

New Pupil Information Form

Student Name _____ Present Grade _____

Birthplace _____ Birthdate ___/___/___ Age ___
 (City) (State)

Home Address _____ Phone _____

Previous School _____
 (Name) (District) (City) (State)

MOTHER

FATHER

Name	MOTHER	FATHER
Language in home		
Occupation		
Where employed		
Marital status		
Stepparent		
Guardian		
Child resides with		
Parent address (if different from child)		

OTHER CHILDREN IN FAMILY

NAME	BIRTHDATE

HEALTH DATA

Record of illnesses, accidents, operations, hospitalizations (dates and causes)

Significant illness in family: _____

Signed _____ Date ___/___/___