



Master Pupil Form

Last Name: _____ First Name: _____ Nickname: _____

Address: _____ City: _____ Zip: _____ State: _____

Date of Birth: _____ Birth Place: _____ Age: _____

Social Security Number: _____ Sex: Male Female

Race: American Indian Asian African American Native Hawaiian/Pacific Islander White

Ethnicity: Hispanic Non-Hispanic

Current School: _____ City: _____ State: _____ Grade: _____

High School you are zoned for: _____ City: _____ State: _____

Please check the programs your child is in:

Gifted & Talented Special Education ESL/LEP/Bilingual Section 504 Migrant

*If the appropriate box is not checked, your son/daughter may not receive services.

Parent/Guardian Information

Father/Guardian Name: _____ Phone: _____

Occupation: _____ Employer: _____

Email(s): _____

Mother/Guardian Name: _____ Phone: _____

Occupation: _____ Employer: _____

Email(s): _____

Emergency Information

Emergency Contact(s):

1: _____ Relationship: _____ Phone: _____

2: _____ Relationship: _____ Phone: _____

3: _____ Relationship: _____ Phone: _____

Name of person that has parental permission to pick student up:

1: _____ Relationship: _____ Phone: _____

2: _____ Relationship: _____ Phone: _____

3: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature

Date