

**HIGHLAND JUNIOR/SENIOR HIGH SCHOOL
General Information Form**

FULL NAME _____ GRADE _____ DATE _____
MAILING ADDRESS _____
(P.O. Box) (City) (Zip Code)
PHYSICAL ADDRESS _____
(Street Address) (City) (Zip Code)
HOME PHONE _____ COUNTY _____
BIRTHPLACE _____ DATE OF BIRTH _____
GENDER: M ___ F ___ ETHNICITY _____ HISPANIC OR LATINO? Y N
STUDENT'S CELL NUMBER: _____ STUDENT'S EMAIL: _____
BUS STUDENT: Y N BUS DRIVER _____
PARENT/GUARDIAN INFORMATION: Relationship to child: Living with student?

NAME _____ PHONE _____ Y N
NAME _____ PHONE _____ Y N
NAME _____ PHONE _____ Y N

PARENT/GUARDIAN EMAIL ADDRESS _____
PARENT/GUARDIAN EMPLOYER(S) _____
NAMES AND AGES OF SIBLINGS LIVING WITH STUDENT: _____

WHERE DOES THE STUDENT STAY AT NIGHT: /___/ in a home you own or rent; OR /___/ temporarily with another family in a house, mobile home, or apartment; OR /___/ Other (please specify): _____

MILITARY CONNECTION: YES NO
Permission to display & release to media child's photo with name attached: YES NO
Permission to display & release to media child's name without photo (honor roll, etc.): YES NO
Parent Preferred Method of Non-Emergency Contact via School Messenger: CELL TEXT EMAIL

May we give your child Ibuprofen? YES NO
May we give your child Tylenol? YES NO
May we give your child Benadryl? YES NO
Lions Club Health Screening: YES NO
Permission for Emergency Medical Treatment and Transportation if Necessary: YES NO
SIGNATURE: _____

***IN CASE OF EMERGENCY WHEN PARENTS CAN'T BE REACHED, CONTACT:
_____ Phone _____
_____ Phone _____

CLASS SCHEDULE

1st Semester Classes:	2nd Semester Classes:
1 st Period _____	1 st Period _____
2 nd Period _____	2 nd Period _____
3 rd Period _____	3 rd Period _____
4 th Period _____	4 th Period _____
5 th Period _____	5 th Period _____
6 th Period _____	6 th Period _____
7 th Period _____	7 th Period _____
Advisory _____	Advisory _____

Locker Number _____
Your schedule and locker cannot be changed without permission.