

WAPANAHANI HIGH SCHOOL STUDENT INFORMATION

Please print & fill in all information

School Year: 09-10

New Student to Liberty-Perry School Corp. ___ Returning Student ___ Entry Date ___

If new student (only), previous school name, city & state, phone # _____

Grade (2009-2010) ___ Student's Birthdate ___ SSN ___ Race ___ Sex ___

Student's Legal (Full) Name: Last ___ First ___ Middle ___

Street Address _____ City _____ State ___ Zip Code _____

Mailing Address (P.O. Box) _____ City _____ State ___ Zip Code _____

Student's Home # _____

Student Lives with: Parents ___ Mother ___ Father ___ Other ___

Father's Name _____ Home Phone # _____

Father's Address (if different from student's) _____

Employer _____ Work Phone # _____

E-Mail Address _____ Cell Phone # _____

Mother's Name _____ Home Phone # _____

Mother's Address (if different from student's) _____

Employer _____ Work Phone # _____

E-Mail Address _____ Cell Phone # _____

Parents do you want announcements ___ Yes ___ No

Medical /Emergency concerns: _____

Name Phone # Relationship

Name Phone # Relationship

Name Phone # Relationship

Doctor's Name _____ Phone # _____

Student's Cell Phone # _____

Student's E-mail address _____