

2019-2020
Hamilton Community Schools
Student Demographic Information

Enrollment Date: _____ Grade: _____ Teacher: _____

Student Last Name: _____ Student First Name: _____

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

DOB: _____ Place of Birth: _____

Student Social Security #: _____ Home Phone Number: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

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

Mother/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Employer Phone: _____

Email Address: _____

Father/Guardian 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: _____