

East Union Community School 2022-2023

Students' Name - First, Middle, Last

Grade

Advisor

Date of Birth

Gender

Health Insurance: \_\_\_None \_\_\_Medicaid (Title 19) \_\_\_Private \_\_\_Haw I (mark one)

Parent/Guardian Name

Address

City, State Zip

Home Phone

Work Phone1

WkPh1 Descr

Work Phone2

WkPh2 Descr

Cell Phone1

CPh1 Descr

Cell Phone2

CPh2 Descr

Email

Emergency/Medical contact (in case parent/guardian cannot be reached). Please list someone you do not normally go shopping with or leave town with.

Name:

Address:

Phone:

RACE - ETHNICITY

(Please mark one)

Hispanic-Latino \_\_\_YES \_\_\_NO

(Please mark ALL that apply)

\_\_\_American Indian - Alaskan Native

\_\_\_Asian

\_\_\_Black-African American

\_\_\_Hawaii/Pacific Islander

\_\_\_Caucasian

Please use this space to inform us of any special information we may need to know to serve and protect your child:

Four horizontal lines for providing special information.

Parent/Guardian signature

Date