

# EAST UNION COMMUNITY SCHOOL 2016-2017

Student Name _____	Grade _____	Advisor _____
--------------------	-------------	---------------

Date of Birth _____	Gender _____
---------------------	--------------

Health Insurance:  None  Medicaid (Title 19)  Private  Hawk I  
(mark one)

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

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

Work Phone1 _____	WkPh1 Descr _____	
Work Phone2 _____	WkPh2 Descr _____	
Cell Phone1 _____	CPH1 Descr _____	
Cell Phone2 _____	CPH2 Descr _____	

Email \_\_\_\_\_

Emergency/Medical contact (in case parent/guardian cannot be reached). Please list someone you do not normally go shopping with or leave town with.

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

Address: \_\_\_\_\_

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

**RACE - ETHNICITY**

(Please mark one)  
Hispanic-Latino  YES  NO

(Please mark ALL that apply)

American Indian - Alaskan Native

Asian

Black-African American

Hawaii/Pacific Islander

Caucasian

**SPECIAL PERMISSION - The above named pupil may participate in:**

School sponsored activities/field trips  Yes  No

Web-site photo/name permission  Yes  No

Newsletter photo/name permission  Yes  No

Do you have access to the internet?

Home  Yes  No

Work  Yes  No

Please use this space to inform us of any special information we may need to know to serve and protect your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature _____	Date _____
---------------------------------	------------