

Grade: 9 10 11 12

Name: Last First Middle M F

Date of Birth: Home Phone: Student's Cell Phone:

P O Box: Address:

City/State/Zip:

Birth City: Birth County: Birth State:

Student Resides With:

Name of school last attended if other than the Cedar Grove – Belgium School District

School Name:

School Address:

PARENT INFORMATION

Father:

Mother:

Address:

Address:

City/State/Zip:

City/State/Zip:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Employer:

Employer:

Work Phone:

Work Phone:

Email Address:

Email Address:

ANSWER 2 PART QUESTION
No, not Hispanic or Latino
Yes, Hispanic or Latino

RACE / ETHNIC CATEGORY

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Asian

Black or African American

White

EMERGENCY INFORMATION

List name and relationship of person(s) who will assume temporary care of your child if you cannot be reached:

Name: Relationship: Phone:

Name: Relationship: Phone:

All information may be released to school personnel on a need-to-know basis.

Parent Signature Date