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:_____

Address:_____
(if different from child)
City:_____ Zip:_____

Home phone (if different):_____

Cell #, if any_____

Employer:_____Phone:_____

Mother's name:_____

Address:_____
(if different from child)
City:_____Zip:_____

Home phone (if different):_____

Cell #, if any_____

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