Pupil No						
Homeroom						
Bus No. AM PM						
Enrollment Code						
School Year ——— Grade ———						

## PENDER COUNTY SCHOOLS STUDENT INFORMATION

SCHOOL NAME:

This student has one of the following on file at their previous school:								
	PEP		SST File					
	IEP		AIG					
	504		LED					

School Year	— Grade ——	_	TODAY'S DATE:						□ 504		
Student Last Name		First		MI	Preferi	red Name	Birthdate	Gend □ M □ Fe		e Number	
Street Address					City			State		Zip	
Mailing Address, if differ	ent from address a	bove			City			State		Zip	
Student Ethnicity	Student Race (C	hoose all that ap	ply) Most Re	ecent School Atter	nded		City		State		
(Choose one)			-								
□ Hispanic □ Black/African American			Islander Most Re	ecent NC School A	ttended		County			□ First time NC Schoo	I
	□ Asian □ White		Most Re	Most Recent Pender Co School Attended			E			First time Pender Co	
Student is Living With						Custor	ly of Student is With	(Choose (	One)		
Both Parents	□Mother Only	□Father Or ather □Father/St	nly 🛛 Lega tepmother 🗆 Othe	ll Guardian er		□Both	Parents DM	other Onl gal Guard	ly □Fathe	•	
	,,			Parent / Guar	dian Inf			0			
Parent/Guardian Name					□Moth		□Stepmother □	]Stepfath	ner 🛛 Grandmo	other 🛛 Gran	dfather
□Person is Living Wit	h Student	Address if not liv	ing with Student		□Aunt	□Uncle	Generation Foster Parent C		State		Zip
□Person is an Emerg			0								
Place of Employment			Occupation			Business Teleph	none		Ext	ension	
Home Phone Number	Ce	ll Phone Number	I	Email Address		I		ls t	his person on Activ Pes	ve Duty with the No	Military?
Parent/Guardian Name					□Moth □Aunt		□Stepmother □		ner 🛛 Grandmo	other □Gran	ıdfather
-	Image: Constraint of the student     Address if not living with Student     City     State     Zip										
Person is an Emergency Contact Place of Employment Occupation			Occupation			Business Teleph	one			ension	
Home Phone Number Cell Phone Number Ei				Email Address				ls t	his person on Activ	ve Duty with the	Military?
									□ Yes	□ No	,
News			E	mergency Co				<i>/</i>			
1 Name				· · ·		Parent □Gra Sibling □Ne		-	□Friend of the F □Other Family N	•	lysitter
Home Phone			Cell Phone				Work or Other Phone			Can Pick up Yes	
2 Name			1		□Step F	Parent □Gra Sibling □Ne		-	□Friend of the F □Other Family N	•	oysitter
Home Phone			Cell Phone				Work or Other Phone	·y -		Can Pick up	
3 Name					□Step F		-		□Friend of the F	amily □Bab	oysitter
Home Phone			Cell Phone			Sibling □Ne	ighbor 🛛 Nanı Work or Other Phone	iy i	□Other Family N	Can Pick up	
Medical Information					T	Transportation			ion	□ Yes	
Doctor or Medical Practice Phone Number								School			
Is student covered by If No, would you like to receive information o			on available		To School From School				alk		
Insurance?  Yes No coverage options?  Yes No				□ Bef	Before School Program     Grand After School Program						
Student Siblings											
Sibling Name				Age	Туре	□ Brother □ Sister	☐ Half Brother ☐ Half Sister			□ Foster Brot □ Foster Siste	
Sibling Name			Age	Туре	□ Brother □ Sister	□ Half Brother □ Half Sister			□ Foster Brot □ Foster Siste		
Sibling Name				Age	Туре	□ Brother □ Sister	□ Half Brother □ Half Sister			□ Foster Brot □ Foster Siste	