

ORANGE EAST SUPERVISORY UNION

Blue Mountain Union • Bradford Elementary • Newbury Elementary • Oxbow High School
River Bend Career & Technical Center • Thetford Elementary • Waits River Valley School

STUDENT INFORMATION FORM

STUDENT INFORMATION

Legal Last Name: _____ **Legal First Name:** _____ **Legal Middle Name:** _____

Post Name: _____ **Preferred Last Name:** _____ **Preferred First Name:** _____

Birth Date: _____ **Legal Gender:** Female Male **Grade Level:** _____

Mailing Address: _____ **Town:** _____ **State:** _____ **Zip:** _____

911 Physical Address: _____ **Town:** _____ **State:** _____ **Zip:** _____

Family Primary Phone No.: _____ **Type:** Home Cell

Please check the box if your child receives: IEP/Special Education Services 504 Services

RACE/ETHNICITY INFORMATION

Is your child of Hispanic or Latino origin? Yes No

What races do you consider your child? Mark the one or more races that apply.

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

PREVIOUS SCHOOL INFORMATION

Previous School's Name _____ **City & State** _____ **Years Attended (example: 2021-2022)** _____

FAMILY INFORMATION

Contact phone numbers, address and email addresses will be used to distribute important school and district information. Online access to student records will be provided to each Parent/Responsible Adult listed below.

List in order of priority to contact: Parent/Responsible Adult #1: Lives with student Yes No

(If no, provide full address below) Check to receive mailings

Mother Father Guardian Other (please specify relationship) _____

Last Name: _____ **First Name:** _____

Email Address: _____

Address (if different from student): _____ **Town:** _____ **State:** _____ **Zip:** _____

Mailing Address (if different): _____ **Town:** _____ **State:** _____ **Zip:** _____

Primary Phone No.: _____ **Type:** Home Cell Work

Secondary Phone No.: _____ **Type:** Home Cell Work

Parent/Responsible Adult #2: Lives with student Yes No (If no, provide full address below) Check to receive mailings

Mother Father Guardian Other (please specify relationship) _____

Last Name: _____ First Name: _____

Email Address: _____

Address (if different from student): _____ Town: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Town: _____ State: _____ Zip: _____

Primary Phone No.: _____ Type: Home Cell Work

Secondary Phone No.: _____ Type: Home Cell Work

SIBLINGS (Please list first and last name of each sibling living with student): _____

EMERGENCY CONTACTS

In an emergency, the parent/guardian listed as Responsible Adult #1 will be called first, the Parent/Guardian listed as Responsible Adult #2 will be called second. By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

Name: _____ Relationship to Student: _____

Address: _____

Primary Phone No.: _____ Other Phone No.: _____

Name: _____ Relationship to Student: _____

Address: _____

Primary Phone No.: _____ Other Phone No.: _____

PREKINDERGARTEN STUDENTS ONLY

Pre-K EE Prekindergarten Name: _____

Address: _____ Town: _____ State: _____ Zip: _____

HIGH SCHOOL STUDENTS ONLY

Dual Enrollment Early College

Signature of Parent/Responsible Adult: _____ Date: _____

Office Use Only

Student Name: _____ State ID No. _____

Entry Date: _____ Grade: _____ Teacher/Advisor: _____

AM Bus No.: _____ PM Bus No.: _____ Entered by: _____

National School Lunch Program

Free Reduced Not-Eligible Declined