

TIMBERLAKE NEW STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
                    First name                      Middle name                      Last name                      Gender: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Race: \_\_\_\_\_  
          Month    Day    Year                      City                      State

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Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone number(work): \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone number(work): \_\_\_\_\_  
Additional Contact (if needed): \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Relationship to child(ren): \_\_\_\_\_ Phone number(work) \_\_\_\_\_  
With whom does child(ren) reside: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Relationship to student(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
                    Rt/Bx/Street                      City                      Zip                      Enrollment date

Previous School \_\_\_\_\_ Location \_\_\_\_\_

In case of emergency, who should be contacted? [Please list 2 people who could be contacted during school hours]

1. \_\_\_\_\_ 2. \_\_\_\_\_  
    Name                      Phone                      Name                      Phone