



Student Information

2016-2017

Student Information:

LAST NAME		FIRST NAME	MIDDLE NAME	
DATE OF BIRTH: / /		AGE:	STUDENT RESIDES WITH: (CIRCLE ONE)	
		GENDER: MALE OR FEMALE	MOTHER FATHER BOTH GAURDIAN	
ETHNICITY: IS THE STUDENT HISPANIC OR LATINO "SPANISH" ORIGIN? YES OR NO		RACE (CIRCLE ONE OR MORE RACES): AMERICAN INDIAN OR ALASKAN NATIVE ASIAN BLACK OR AFRICAN AMERICAN NATIVE HAWAIIN OR PACIFIC ISLANDER WHITE	STUDENT RESIDES IN WHICH PARISH? LAFOURCHE TERREBONNE ASSUMPTION OTHER (NAME)	
WAS THE STUDENT BORN IN THE US? YES OR NO			IS PRIMARY LANGUAGE SPOKEN IN HOME ENGLISH? YES OR NO	
PHYSICAL ADDRESS:	STREET		CITY	ZIP
MAILING ADDRESS: (IF DIFFERENT FROM PHYSICAL)	STREET		CITY	ZIP

Parent/Guardian Information:

HOME PHONE NUMBER: AREA CODE () -		PARENT EMAIL ADDRESS: (FOR SCHOOL USE) @	
MOTHER/GUARDIAN	NAME:	HER CELL# ()	
	EMPLOYER/OCCUPATION:	HER WORK # ()	
FATHER/GUARDIAN	NAME:	HIS CELL# ()	
	EMPLOYER/OCCUPATION:	HIS WORK # ()	
EMERGENCY CONTACT	EMERGENCY CONTACT PERSON	PHONE NUMBER(S) ()	

Sign In/Out & Carpool Permission List:

TRANSIT BUS: YES OR NO

NAME	PHONE NUMBER
	()
	()
	()
	()
	()
	()
	()
	()

Medical Information: (PLEASE LIST ANY)

ALLERGIES	
MEDICAL CONDITIONS	
MEDICATIONS TAKING	
FAMILY DOCTOR/PHONE	