

# 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		

Parents     
  Mother     
  Father     
  Grandparent     
  Foster Parent     
  Other

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	Address
Email Address		Work Phone	Cell Phone

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:	