

Student Demographics

Last Name _____ First _____ Middle _____

DOB: _____

Address: _____

Grade Enrolling _____ School Last Attended _____

Transportation (bus needed) _____

Gender: **M** or **F**

Race __ White__ American Indian __Alaskan Native __ Multiracial __Black or African
American__Native Hawaiian__Asian __Hispanic and Latino

Father or Guardian

Full Name _____

Address _____

Phone _____

Employer _____

Employer Phone _____

Email _____

Mother or Guardian

Full Name _____

Address _____

Phone _____

Employer _____

Employer Phone _____

Email _____

Physician Information

Name _____

Physician Phone # _____

Hospital preference _____

Allergies _____

Medication Name _____

Educational Info

Does your child have an IEP or Individual Education Plan? _____

Educational concerns the teacher needs to be aware of? _____

Student Demographics

Please complete the back of this form.

Emergency Contacts - Must list 3 (other than parent/guardian)

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____
3. Name _____ Relationship _____ Phone _____

Sibling Info (Only enrolled in Shoals Community)

1. Name _____ Grade _____
2. Name _____ Grade _____
3. Name _____ Grade _____

Medical information

Allergies:

Medical conditions:

Additional Comments: _____

Date Completed _____