

BETHEL HIGH SCHOOL DEMOGRAPHIC ENROLLMENT FORM

Date _____

Name _____
Last First Middle

Social Security Number _____ City/State of Birth _____

Grade _____ Sex _____ Date of Birth _____ Age _____
MM/DD/YR

Ethnic Code (**please circle ONE**) 1. Black 2. Native American 3. Hispanic 4. Asian
5. Pacific Islander 6. White

If Indian Descent: Tribe _____ Side of Family _____ Roll # _____

Last School Attended _____

Student Cell Phone _____ Student Vehicle Make _____

Vehicle Model _____ Vehicle Color _____ Vehicle Year _____ Vehicle Tag _____

(If additional vehicles will be driver, please write the information on the back page bottom.)

Parent/Guardian #1 (with whom STUDENT RESIDES) (Joint custody parent on next page)

Please circle one - Dad Mom Step Parent Guardian's Information

Name _____

Physical Address _____

City/State/Zip _____

Approximate distance from school _____ miles

Mailing Address if different -

City/State/Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Work Place _____ Work Phone _____

Is this Government Job? _____ Is this Military? _____ Do you live on Indian Land? _____

Please Check One:

Both Parents _____

Father _____

Mother _____

Guardian _____

Relationship of
Guardian

Please circle one - Spouse Dad Mom Step Parent Guardian's Information - Name _____

Home Phone _____ Cell Phone _____ E-mail _____

Work Place _____ Work Phone _____

Is this Government Job? _____ Is this Military? _____ Do you live on Indian Land? _____

Bus Rider? Yes No Everyday Sometimes AM PM BOTH **If yes, Bus Number** _____

Please circle correct responses above

Parent/Guardian #2 (IF Joint Custody Parent – Student NOT LIVING WITH)

Parent/Guardian #3 – (NOT living with) IF Applicable

Name _____ Please Check One:
Mother _____
Address _____ Father _____
Both Parents _____
City/State/Zip _____ Guardian _____
Relationship of Guardian _____
Home Phone _____ Cell Phone _____ E-mail _____
Work Place _____ Work Phone _____
Is this Government Job? _____ Is this Military? _____ Do you live on Indian Land? _____

Emergency Contacts – can pick up

Other than PARENTS (who are called first), list at least two (2) people authorized to be called in case of an emergency or to pick up student from school: (If these people are different from what is already on the students list, do you want the previous person(s) deleted. ____ Yes or ____ No)

1. _____
Name Relationship to Student Phone
2. _____
Name Relationship to Student Phone

(If more contacts are needed, add their names and numbers on the back of this sheet.)

NO contact

Please name any person that is NOT to have any access to this student.

1. _____
Name Relationship to Student Phone
2. _____
Name Relationship to Student Phone

Siblings

Sibling(s) attending Bethel Public Schools.

1. _____
Name Relationship to Student Grade
2. _____
Name Relationship to Student Grade

COUNSELOR INFORMATION - PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is this student in foster care? Yes No
2. Has this student received special services at his/her former school: Yes No
If yes, please list below (continue on back if necessary):