

Shalom High School- Student Information Form

Student Name _____ Social Sec. # _____

Address _____ Zip Code _____ Phone # _____

Student Email Address _____ Parent Email Address _____

Date of Birth _____ Gender: M ___ F ___ Are Parents Veterans of currently in U.S. Military? _____

With whom do you presently live? _____ # of members in family? _____

African Amer ___ White ___ Hispanic ___ Am Indian/Alaskan ___ Asian/Pacific Isles ___ Other _____

Are you the parent of any children who live with you? _____ Child(ren)'s name(s) & ages: _____

Daycare Provider _____ Phone # _____ Are you pregnant? _____

List the last school you attended _____ Last day you were there _____

Why did you leave? _____ Do you have a job? _____ If yes, please list employer with address and phone #: _____

Have you ever been on probation? _____ If yes, please list the following information:

Name of P.O.: _____ P.O.'s Phone # _____

List any allergies: _____

In case of emergency, if parent is not available, notify: Name _____

Address _____ Phone # _____

Relation to student _____

Parental Information:

Mother's name _____ Father's name _____

Address _____ Address (if different) _____

Phone # _____ Phone # _____

Place of employment _____ Place of employment _____

Work address _____ Work address _____

Work phone _____ Work Phone _____

_____ I give permission for photos or videos of my child to be used on the school's website or in connection with public relations materials. (Initial if you grant permission)

_____ I give permission for my child to participate in educational field trips approved by the school. (Initial if you grant permission)

I certify that all the information on this form is true. I understand that it has been given in confidence to Shalom High School which would only release information for statistical purposes.

Signature of Parent/ Guardian

Date

Signature of Student

Date