

STUDENT DATA SHEET

(Please Print)

A.M. / P.M.
(Circle One)

Last Name: _____ First Name: _____ Middle Name: _____

Student SS# _____ / _____ / _____ Birthdate: _____

School ID# _____ / _____ / _____ Student E-Mail Address: _____

Parents/Guardians: _____

Home Address: _____
Street Lot or Apt. # City Zip Code

Mailing address if different: _____
P.O. Box # City Zip Code

(Circle One in each category)

Grade: 9 10 11 12

Sex: Male Female

Ethnic Origin:

Black White

Asian Hispanic

American Indian

Other: _____

Home Phone: _____

Father's Cell: _____

Father's Work Phone: _____

Mother's Cell: _____

Mother's Work Phone: _____

Guardian's Work Phone: _____

Emergency Phone: _____

E-mail Address: _____

Enrollment Date: _____

DCCCTC Instructor: _____ Course: _____

Home School (circle one)

Fort Dorchester High School

Summerville High School

Givhans Alternative Program

Woodland High School

Sunset School

Odyssey School

Dorchester Academy

Home School Student

Estimated Year of High School Graduation: _____

EMERGENCY INFORMATION

(*Other than parent or Guardian)

Person to be contacted: _____ Relationship: _____

Address: _____ Phone: _____
Street City Zip Code

Doctor to be contacted: _____ Phone: _____

Are you under a Doctor's care for **any** illness? _____

If yes, please explain _____