

Hasbrouck Heights Public Schools
Student Information

First Name: _____	Address: _____	Birthplace City: _____
Middle Name: _____	City/State/Zip: _____	Birthplace State: _____
Last Name: _____	Gender: _____	Birthplace Country: _____
Birthdate: _____	Ethnicity: _____	Secondary Language: _____
Home Phone: _____	Siblings: _____	_____

Mother's Information	Father's Information
Salutation: _____	Salutation: _____
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Last Name: _____	Last Name: _____
Marital Status: _____	Marital Status: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Additional Emergency Contact: Name: _____	Relation: _____ Cell Phone: _____
	Work Phone: _____ Home Phone: _____
Additional Emergency Contact: Name: _____	Relation: _____ Cell Phone: _____
	Work Phone: _____ Home Phone: _____
Additional Emergency Contact: Name: _____	Relation: _____ Cell Phone: _____
	Work Phone: _____ Home Phone: _____

Are there any restraining orders and/or divorce agreements that apply to this child? YES NO (if yes, please attach)

Student Lives With: Both Parents Mother Father Guardian

Parent/Guardian Signature: _____