

# MHS STUDENT INFORMATION FORM

## STUDENT INFORMATION:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

First

Middle

Last

Social Security Number: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender (Circle One): Male Female

Date of Birth: \_\_\_\_\_

Place of Birth (STATE): \_\_\_\_\_

Birth Mother's Maiden Name: \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

Cell Phone Number (if available): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from mailing address): \_\_\_\_\_

Is the student receiving Special Education services? (Circle one) Yes No

Hispanic/Latino: (Circle one) Yes No

Race: (Circle all that apply) 1-American Indian 2-Asian 3-Black or African American  
4-Native Hawaiian or Pacific Islander 5-White

### **If the student will be driving to school, please complete the following section:**

Make and Model of Vehicle: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

VIN #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

## PARENT INFORMATION:

Who has **LEGAL CUSTODY** of the student?

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Students who have **any** type of legal documentation regarding custody or guardianship **MUST** have a copy of the documentation on file in school office.

### **Family 1 (Please list the adults in the household in which the student lives):**

1. Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Custody of Student (Circle one) : Yes No Relationship to Student: \_\_\_\_\_

Permission to Pickup Student (Circle one): Yes No

Marital Status (Circle one): Single Married If married, list spouse: \_\_\_\_\_

2. Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Custody of Student (Circle one) : Yes No Relationship to Student: \_\_\_\_\_

Permission to Pickup Student (Circle one): Yes No

Marital Status (Circle one): Single Married If married, list spouse: \_\_\_\_\_

**Continued on back.**

**Family 2 (This section will only be completed if a parent does not live in the household with the child. Please list the adults in the parent's household in which the student does NOT live.)**

1. Name: \_\_\_\_\_  
Mailing Address : \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Custody of Student (Circle one) : Yes No Relationship to Student: \_\_\_\_\_  
Permission to Pickup Student (Circle one): Yes No  
Marital Status (Circle one): Single Married If married, list spouse: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Mailing Address : \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Custody of Student (Circle one) : Yes No Relationship to Student: \_\_\_\_\_  
Permission to Pickup Student (Circle one): Yes No  
Marital Status (Circle one): Single Married If married, list spouse: \_\_\_\_\_

**EMERGENCY CONTACTS**

Please list the people in the order in which they should be contacted if parents are not available.

1. Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Permission to pick up? (Circle one) Yes No

2. Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Permission to pick up? (Circle one) Yes No

**If there are specific persons who CANNOT pick up the student, please list them below and add any necessary notes. If this is court-ordered, documentation must be on file in the school office. If there are circumstances that the school needs to know, please speak to an administrator.**

1. Name \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Court-ordered ? (Circle one) Yes No  
If no, please explain.

2. Name \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Court-ordered ? (Circle one) Yes No  
If no, please explain.

**LAST SCHOOL ATTENDED:** \_\_\_\_\_  
Address, Phone Number, and Fax Number of School: \_\_\_\_\_

**I understand that I must contact the school office immediately anytime changes are made to the information provided on this form.** Parent/Guardian Signature: \_\_\_\_\_