last Name		Student lives with this parent YES NO	Home Phone
Address, <i>if different than student's</i>		Is address in the North Harrison School District YES NO	
Place of Employment	Address		
Email Address	Work Phone	Cell Phone	
Father/Guardian First Name-Last Name		Student lives with this parent YES NO	Home Phone
Address, <i>if different than student's</i>		Is address in the North Harrison School District YES NO	
Place of Employment	Address		
Email Address	Work Phone	Cell Phone	
Step-Parent/Guardian First Name-Last Name		Student lives with this parent YES NO	
Place of Employment	Address		
Email Address	Work Phone	Cell Phone	
Step-Parent/Guardian First Name-Last Name		Student lives with this parent YES NO	
Place of Employment	Address		
Email Address	Work Phone	Cell Phone	
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.			
<input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other			
Name	Relationship to Student	Address	
OTHER CONTACTS – List three neighbors or nearby relatives who will assume temporary care of your child if the contacts listed above cannot be reached. This information is very important in case of student illness or injury.			
Last Name	First Name	Phone Number	Relationship to Student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Student Last Name	First Name
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SCHOOL TRANSPORTATION

Morning Bus Number	Bus number if student transfers at Morgan Elementary	Is student a car rider?		
		Always	Sometimes	Never
Morning Pickup Address, <i>if different than home address</i>		Afternoon Drop Off Address, <i>if different than morning pickup</i>		
	Bus #			Bus #
Additional School Transportation Notes				

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:	