

Hamilton Community Schools
Student Demographic Information

23-24 School Year

Enrollment Date: _____ Grade: _____ Teacher: _____

Student Last Name: _____ Student First Name: _____

Student Middle Name: _____ Gender (M/F): _____ Ethnicity: _____

DOB: _____ Place of Birth: _____

Student Social Security #: _____ Home Phone Number: _____

Street Address: _____ P.O. Box: _____

Street Address Line 2: _____

City: _____ State: _____ Zip Code: _____

County: ___ Steuben ___ DeKalb Other: _____ Township: ___ Otsego ___ Richland ___ Franklin Other: _____

Parent/Guardian 1 Name: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Employer Phone: _____

Email Address: _____

Parent/Guardian 2 Name: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Employer Phone: _____

Email Address: _____

Resides With (mark all that apply): ___ Both Parents ___ Mother Only ___ Father Only ___ Mother/Stepfather
___ Father/Stepmother ___ Grandparents ___ Foster Parents ___ Guardian ___ Other: _____

Legal Custody/Guardianship papers on file? ___ Yes ___ No NA

Emergency Contacts (people other than those already listed above):

Name:	Relationship:	Phone #:	Cell Phone Y/N
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Hospital Preference: ___ Cameron ___ DeKalb ___ Parkview ___ Lutheran ___ St. Joe Other _____

List names and ages of all siblings in the home:

It is your responsibility to notify us in writing of any changes in regards to this information. Information on this sheet will be considered current unless otherwise notified.

Parent/Guardian Signature:

Date: