

NEW HANOVER COUNTY SCHOOLS

High School Student Information Form

School Year _____ - _____

(office use only)

Pupil #: _____

Entry Date: _____

Enrollment Code: _____

Homeroom/Teacher: _____

(Please Print)

STUDENT INFORMATION:

Student Legal Name: _____ Grade: _____
(Last) (First) (Middle) (Preferred First Name)

Student's Social Security Number: _____ - _____ - _____ (Optional) Sex: M F Birthdate: ____/____/____

Ethnic Origin: American Indian Asian Black Hispanic White Multi-Racial

Home Address: _____
(Address) (Apartment #)

(City) (State) (Zip) (Home Phone)

Mailing Address (If different from home): _____
(Address) (City) (State) (Zip)

Has student ever attended a New Hanover County School? Yes No If yes, which school and when _____

Previous School Enrollment: _____
(School Name) (Address) (City) (State) (Phone) (Fax)

LEGAL PARENT/GUARDIAN:

Relationship: _____

Last Name: _____

First Name: _____

Lives with student? Yes No **If no,**
 list address: _____

E-Mail Address: _____

Workplace: _____ Work #: _____

Occupation: _____ US Military

Home #: _____ Cell #: _____

Language Spoken: English Spanish

EDUCATIONAL LEVEL:

High School: Less than 8 Years More than 8 Years GED
 High School Diploma Did Not Graduate

College: Less than 1 yr. 1 yr. 2 yrs. 3 yrs. 4 yrs.
 Junior College Graduate School Trade/Business School

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Relationship: _____

Last Name: _____

First Name: _____

Lives with student? Yes No **If no,**
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EMERGENCY CONTACTS: If Parent/Guardian cannot be reached, my child may be released to the following individuals:

1. _____	_____	_____	_____	_____	_____	_____	Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish
<small>Name</small>	<small>Relationship</small>	<small>Home #</small>	<small>Workplace</small>	<small>Work #</small>	<small>Cell #</small>		
2. _____	_____	_____	_____	_____	_____	_____	Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish
<small>Name</small>	<small>Relationship</small>	<small>Home #</small>	<small>Workplace</small>	<small>Work #</small>	<small>Cell #</small>		

SIBLINGS ENROLLED IN NEW HANOVER COUNTY SCHOOLS:

1. _____	_____	_____	_____	_____
<small>Name</small>	<small>Relationship</small>	<small>Age</small>	<small>School/Grade</small>	<small>M/F</small>
2. _____	_____	_____	_____	_____
<small>Name</small>	<small>Relationship</small>	<small>Age</small>	<small>School/Grade</small>	<small>M/F</small>

Please note any medical information and/or family data below (death, divorce, terminal illness in family, child's physical problems, allergies, convulsions, or other information). Medical conditions which would limit your child's participation in school programs require a note from the doctor. (Use back of form if necessary)

Parent/Guardian Signature: _____ Date: _____

Non-Custodial Parent (Parent Student is Not Living With) _____

(Last)

(First)

Address: _____

(Street)

(City)

(State)

(Zip)

Home # (____) _____

Work#(910) _____

Cell#(910) _____

Student attended 8th grade at _____

Name of School

in _____

County / State

Year

Does your student have a current Individual Education Plan (IEP)? Y / N (Please circle one)

Does your student have a current 504 Plan? Y / N (Please circle one)

Has your student attended school in North Carolina before? _____

If "yes", where: _____

Has your student taken the North Carolina Competency Test? _____

If "yes", where: _____

Has your student taken the North Carolina Computer Skills competency Test? _____

If "yes", where: _____

Did your student take Algebra I or Geometry in **Middle** School? _____

If "yes", where: _____