

NEW HANOVER COUNTY SCHOOLS

Student Information Form

School Year 2020 - 2021

POR BC ID SR KHA

Pupil #: _____

Entry Date: _____

Enrollment Code: _____

Homeroom/Teacher: _____

STUDENT INFORMATION:

Student Legal Name: _____ Grade: _____
(Last) (First) (Middle) (Preferred First Name)

Sex: M F Birthdate: ____/____/____

Home Address: _____
(Address) (Apartment #)

(City) (State) (Zip) (Home Phone)

Mailing Address (If different from home): _____
(Address) (City) (State) (Zip)

Has student ever attended a New Hanover County School or a school in North Carolina? Yes No NC Student ID # _____
 If yes, which school and when _____

Previous School Enrollment: _____
(School Name) (Address) (City) (State) (Phone) (Fax)

The U.S. Department of Education requires the collection of race and ethnicity data. Please complete the two items below:

ETHNICITY: Are you of Hispanic Latino ethnicity – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture regardless of race? Yes No

RACE: Please check one or more of the racial group(s) with which you identify.

Black or African American Asian Native Hawaiian or Other Pacific Islander White American Indian or Alaska Native

LEGAL PARENT/GUARDIAN:

Relationship: _____

Last Name: _____

First Name: _____

Lives with student? Yes No **If No,**

List address: _____

E-Mail Address: _____

Workplace: _____

US Military

Call this phone 1st: _____ home/work/cell
Circle one

Call this phone 2nd: _____ home/work/cell
Circle one

Call this phone 3rd: _____ home/work/cell

Language Spoken: English Spanish

LEGAL PARENT/GUARDIAN:

Relationship: _____

Last Name: _____

First Name: _____

Lives with student? Yes No **If No,**

List address: _____

E-Mail Address: _____

Workplace: _____

US Military

Call this phone 1st: _____ home/work/cell
Circle one

Call this phone 2nd: _____ home/work/cell
Circle one

Call this phone 3rd: _____ home/work/cell

Language Spoken: English Spanish

EMERGENCY CONTACTS: If Parent/Guardian cannot be reached, my child may be released to the following individuals:

	Name	Relationship	Home #	Workplace	Work #	Cell #	Language Spoken
1.	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> English <input type="checkbox"/> Spanish
2.	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> English <input type="checkbox"/> Spanish
3.	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> English <input type="checkbox"/> Spanish

SIBLINGS ENROLLED IN NEW HANOVER COUNTY SCHOOLS:

1.	_____	_____	_____	_____	_____
	Name	Relationship	Age	School/Grade	M/F
2.	_____	_____	_____	_____	_____
	Name	Relationship	Age	School/Grade	M/F

Please note any medical information and/or family data below (death, divorce, terminal illness in family, child's physical problems, allergies, convulsions, or other information). Medical conditions which would limit your child's participation in school programs require a note from the doctor. (Use additional sheet if necessary)

Parent/Guardian Signature: _____ Date: _____