



# TERRY PUBLIC SCHOOLS NEW STUDENT INFORMATION

~~~~~All INFORMATION WILL REMAIN CONFIDENTIAL~~~~~

STUDENT'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_  
FIRST MIDDLE LAST

SOCIAL SECURITY #(Optional): \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_ BIRTH COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ STUDENT'S CELL PHONE: \_\_\_\_\_

MOM'S CELL PHONE: \_\_\_\_\_ DAD'S CELL PHONE: \_\_\_\_\_

PARENTS-GUARDIAN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_ LAST SCHOOL ATTENDED: \_\_\_\_\_

Is your child Hispanic/Latino? (Choose one) \_\_\_\_\_ No, not Hispanic/Latino \_\_\_\_\_ Yes, Hispanic/Latino

What is your child's race: (No matter how you answered the above question, circle one or more race:)

White/Caucasian American Indian or Alaskan Native Native Hawaiian or other Pacific Islander Asian Black or African American

MOM'S EMPLOYER: \_\_\_\_\_ DAD'S EMPLOYER: \_\_\_\_\_

MOM'S WORK PHONE: \_\_\_\_\_ DAD'S WORK PHONE: \_\_\_\_\_

MOM'S WORK CELL PHONE: \_\_\_\_\_ DAD'S WORK CELL PHONE: \_\_\_\_\_

WHO WILL STUDENT RESIDE WITH WHILE ATTENDING SCHOOL: \_\_\_\_\_

SIBLINGS NAMES & AGES: \_\_\_\_\_

EMERGENCY CONTACT & EMERGENCY PHONE #: \_\_\_\_\_

WILL YOUR CHILD BE RIDING THE BUS? \_\_\_\_\_ IF SO, HOW MANY MILES? \_\_\_\_\_

EMERGENCY HOUSING (IF BUSES DO NOT RUN): \_\_\_\_\_

HEALTH CONDITIONS (circle & describe any that apply):

Contact/Glasses Diabetes Asthma Frequent Ear Infections Hearing Aids Syndromes

Seizures Kidney Trouble Arthritis Heart Condition Epi-pen Other: \_\_\_\_\_

Describe: \_\_\_\_\_

ALLERGIES/FOOD ALLERGIES: \_\_\_\_\_

Has had health conditions resulting in emergency? (Describe) \_\_\_\_\_

Current Prescribed Medications: \_\_\_\_\_

Has your child ever been suspended or expelled from school? \_\_\_\_ Yes \_\_\_\_ No If yes, give date, school, incident: \_\_\_\_\_

PREVIOUS LEARNING NEEDS: (Check if applicable) \_\_\_\_\_ 504 \_\_\_\_\_ Resource (Sp. Ed.) \_\_\_\_\_ Title 1

\_\_\_\_\_ Speech Therapy \_\_\_\_\_ Gifted & Talented \_\_\_\_\_ Other: \_\_\_\_\_

OTHER INFORMATION TO AID YOUR CHILD IN THE TRANSITION OF CHANGING SCHOOLS: \_\_\_\_\_

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