

STUDENT INFORMATION
CASHION HIGH SCHOOL

Date _____ SSN _____

Name _____ Grade _____
Last First Middle

Mailing Address _____

Street Address _____

Location of your home (circle one) IN TOWN OUT OF TOWN OUT OF DISTRICT

Age _____ Date of Birth _____ Home Phone _____

E-mail Address _____

Race (circle) Spanish Oriental Black Middle East American Indian White Other

Father/Mail Guardian _____ Cell Phone # _____

Employer _____ Phone # _____

Mother/Female Guardian _____ Cell Phone # _____

Employer _____ Phone # _____

EMERGENCY NUMBERS

Name _____ Relation _____ Phone# _____

2nd Name _____ Relation _____ Phone # _____

DESCRIBE ANY CHRONIC ILLNESSES OR OTHER INFORMATION WE MAY
NEED TO KNOW REGARDING YOUR CHILD _____

School last attended _____ Phone # _____

Address _____

Are you the custodial/legal parent or guardian? Yes _____ No _____

OFFICE USE ONLY

ID# _____

ENTRY DATE _____