



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: _____