

# STUDENT DATA SHEET

# NEW HORIZONS ELEMENTARY SCHOOL

For grade \_\_\_\_\_ in the 20\_\_\_\_ - \_\_\_\_ academic year.

*Developing leaders one child at a time!*

The information below will be used for the NHES Directory and will not be released to outside agencies.

## Student

Male  Female

Full name \_\_\_\_\_ Goes by \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone Number (main contact number) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Preferred E-mail Address \_\_\_\_\_

Student lives with:  Parent 1  Parent 2  Both Parents  Relative\Guardian \_\_\_\_\_

Parent 1 Information: \_\_\_\_\_  
First Name Last Name Preferred Name

Home Address (If different from applicant) \_\_\_\_\_  
Street City State Zip

Home Phone (If different from applicant) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Parent 2 Information: \_\_\_\_\_  
First Name Last Name Preferred Name

Home Address (If different from applicant) \_\_\_\_\_  
Street City State Zip

Home Phone (If different from applicant) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

## Emergency Contact Information

If the parents are not available, please list at least two persons that should be contacted in an emergency situation. These contacts **MUST** be local.

1. Contact #1: \_\_\_\_\_  
First Name Last Name

Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

2. Contact #2: \_\_\_\_\_  
First Name Last Name

Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

*Please Turn Over - Fill Out Back Side of Form* →

# Student Health information

Please describe all physical disabilities, conditions, illnesses, convulsive disorders, allergies or sensitivities that NHES personnel should be aware of.

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_