

2017-2018

Date: \_\_\_\_\_

**JR/SR HIGH SCHOOL STUDENT DEMOGRAPHIC INFORMATION**

Student Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ P. O. Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_

Student E-Mail Address: \_\_\_\_\_

Student Social Security #: \_\_\_\_\_ Gender: M/F

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade Attending this year: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Ethnic Group: (1) American Indian/Alaskan (2) Black/Non Hispanic (3) Asian-Pacific Islander (4) Hispanic (5) White/Non Hispanic (6) Multiracial

County: Steuben/DeKalb/Other: \_\_\_\_\_ Township: Otsego/Richland/Franklin

Father/Guardian Name: \_\_\_\_\_ Home/Cell# \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone#: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home/Cell# \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone#: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

Emergency Contact (someone other than those already listed and relationship): \_\_\_\_\_

\_\_\_\_\_ Phone# \_\_\_\_\_

Resides with: (0) Lives Alone (1) Both Parents (2) Mother Only (3) Father Only (4) Mother/Step-Father (5) Father/Step-Mother (6) Grandparents (7) Other Relation (8) Foster Parents (9) Guardian (B) w/boyfriend (H) w/husband (0) Other

Hospital preference: (1) Cameron (2) DeKalb (3) Parkview (4) St. Joe (5) Lutheran