## GENERAL STUDENT INFORMATION

GRADE:		**************************************	DATE ENTERED:				
FIRST NAME:		MIDDLE	_ MIDDLE NAME:			LAST NAME:	
SSN#		BIRTH DAT	E:	:AGE:		GENDER (CIRCLE ONE) M OR	
				911 ADD			
		COUNTY YOU RESIDE IN:			(CLEBURNE, WHITE, WHITE)		
FATHERS'S NAME:	HOME #:				CELL #:		
	WORK #:						
		HOME #:					
	Work						
PHONE # FOR AUTOM	IATIC CALL SYSTE	M (CLOSING/EA	RLY DIS	MISSAL):	_		
WHO IS STUDENT LIVE							
D – FATHER & STEPMOTHER E – MOTHER & STEPFATHER		F – FATHER I – INSTITUTION G – GRANDPARENTS L – LEGAL GUARD H – HOMELESS M – MOTHER ONL		N S – SPOUSE T – FOSTER PARENT			
EMERGENCY CONTACT	16				PHONE NUMBER		
ETHNICITY  HISPANIC NON-HISPANIC	PRIMARY RACE AMERICAN INDIANASIANBLACKHISPANICWHITE		ASIAN BLACK HISPANIC WHITE			LANGUAGE SPOKEN IN HOME:	
						ENTRY DATE IF NOT US CITIZEN  IS STUDENT MLITARY DEPENDENT	
	NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ÉR		
METHOD OF TRANSPOR	BUS		DRIVES SELF		PARENT/GUARDIAN		
DO YOU HAVE REQUEST! IS STUDENT UNDER EXPL	(S) CONCERNING JLSION OR IN EX	CORPORAL PU	NISHME EEDINGS	NT POLICY? YES / NO FROM HIS/HER SCH	0013.7	/ES / NO	
IST BROTHERS/SISTERS:			<del></del>			T WHO CAN CHECK YOUR CHILD OUT	