

# AMERICUS SUMTER HIGH SCHOOL



805 HARROLD AVENUE AMERICUS, GEORGIA 31709

Phone (229) 924-3653 Fax (229) 931-8615

Mr. Kimothy Hadley, Principal  
Mr. Todd Vickery, Asst. Principal

Mrs. Rosemary Jones, Asst. Principal  
Mr. William Bell, Asst. Principal

## Student Information Sheet

Student's Full Name \_\_\_\_\_ 9<sup>th</sup> grade entry \_\_\_\_\_ Grade \_\_\_\_\_  
Social Security# \_\_\_\_\_ Ethnic Code \_\_\_\_\_ Sex \_\_\_\_\_  
Birthplace \_\_\_\_\_ Birth date \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Physical Address (if above is a P.O. Box) \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

## Family Information

Mother's Name \_\_\_\_\_ Home Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell/Alternate Phone# \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell/Alternate Phone# \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Guardian's Name (if different from Mother/Father- legal custody) \_\_\_\_\_  
Guardian's Relationship to Student \_\_\_\_\_  
Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_  
In case of emergency, contact \_\_\_\_\_ Phone # \_\_\_\_\_  
Illness, allergies, or physical health problems \_\_\_\_\_

**Check- Out Information to be completed by PARENT/LEGAL GUARDIAN**

**Please be advised:** Anyone checking students out of school must be listed on the student's information sheet and able to provide a pictured ID. This will ensure that only authorized individuals are checking out your student. Please provide three additional contacts other than yourself that may check your child out if you are unable to do so. The information on this sheet is NOT valid without a parent/legal guardian's signature.

STUDENT'S NAME: \_\_\_\_\_

**CONTACT ONE:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**CONTACT TWO:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**CONTACT THREE:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/legal guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_