

# TCHS 2017-18 STUDENT INFORMATION FORM

**STUDENT INFORMATION: (please print)**      CHECK THE BOX IF THIS HAS CHANGED FROM 2016-17 SCHOOL YEAR

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Mailing Address: (street/apt.) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Student lives with: \_\_\_Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other (explain) \_\_\_\_\_

Ethnicity (must choose one) \_\_\_Hispanic/Latino \_\_\_NOT Hispanic/Latino

Circle ALL that apply: White/Black or African American/Asia/American Indian or Native Alaskan/Native Hawaiian or Pacific Islander

Person identifying student's race: \_\_\_Parent/Guardian \_\_\_Child \_\_\_Observer \_\_\_Self

**PARENT/GUARDIAN INFORMATION: \_\_\_Parent \_\_\_Foster Parent \_\_\_Legal Guardian**

Father/Guardian Information:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother/Guardian Information:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Is there a court order restricting either parent access to the student? \_\_\_Yes \_\_\_No (If yes please provide copies of court papers)

**EMERGENCY CONTACT INFORMATION:**

Name /Relationship	Home Phone #	Cell Phone #

**TRANSPORTATION INFORMATION:**

Transported to school by bus:

\_\_\_Morning & Afternoon \_\_\_ Morning Only \_\_\_ Afternoon Only    Bus # \_\_\_\_\_

\_\_\_Not Transported by bus

**STUDENT PICK UP INFORMATION:**

**NOTE: Anyone (other than parents/guardians) not listed below will NOT be allowed to pick up this student.**

Name	Home Phone #	Cell Phone #

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date