STUDENT DATA SHEET

NEW HORIZONS ELEMENTARY SCHOOL

	emic year.	Developino	Developing leaders one child at a time!	
he information below will be used for the vill not be released to outside agencies.	NHES Directory and		,	
Student		□ _{Male}		☐ Female
ull name		G	oes by	
First Middle	Last		-	
failing Address			·	
			State	Zip
hone Number (main contact number)				
ate of Birth	Preferred E-mail	Address		
tudent lives with: ☐ Parent 1 ☐ Parent 2 arent 1 Information:				
			Preferred Nam	
ome Address (If different from applicant)	Street	City	State	Zip
ome Phone (If different from applicant)				
ccupation				
arent 2 Information:	Last Na	me	Р	referred Name
ome Address (If different from applicant)				
			State	
				Zip
ome Phone (If different from applicant) _		Cell Phone		
ome Phone (If different from applicant) _ ccupation mergency Contact Information the parents are not available, please list	 _ Employer ON	Cell Phone		
ome Phone (If different from applicant) _ ccupation Emergency Contact Information the parents are not available, please list ituation. These contacts MUST be local.	EmployerON at least two persons th	Cell Phone		
ome Phone (If different from applicant) _ ccupation mergency Contact Information the parents are not available, please list tuation. These contacts MUST be local. Contact #1: First Name	Employer ON at least two persons th	Cell Phone	acted in a	an emergency
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come Phone (If different from applicant) Emergency Contact Information the parents are not available, please list ituation. These contacts MUST be local. Contact #1:	Employer ON at least two persons th Last Nar Relationship to Stud	Cell Phone at should be cont	acted in a	an emergency
Iome Phone (If different from applicant) Decupation Emergency Contact Information the parents are not available, please list ituation. These contacts MUST be local. Contact #1:	Employer On at least two persons th Last Nan Relationship to Stud	Cell Phone	acted in a	an emergency

Please Turn Over - Fill Out Back Side of Form ————

Student Health information

Please describe <u>all</u> physical disabilities, conditions, illnesses, convulsive disorders, allergies or sensitivities that NHES personnel should be aware of.				
Parent Signature	Date			