



**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**