

## STUDENT INFORMATION

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Middle name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Student cell: \_\_\_\_\_  
Student email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Home school: \_\_\_\_\_  
Credits upon entry: \_\_\_\_\_  
Counselor: \_\_\_\_\_  
Enroll date: \_\_\_\_\_ Exit date: \_\_\_\_\_  
Graduation date: \_\_\_\_\_  
SID #: \_\_\_\_\_  
Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Student employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work address: \_\_\_\_\_  
Work phone: \_\_\_\_\_

### MOTHER / FEMALE GUARDIAN

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Marital status: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_  
Custody (circle one): Y N Notes: \_\_\_\_\_

### FATHER / MALE GUARDIAN

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Marital status: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_  
Custody (circle one): Y N Notes: \_\_\_\_\_

### ADDITIONAL INFORMATION

Counselor/Therapist: \_\_\_\_\_  
Probation Off./Diversion/Soc. Worker: \_\_\_\_\_  
**Emergency contact:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Relation:** \_\_\_\_\_  
**Emergency contact:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

### MEDICAL INFORMATION

Tylenol/Ibuprofen allowed: YES NO Initial: \_\_\_\_\_  
Antacid/Coughdrop: YES NO Initial: \_\_\_\_\_  
Physical limitations/medical cond.: \_\_\_\_\_  
List all Rx and dosages: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_