STUDENT INFORMATION (K-12)This form is required for new students only

Latino/Hispanic

Student Full Name (Mid	dle Name required)	Gender	Grade	Birthdate	Race (see key below)	Latino/Hispanic Yes or No	Birthplace	IEP?
•	lack-African American; 3h					an-Alaskan Native; Yes	No	
FATHER'S NAME				EMPL	OYER			
HOME ADDRESS _								
PHONE NUMBERS								
EMAIL ADDDECC	Home Phone			Work Ph			Cell Phor	ne
HOME ADDRESS (If different)							
PHONE NUMBERS	Home Phone	_		Work Ph	000		Cell Phor	20
EMAIL ADDRESS	Flome Flione						Cell Filol	ie
EMERGENCY CON	TACT							
0 ,	ntacts will be used in individ	dual cases d	of injury or ei	mergency, not		lated events. (Pare	ents will be called fir	st)
RELATIONSHIP				NOTE:	PHONE Bus transpo	rtation not provided	I for Preschool	
	BUS TRANSPORTA	IION? _			. Bas transpo	ridion not provided	11011110011001	
ELEMENTARY STU								
DAY CARE BEFORE	E SCHOOL					PHONE		
DAY CARE AFTER	SCHOOL					PHONE		
PRESCHOOL ATTE (Preschool info	NDED (Y or N): ormation needed only for Ki	HOW MA indergarten	ANY YEAF Students)	RS NA	ME OF PR	ESCHOOL		
JMC PARENT ACC REQUESTE	ESS ED PASSWORD – IF N	NOT ALR	EADY ON	I FILE				
	FORMATION SENT T	O:		GAL GUARI			BALANCE NO	TICES
O Moti O Fath	ner		0	Mother Father			O Mother O Father	
O Both	1		0	Both		cannot	be both in a split	family
Office	e Use Only] EL	EMENTAR)	/	GH SCHOOL	. 🗌 NUF	RSE	