



**ETHNICITY INFORMATION**

Ethnicity Code: \_\_\_\_ (Select a letter from the list below and fill in the blank to the left)

- |                     |                   |                |                                   |                   |
|---------------------|-------------------|----------------|-----------------------------------|-------------------|
| A – American Indian | D – Filipino      | G – Japanese   | J – Span, Cuba, Mex, Puerto Rican | M – Other         |
| B – Black           | E – Hawaiian      | H – Korean     | K – Samoan                        | N – Indo-Chinese  |
| C – Chinese         | F – Part Hawaiian | I – Portuguese | L – White                         | (Camb, Viet, Lao) |

**PARENT/GUARDIAN CONTACT INFORMATION**

**F  
I  
R  
S  
T**

Check One: \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Other (specify) \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Employer's Name

\_\_\_\_\_  
Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)

\_\_\_\_\_  
Address (if different from student's)

Custody of child: Yes \_\_\_\_ No \_\_\_\_ Child lives with this contact: Yes \_\_\_\_ No \_\_\_\_

**S  
E  
C  
O  
N  
D**

Check One: \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Other (specify) \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Employer's Name

\_\_\_\_\_  
Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)

\_\_\_\_\_  
Address (if different from student's)

Custody of child: Yes \_\_\_\_ No \_\_\_\_ Child lives with this contact: Yes \_\_\_\_ No \_\_\_\_

**EMERGENCY INFORMATION**

(Person To Notify In Case Of Emergency Other than First or Second Contact)

Check One: \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Other (specify) \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Employer's Name

\_\_\_\_\_  
Home Phone # Cellular Phone # Pager # Work Phone # (include ext.)

\_\_\_\_\_  
Doctor's Name or Clinic Name Office Phone #

**MISCELLANEOUS INFORMATION**

Does student's father, mother, or guardian work for the Federal Government or work on Federal Property? Yes: \_\_\_\_ No: \_\_\_\_

Is student's father, mother, or guardian an active member of the Armed Services? Yes: \_\_\_\_ No: \_\_\_\_

If yes, enter branch of service: \_\_\_\_\_ Member's Rank: Father \_\_\_\_ Mother \_\_\_\_ Guardian \_\_\_\_

**SCHOOL SUPPLEMENTARY INFORMATION**

Other Children In The Family:

Name	Age	Name	Age
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Parent/Legal Guardian Signature: \_\_\_\_\_

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