

School Year _____

Grade Level _____ Homeroom _____

**GUILFORD COUNTY SCHOOLS
PUPIL DATA SHEET**

Complete all information. Notify the school immediately if changes occur during the year.

PUPIL INFORMATION					
School		Pupil Number		Date	
Last Name		First		Middle	
Street Address		Apartment #	City		Zip
Phone		Birthdate		Birthplace	
Ethnicity: (Must select one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Race: (Must select at least one) <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander					
PARENT/GUARDIAN INFORMATION					
Who has custody? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____					
MOTHER'S INFORMATION			FATHER'S INFORMATION		
Last Name	First Name		Last Name	First Name	
Place of Employment	Email Address		Place of Employment	Email Address	
Business/Daytime Phone	Cell Phone Receive SMS Text: <input type="checkbox"/> Yes <input type="checkbox"/> No		Business/Daytime Phone	Cell Phone Receive SMS Text: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address Same as Student's? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, list below)		Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address Same as Student's? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, list below)	
Street Address	Apartment #		Street Address	Apartment #	
City	Zip		City	Zip	
IF NOT THE MOTHER OR FATHER, INCLUDE OTHER GUARDIAN INFORMATION					
Last Name			First Name		
Place of Employment			Email Address		
Business Phone	Cell Phone Receive SMS Text: <input type="checkbox"/> Yes <input type="checkbox"/> No		Daytime Phone		
Relationship <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____			Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address Same as Student's? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			Apartment #	City	Zip
EMERGENCY CONTACT INFORMATION (LIST ANY ADDITIONAL CONTACTS ON BACK OF SHEET)					
(1) Last Name		(1) First Name			
Relationship		Permission to pick student up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daytime Phone		Cell Phone
(2) Last Name		(2) First Name			
Relationship		Permission to pick student up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daytime Phone		Cell Phone

MEDICAL INFORMATION			
Doctor Name			Phone
Check any that apply: <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Convulsive Disorders <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Medications <input type="checkbox"/> Other _____			
Is an <u>Authorization of Medication at School</u> form on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child had any head injury/concussion in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER CHILDREN IN SAME HOUSEHOLD			
Last Name	First Name	Birthdate	Current School Attending
Last Name	First Name	Birthdate	Current School Attending
Last Name	First Name	Birthdate	Current School Attending
Last Name	First Name	Birthdate	Current School Attending
Last Name	First Name	Birthdate	Current School Attending
Last Name	First Name	Birthdate	Current School Attending
TRANSPORTATION INFORMATION			
Will Student Ride a Bus? <input type="checkbox"/> Yes <input type="checkbox"/> No		After School Care Name	After School Care Phone
ADDITIONAL EMERGENCY CONTACT INFORMATION			
(3) Last Name		(3) First Name	
Relationship	Permission to pick student up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daytime Phone	Cell Phone
(4) Last Name		(4) First Name	
Relationship	Permission to pick student up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daytime Phone	Cell Phone
MILITARY CONNECTION: Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran or a Federal Civil Service Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No ("Immediate Family member" is defined as a parent, step-parent, sibling, guardian or any other person that would normally live in the same household as the child.			
NOTES OR ADDITIONAL INFORMATION IMPORTANT TO SCHOOL			

This form must be completed by the parent, guardian or pupil when a pupil enrolls or transfers within the Guilford County School System. It is filed in the cumulative folder.

The above student information is correct: Signature _____ Date _____