

STUDENT INFORMATION SHEET \*\*\* PLEASE PRINT \*\*\* PLEASE PRINT \*\*\*

Legal Name of Child: \_\_\_\_\_ Gender: Male Female  
(last) (first) (middle) (circle one)

Student's Address: \_\_\_\_\_  
(Street Number & Address) (PO Box #) (City) (State) (Zip)

Student's Birth Date: \_\_\_\_\_ Student's Nickname (if any): \_\_\_\_\_  
(month) (day) (year)

Student's Grade in School: \_\_\_\_\_ Student's Social Security Number: \_\_\_\_\_ Attended MC prior Yes No (Circle)

Student's Ethnicity: (Please circle) White/Non-Hispanic American Indian/Alaskan Black/Non-Hispanic Asian or Pacific Islander Hispanic Multiracial

Typical Transportation: Bus # to & from school \_\_\_\_\_ Driver: \_\_\_\_\_

Student's Place of Birth: \_\_\_\_\_  
(city) (state) (country)

Previous School Attended: \_\_\_\_\_  
(school name) (city) (state) (country)

Biological Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(last) (first) (# & street) (city) (state) (zip)

Father's Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
(business name)

Father's Cell Phone: ( ) \_\_\_\_\_  
(work extension #) (city) (state)

Father's E-Mail Address: \_\_\_\_\_ May we send you e-mails: (circle one) Yes No

Biological Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(last) (first) (# & street) (city) (state) (zip)

Mother's Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
(business name)

Mother's Cell Phone: ( ) \_\_\_\_\_  
(work extension #) (city) (state)

Mother's E-Mail Address: \_\_\_\_\_ May we send you e-mails: (circle one) Yes No

\*\*\* Please Complete Other Side \*\*\*

\*\*\*\* **PLEASE PRINT** \*\*\*\*      \*\*\*\* **PLEASE PRINT** \*\*\*\*      \*\*\*\* **PLEASE PRINT** \*\*\*\*

\*\* Parents currently (circle one):      *Married*                      *Divorced*                      *Separated*                      *Mother Deceased*                      *Father Deceased*

2<sup>nd</sup> Mailings Requested to: \_\_\_\_\_  
 (for non-custodial parents only)      (name)                      (relationship to student)                      (address, city, state, zip code)

Guardian(s) or Step-Parent(s): \_\_\_\_\_ Address: \_\_\_\_\_  
 (Circle one)                      (last)                      (first)                      (city)                      (state)                      (zip)

Relationship to student: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
 (business name)

Home Phone: (\_\_\_\_) \_\_\_\_\_ (work extension #) \_\_\_\_\_ (city) \_\_\_\_\_ (state)

Cell Phone: (\_\_\_\_) \_\_\_\_\_

<u>Names of Brothers &amp; Sisters</u>			<u>Date of Birth</u>			<u>Current Age</u>	<u>Grade in School</u>	<u>Check if Sibling Lives with Student</u>
_____ (First)	_____ (Last)	_____ (Male/Female)	_____ (Month)	_____ (Day)	_____ (Year)	_____	_____	_____
_____ (First)	_____ (Last)	_____ (Male/Female)	_____ (Month)	_____ (Day)	_____ (Year)	_____	_____	_____
_____ (First)	_____ (Last)	_____ (Male/Female)	_____ (Month)	_____ (Day)	_____ (Year)	_____	_____	_____
_____ (First)	_____ (Last)	_____ (Male/Female)	_____ (Month)	_____ (Day)	_____ (Year)	_____	_____	_____

**Emergency Phone Contacts and Numbers (NOT student's parents). Please list as many as possible:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Would you like to have the Jr./Sr. High School announcements e-mailed to you daily?     Yes     No

If you answered yes for daily announcements, please print e-mail address you want them sent to: \_\_\_\_\_

**\*\*\*\*\* Please Complete Other Side \*\*\*\*\***