

# Pupil Information Card

<b>Student ID Number:</b>		
<b>Student Last Name:</b>	<b>Sex:</b>	
<b>Student First Name:</b>	<b>Place of Birth:</b>	
<b>Student Middle Name:</b>		
<b>Birth Date:</b>		
<b>Grade Entering:</b>	<b>Entry Date:</b>	
<b>Health Alert:</b>		
<b>Social Security Number:</b>		
<b>Parent(s)/Guardian(s):</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>		
<b>Parent(s)/Guardian(s) e-mail address:</b>		
<b>Father's Name:</b>		
<b>Father's Cell Phone Number:</b>		
<b>Father's Work Place:</b>	<b>Father's Work Phone:</b>	<b>Ext.:</b>
<b>Mother's Name:</b>		
<b>Mother's Cell Phone Number:</b>		
<b>Mother's Work Place:</b>	<b>Mother's Work Phone</b>	<b>Ext.:</b>
<b>Emergency Contact 1:</b>		
<b>Emergency Relationship:</b>		
<b>Emergency Phone Number:</b>		
<b>Emergency Contact 2:</b>		
<b>Emergency Relationship:</b>		
<b>Emergency Phone Number:</b>		
<b>Doctor's Name:</b>	<b>Doctor's Phone Number:</b>	
<b>Hospital Preference:</b>		
<b>Sitter's Name:</b>		
<b>Sitter's Phone:</b>		
<b>Non-Custodial (N-C) Parent:</b>		
<b>N-C Parent's Street Address:</b>		
<b>N-C Parent's City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>N-C Parent's Phone:</b>		
<b>Choose a ethnic background:</b> (Please circle your ethnicity) White      Black      Hispanic      Asian/Pacific Islander      Native American		
<b>Does the child speak a language other than English?</b> (Please circle yes or no)    YES    or    NO		
<b>Which language other than English is spoken in daily interaction in the student's home?</b> _____		