

2020-2021  
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: \_\_\_\_\_