

MAGOFFIN COUNTY SCHOOLS

Student Information

Student's Name _____ School Year _____

School _____ Date of Birth: _____ Grade _____

Parent(s)/Guardian(s) Name(s) _____

Mailing Address _____

Street Address

City, State, Zip

Home Phone # () _____

Parent/Guardian Cell Phone # () _____

Parent/Guardian Work # () _____

Directions to your home (please give actual directions to your home --- not an address)

Emergency Contact(s) (other than parent) _____

Emergency Phone # (s) _____

Bus Transportation: Bus Driver's Name _____ **Bus #** _____

I have received and read the following information from Magoffin County High School.

- Board Attendance Policy 09.123, No Pass-No Drive Law 159.051, Definitions of truant 159.150, **and** Penalties 159.990
- Suicide Prevention for Teens **and** Internet Safety
- Discipline Guidelines, Dress Code, Bullying Policy, **and** Principal's Newsletter with information about school start/end times and Career/Tech busing for classes

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____