

# New Student Information

## HIGH SCHOOL

COMPLETE ALL INFORMATION

NISD I.D.# \_\_\_\_\_

Student Social Security Number \_\_\_\_\_

Entry Date \_\_\_\_\_

Student's Name (Please Print)

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

ETHNICITY OF STUDENT

\_\_\_\_\_ Asian/Pacific Islander

Sex: \_\_\_\_\_ Male

Place of Birth: \_\_\_\_\_

\_\_\_\_\_ Black

\_\_\_\_\_ Female

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Indian (American/Alaskan)

\_\_\_\_\_ White, Non-Hispanic

9<sup>th</sup> Grade Entry Date \_\_\_\_\_

School District Previously Attended \_\_\_\_\_

Campus \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 1) \_\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian 2) \_\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Relationship \_\_\_\_\_

MAILING ADDRESS

\_\_\_\_\_ Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

PHYSICAL ADDRESS (if different)

\_\_\_\_\_ Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

\_\_\_\_\_ Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

\_\_\_\_\_ Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Address \_\_\_\_\_

\_\_\_\_\_ Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian 1: Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Works At: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian 2: Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Works At: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Emergency contact: Phone \_\_\_\_\_ Name (Last, First) \_\_\_\_\_

Federally connected? Yes No Military? Yes No Branch and Rank \_\_\_\_\_

Where did you attend the 8th grade? School: \_\_\_\_\_ Address: \_\_\_\_\_

What year did you first enter the 8th grade? \_\_\_\_\_

Parent/Guardian 1: Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 2: Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever attended school in the Northside School District? Yes No

If so – \_\_\_\_\_

Name of Northside School \_\_\_\_\_ Year \_\_\_\_\_ Grade Levels \_\_\_\_\_

Have you taken the State-mandated exit level test? Yes No If yes, which one? \_\_\_\_\_TAAS \_\_\_\_\_TAKS

Do you have any medical problems we need to know about? Yes No

If so, describe: \_\_\_\_\_

Is student eligible for Medicaid? Yes No

First Date of Attendance in Class \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_