

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