

MECDHH / GBSD
Student Information Form
2019-2020 School Year

Student's Name: _____ **Date Completed:** _____

Full Middle Name (not initial – requirement of Dept. of Educ.): _____

Birth date: _____

Address: _____

Is the individual from one or more of the following races? (Circle at least one):

- American Indian or Alaska Native Asian Black or African American
Hispanic/Latino Native Hawaiian or Other Pacific Islander White

Parent/Guardian Name: _____ Cell Phone: _____

Primary Address: _____ Home Phone: _____
_____ Work Phone: _____

Email Address: _____

****How would you like us to contact you?** _____

Parent/Guardian Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____
_____ Work Phone: _____

Email Address: _____

****How would you like us to contact you?** _____

With whom does the student live? _____

If applicable, who has legal custody? _____

If applicable, please provide MECDHH/GBSD or the School with a copy of the court custody order. Thank you.

IN AN EMERGENCY, PLEASE CALL (when a parent cannot be contacted):

1st Preference: _____ Cell Phone: _____

Relationship to Student: _____ Home P/ _____ Work P/ _____

2nd Preference: _____ Cell Phone: _____

Relationship to Student: _____ Home P/ _____ Work P/ _____