Revised 3/13		IGHLAND	PIKE REGIONAL SCHOOL 						
STATE ID #	#		FOR OFFICE USE ONLY						
STUDENT	ID #	DATE STA	RTING	COUNSELC	DR				
HOME ROO	OM # HOME ROO	M TEACHER	R OUT	OF DISTRIC	T SCHOOL				
Today's Data		<u>S7</u>	TUDENT INFORMATION						
	Today's Date:								
-		Middle Name:							
Legal Last Na									
Ethnic Code		ease circle	the appropriate Ethnic Code Ethnic Description	e number Ethnic Code	Ethnic Description				
	White/Eurasian, Not Hispanic		Hispanic/Spanish		Asian/Oriental				
2	African American, Not Hispanic	4	American Indian/Alaskan Native		Hawaiian native/other Pacific Islander				
Student Gender:: Male Female Grade Level: Is this child a Special Education and/or Child Study Team student? (Please check one) YESNO									
City Student was Born in: State Student was Born in: Country Student was Born in:									
Name of Previous School:									
PARENT/GUARDIAN INFORMATION (Please check only one of the following) Only English spoken at Home. Only **									
(** Please write the name of the language)									
Grandparents	s, Other (please specify):		s with <i>Both Parents, Mothe</i>						
Last Name:			First Name:						
Title (Please	<i>Check One</i>): Mrs, Ms, M	r, Dr	, Rev						
Parent/Guard	ian Street Address:								
Apartment #:		City:	2	Zip Code:					
Parent/Guard	ian Home Phone #:		Alternate Phone # (cell pho	ne, etc.):					
Parent/Guard	ian Employer Name:								
Work Teleph	one #: ()		Ext.:						

(TO FINISH THE REST OF THE INFORMATION TURN OVER TO THE OTHER SIDE OF THIS PAPER PLEASE)

(CONTINUE PARENT/GUARDIAN (SECOND) INFORMATION)

Parent/Guardian (SECOND)	What is your Relationship	ip to Student:_			
Last Name:		<u>.</u>	First Name:		
Title (Please Check One): Mrs.	, Ms, Mr, Dr.	, Rev			
Parent/Guardian Street Address	:				
Apartment #:	City:		State:	Zip	Code:
Parent/Guardian Home Phone #	:		Alternate Phone # (cell phon	ne, etc.):	
Parent/Guardian Employer Nam	ne:				
Work Telephone #: ()		Ext.:		
	EMERGENCY INFO	RMATION	(other than parent/guardi	an listed above <u>)</u>	
Emergency 1-First Name:			Last Name:		
Relationship to Student:	Gua	rdian has giver	permission for contact to pi	ck up student:	Apartment #:
Home Street Address:					
City:		State:		_ Zip Code:	
Emergency 1-Phone #: (<u>)</u> E	£xt.:	Emergency 1-Phone #: ()	Ext:
Emergency 2-First Name:			Last Name:		
Relationship to Student:	Gua	rdian has giver	permission for contact to pi	ck up student:	Apartment #:
Home Street Address:					
City:		State:		Zip Code:	
Emergency 2-Phone #: (<u>)</u> F	Ext.:	Emergency 2-Phone #: ()	Ext:
	DOCT	OR EMERG	ENCY INFORMATION	<u>/</u>	
Physician's First Name:			Last Name:		
Phone #: ()		Ext.:			
Do you have health insurance?	Yes No	_ If yes, what	is the name of your provider	?	
	PAI	RENT ACCI	ESS INFORMATION		
Please provide an email address				vour child's grad	es attendance and discipline
				your child's grad	es, attendance and discipline.
Parent Name:					
Email Address:			(please print	clearly) **
** The email address above wil	l be your user name and y	ou will receive	a temporary password sent t	to that email.	

Signature of Parent/Guardia	n:
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