

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

STUDENT’S LAST NAME	FIRST NAME	MIDDLE NAME	NICK NAME
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STUDENT’S GRADE	STUDENT’S TEACHER (K – 6 ONLY)	STUDENT’S GENDER _____ MALE _____ FEMALE
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Student’s Birth date _____ Student’s Birthplace City/State _____

Home Address _____

City _____ State INDIANA Zip 47 Home Phone (812) _____ - _____

<i>If your mailing address is different, please complete mailing address section:</i>		
Mailing Address _____	City _____	State <u>INDIANA</u> Zip <u>47</u>

LAST SCHOOL ATTENDED	CITY	STATE	DATES ATTENDED
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Bus #: _____ Directions to Home (continue on back of form if needed) _____

List only those parents/step-parents/guardians who may be contacted and may assume care of student.

Father/Guardian Name _____ Student lives with this parent YES NO

Cell Phone (_____) _____ - _____ Email Address _____

Place of Employment _____ Work Phone (_____) _____ - _____

Mother/Guardian Name _____ Student lives with this parent YES NO

Cell Phone (_____) _____ - _____ Email Address _____

Place of Employment _____ Work Phone (_____) _____ - _____

Step-parent Name _____ Student lives with this parent YES NO

Cell Phone (_____) _____ - _____ Email Address _____

Place of Employment _____ Work Phone (_____) _____ - _____

<i>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.)</i>	
Name: _____	Relationship: _____

List three neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

List each brother/sister enrolled at North Harrison Schools:	
Name _____	School/Grade _____
Name _____	School/Grade _____
Name _____	School/Grade _____
Name _____	School/Grade _____

Babysitter/Daycare Information: _____

Bus # to Babysitter/Daycare: _____

Please provide information the school staff should know regarding this student’s physical or mental disabilities: _____ _____ _____
Student’s Allergies: _____
Student’s Doctor: _____
Doctor’s Office Phone #: _____
Doctor’s Address/City/State: _____

This information is required to be on file at school:
A. First (native) language of the student: _____
B. The language most often spoken at home: _____
C. The language most often spoken by parent: _____
Please Check Student’s Ethnicity:
<input type="checkbox"/> American Indian/Alaskan
<input type="checkbox"/> Black/Non-Hispanic
<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> White/Non-Hispanic
<input type="checkbox"/> Multiracial

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 _____

OFFICE USE ONLY	_____ Book Rental Paid	_____ B/C Received	_____ Immun Received	_____ STN	_____ Permanent Record
	_____ Custody Papers	_____ Internet Access Form	_____ Other _____	_____ Student ID Number	_____ Date of Enrollment