

STUDENT INFORMATION

19-20 School Year

***MUST GIVE STUDENT'S LEGAL NAME**

Last Name _____ First _____ Middle _____

Street Address _____ City _____ Zip Code _____

1st Contact Name _____ Phone # _____

2nd Contact Name _____ Phone # _____

Sex M Fe (circle) Age ___ DOB ___ / ___ / ___ Name of Child's Public School District _____

If in the Greensburg School District, do you plan to ride the bus? (Must fill out Bus Form) Y N

Any special needs (medical, allergies, etc.) _____

Other information that would be helpful for the teacher _____

FAMILY INFORMATION

Father/Guardian Name _____

Employer _____ Cell Phone # _____ Cell Phone Carrier _____

E-Mail address _____

Mother/Guardian Name _____

Employer _____ Cell Phone # _____ Cell Phone Carrier _____

E-Mail address _____

Church Affiliation _____

Siblings:

Name _____ Sex ___ Age _____

Name _____ Sex ___ Age _____

Name _____ Sex ___ Age _____

Office Use: # _____	Choice Y/N SGO Y/N ISP Y/N 504 Y/N	Language Code:
Student Enrollment Date: _____		Ethnicity Code:
Student Withdrawal Date: _____		Withdrawal Code:
Application Fee: _____	Student Fee: _____	F 100% R 150% 200%