

STUDENT ENROLLMENT/PROFILE FORM

TRI COUNTY HIGH SCHOOL 2021-2022

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

Race/ Ethnicity: ___ Hispanic Ethnicity: ___ (AM) Amer. Indian or Alaska Native ___ (AS) Asian ___ (BL) Black or African American
___ (PI) Native Hawaiian/ Other Pacific Islander ___ (WH) White/Caucasian **** Used for reporting purposes only as required by law****

Student Home Address: _____

Student Personal Cell Phone #: _____

City: _____ State: _____ Zip: _____

Gender: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____

Home Phone: _____

Father/Guardian: _____

Father's email: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Mother/Guardian: _____

Mother's email: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Please indicate with whom the student lives: ___ Parents ___ Single Mother ___ Single Father ___ Grandparents
___ Mother & Stepfather ___ Father & Stepmother ___ Foster Parents Other: _____

**** Progress reports and report cards will be sent to the parents email address****

Other Guardian Information - *Enter only if parent is not legal guardian. (Grandparents/foster parents).*

Name: _____

Email address: _____

Mailing address: _____

Home Phone: _____

City, State Zip: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Step Mother's Name: _____

Email address: _____

Mailing address: _____

Home Phone: _____

City, State Zip: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Step Father's Name: _____

Email address: _____

Mailing address: _____

Home Phone: _____

City, State Zip: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

OVER

Emergency Information (Mandatory)

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot reach you, please provide the name of a relative or close friend that we may contact.

#1 Contact Name: _____ Relationship: _____

Home #: _____ Work # _____ Cell # _____

#2 Contact Name: _____ Relationship: _____

Home #: _____ Work # _____ Cell # _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Current Medication(s): _____

Food Allergies: _____

Allergies to Drugs: _____

Date of Last Tetanus Shot: _____

Asthma: _____ No _____ Yes (if yes you need to turn in a current per school year *asthma action plan* signed by your doctor)

Other information emergency responders/coaches/sponsors should be aware of:

Signed (Parent or Guardian)

Date