

ARMSTRONG TOWNSHIP HIGH SCHOOL
STUDENT DATA FORM

DATE: _____ BIRTHDATE: _____ SS#: _____

NAME: _____
Last First Middle

ADDRESS: _____
Town Zip

TELEPHONE: _____ LAND _____ SCHOOL DISTRICT: _____ ARMSTRONG
_____ CELL _____ POTOMAC

EMAIL ADDRESS(Parent): _____

LAST SCHOOL ATTENDED: _____

LIVING WITH: _____ MOTHER _____ FATHER & MOTHER
_____ FATHER _____ OTHER _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

GUARDIAN'S NAME: _____

The following information on military service is requested on a voluntary basis.

Does the student being enrolled have a parent or guardian who is a member of a branch of the armed forces of the United States? _____ Yes _____ No

If so, is this parent or guardian deployed to active duty or expects to be deployed to active duty during the school year? _____ Yes _____ No

IS YOUR NON-CUSTODIAL PARENT TO RECEIVE COPIES OF GRADE REPORTS? _____ YES _____ NO

OCCUPATION OF FATHER: _____ WHERE: _____

FATHER'S CELL PHONE: _____ WORK PHONE: _____

OCCUPATION OF MOTHER: _____ WHERE: _____

MOTHER'S CELL PHONE: _____ WORK PHONE: _____

OCCUPATION OF GUARDIAN: _____ WHERE: _____

GUARDIAN'S CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT #1: _____
Name Relationship Phone Number

EMERGENCY CONTACT #2: _____
Name Relationship Phone Number

DOCTOR: _____
Name Telephone Number

HEALTH OR MEDICAL PROBLEMS (ALLERGIES, HEARING LOSS, ETC) OF WHICH THE SCHOOL SHOULD BE AWARE: