NEW HANOVER COUNTY SCHOOLS

Student Information Form School Year 2020 - 2021

Pupil #:	
Entry Date:	
Enrollment Code:	

POR BO	ID SR K	<u> HA</u>		Homeroom/	Teacher:	
STUDENT INFORMATION:					0 1	
Student Legal Name:(Las	t) (First)	(M	iddle) (Preferi	red First Name)	. Grade:	
Sex:	:/		* ************************************	enderstein normatische State (1994)		
Home Address:						
Nome Address.	(Address)			(Apartment	:#)	
(0	N. 30 - 20		(State)	(Zip)	(Ho	ome Phone)
Mailing Address (If different from	home):(Address)		(City)	(St	ate)	(Zip)
Has student ever attended a New If yes, which school and when	Hanover County School or a sc	hool in North C	arolina?			
Previous School Enrollment:						
	ool Name) (Addr		(City)	(State)	(Phone)	(Fax)
The U.S. Department of Education	requires the collection of race a	nd ethnicity dat	ta. Please complete the to	wo items below:		
ETHNICITY: Are you of Hispanic Lati	no ethnicity – a person of Cuban, M	exican, Puerto Ric	an, South or Central America	an, or other Spanish	n culture regardless	of race? Yes No
RACE: Please check one or more of the	ne racial group(s) with which you ide	entify.				86
	rican American 🗆 Asian 🗖 Nativ	15	ner Pacific Islander 🔲 White	American Ind	lian or Alaska Nativ	e
LEGAL PARENT/GUARDIAN:			LEGAL PARENT/GUA			
Dolotionakia			1			
Lact Name:		- 1-112-11-90-0-114-1	Last Nieses			
First Name:	341		000AB 1999ABB			
OCHMICTRE MINISTERIO FOR	1		First Name:		* 2017-201-201	
Lives with student? ☐ Yes ☐	TO A SA CONTRACTOR OF THE SA C		Lives with student?		If No,	
			List address:			
E-Mail Address:			E-Mail Address:			
Workplace:		the contract of the contract o	Workplace:		****	
US Military			US Military 🔲			
Call this phone 1st:	home/wo	rk/cell	Call this phone 1st:			home/work/cell
Call this phone 2 nd :	Circle		74			Circle one
	Circle		Call this phone 2 nd :			_ home/work/cell Circle one
Call this phone 3 rd :	home/wo		Call this phone 3 rd :			_home/work/cell
Language Spoken: 🗌 E	nglish 🗆 Spanish		Language Sp	ooken: 🗆 Englis	sh 🏻 Spanish	
EMERGENCY CONTACTS: If F	Parent/Guardian cannot be reac	hed, my child m	nay be released to the following	lowing individual	s:	
		- 19. • 0.5 19. • 0 200000000000000000000000000000000000	a. October or contract of some new	52.02.00. 3 10.12.00.00		Language Spoken
Name	Relationship	Home #	Workplace	Work #	Cell #	English Spanish
	Relacionship	Home #	Workplace	WOIK #	Cell #	Language Spoken
2				· · · · · · · · · · · · · · · · · · ·	C	English 🗆 Spanish
Name	Relationship	Home #	Workplace	Work #	Cell #	Language Spoken
3				39		English Spanish
Name	Relationship	Home #	Workplace	Work #	Cell #	
TRI TNCC ENDOLLED TALALEST	IANOVED COURSE COURSE	_	120			
SIBLINGS ENROLLED IN NEW F	IANOVER COUNTY SCHOOL	5:				
1Name	Relationship		School/Gra		N/C	
2.	Reladonship	Age	School/ Gra	ue	M/F	
Name	Relationship	Age	School/Gra	de		
Please note any medical information	2	10.55	a 8		5980	convulsions
nformation). Medical conditions w	nich would limit your child's par	aut, divorce, tel ticipation in sch	ool programs require a n	ote from the doc	tor. (Use addition	, convuisions, or other nal sheet if necessar
	es se come e Cent					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			*			
Parent/Guardian Signature:		11.00		Date:		