

SOUTH CENTRAL HIGH SCHOOL INFORMATION SHEET

Name: _____
(First) (Complete Middle Name) (Last)

Address: _____ P.O. Box (if any): _____ Township: _____

City: _____ Zip: _____ Grade Level _____

Student's **BIRTH** City: _____ County: _____ State: _____

Social Security #: _____ Date of Birth: _____ Age: _____ Sex: Male: _____ Female: _____

Home Phone: _____ **Absence Phone (if different):** _____

Student's Cell Phone (if any): _____

Previous School: _____

Does student live **more than** 1 1/2 miles from school? YES _____ NO _____

Please list at least 2 emergency contacts:

Child will only be released to those names listed. Please list both names (Tom & Sue) if either can pick up.

1. Emergency Person (other than yourself) _____
Daytime
Phone: _____
2. Emergency Person (other than yourself) _____
Daytime
Phone: _____

Please circle one

Child lives with: Both Mother Father Legal Joint Custody Other (g'parent?) _____

Father's name: _____	Mother's name: _____
Address: _____ (if different from child)	Address: _____ (if different from child)
City: _____ Zip: _____	City: _____ Zip: _____
Home phone (if different): _____	Home phone (if different): _____
Cell #, if any _____	Cell #, if any _____
Employer: _____ Phone: _____	Employer: _____ Phone: _____

Birth Mother's Maiden Name: _____
(Required to assign State ID number)

If applicable (separation/divorce), to whom should additional copies of student's information be mailed?

Name: _____

Address: _____

City: _____ Zip: _____

Signature of Parent/Guardian Date