

Student Demographics

2017/2018

Student Name: _____	Address _____	Siblings _____	Medical _____
Last: _____	City: _____	_____	Doctor: _____
First: _____	State: _____ Zip: _____	_____	Phone: _____
Middle: _____	_____	_____	Hospital: _____
Nickname: _____	_____	_____	Blood Type: _____
D.O.B: _____	_____	_____	Permission to Treat? Yes No
SSN: _____	Gender: _____	_____	_____
Hm. Phone: _____	Ethnicity: _____	_____	_____
E-Mail: _____	Grade: _____	_____	_____

Custodial Father's Information

Custodial Mother's Information

Emergency Contact

Emergency Contact

Name: _____	_____	_____	_____
Relationship: _____	_____	_____	_____
Hm. Phone: _____	_____	_____	_____
Work #: _____	_____	_____	_____
Cell #: _____	_____	_____	_____
E-Mail: _____	_____	_____	_____
Occupation: _____	_____	_____	_____
Company: _____	_____	_____	_____
Custody? Yes No	Yes No	Yes No	Yes No
Emergency: Yes No	Yes No	Yes No	Yes No
Receive mailings: Yes No	Yes No	Yes No	Yes No
Address: _____	_____	_____	_____
City: _____	_____	_____	_____
State: _____ Zip _____	_____ Zip _____	_____ Zip _____	_____ Zip _____