

ATTENTION: Please complete/correct the information
North Knox Jr/Sr High School

Form Completed By: _____
Date: _____

Last Name _____
First Name _____
Middle Name _____
Nick Name _____
Phone _____
Grade _____
Email _____
Bus Number _____

DOB _____
SSN _____
Mailing Address _____
IN _____
Physical Address _____
IN _____
Student Cell _____
Birth Place _____
County _____ Township _____

Sex Male Female

Release Name/Address to Military
 Share Info DO NOT Share Info

Guardian Information

Guardian Father Foster Parent Grand Parent Mother Other Parents

Email _____

Text Messaging Address _____

Responsible for
Book Fees _____

Guardian (If other than parent)

Last Name _____
First Name _____
Address _____

Cell Phone _____
Phone _____

Father
Last Name _____
First Name _____
Address _____

Phone _____
Cell Phone _____

Mother
Last Name _____
First Name _____
Address _____

Phone _____
Cell Phone _____

Guardian Employer

Employer _____
Address _____

Work Phone _____

Paternal Employer

Employer _____
Address _____

Work Phone _____ Ext _____

Pager _____

Maternal Employer

Employer _____
Address _____

Work Phone _____ Ext _____

Pager _____

Emergency Contact Information (other than listed above)

Last Name	First Name	Relationship	Phone Numbers
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Physician Information

Physician _____ Phone _____

Health Concerns _____

Allowed Meds Tylenol Roloids/Tums

Sibling Information

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____