

EAST UNION COMMUNITY SCHOOL 2017-2018

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

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 _____