

# New Student Information

## HIGH SCHOOL

**COMPLETE ALL INFORMATION**

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

Social Security # \_\_\_\_\_

Grade Level \_\_\_\_\_

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 \_\_\_\_\_

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

Parent/Guardian 1) \_\_\_\_\_  
Last First M.I. Relationship Drivers License #

Parent/Guardian 2) \_\_\_\_\_  
Last First M.I. Relationship Drivers License #

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

**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

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. \_\_\_\_\_

**Please circle yes or no:**

Is parent working on **Federally-owned property**? Yes or No Military? Yes No Branch and Rank \_\_\_\_\_



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

Other High Schools attended: \_\_\_\_\_

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**