

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

<b>STUDENT INFORMATION</b>				
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	Home Phone number ( ) -	
Mailing Address – <i>If different from home address</i>			City	

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

**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

Place of Employment \_\_\_\_\_ Work Phone ( ) - \_\_\_\_\_

Cell Phone ( ) - \_\_\_\_\_

Other Phone ( ) - \_\_\_\_\_

Email Address \_\_\_\_\_

Father/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 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE REQUIRED ON OTHER SIDE OF THIS FORM** →

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

Student Last Name	First Name
-------------------	------------

**ETHNICITY – Circle one**

- 1 - American Indian/Alaskan      2 - Black/Non-Hispanic      3 - Asian or Pacific Islander  
 4 - Hispanic      5 - White/Non-Hispanic      6 - Multiracial

**HOME LANGUAGE – Circle one**

- A. What is the native language of the student?      English      Spanish      Other \_\_\_\_\_  
 B. What is the predominate language of the student?      English      Spanish      Other \_\_\_\_\_  
 C. What language is most often spoken by the student at home?      English      Spanish      Other \_\_\_\_\_

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

Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____

**EMERGENCY MEDICAL INFORMATION**

Please provide information the school staff should know regarding this students'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** 

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