

AURORA HIGH SCHOOL STUDENT INFORMATION

Household Information

STUDENT NAME _____
 (Use Full LEGAL Name) (Last) (First) (Middle)

BIRTH DATE: _____ **AGE** _____ **GRADE** _____ **SEX:** M F

STUDENT EMAIL ADDRESS _____

STUDENT CELL PHONE _____

Parent/Guardian Name (Mailing Purposes) _____

Mailing Address _____
 (Box, Street, or Route) (City) (State) (Zip)

IF PO BOX, please include RESIDENT STREET ADDRESS _____

Home Telephone (____) _____ (please use area codes for all phone numbers)

Please Check: Father Step-Father Guardian Foster Other _____

Name _____

Home Mailing Address _____

Home Phone (____) _____ **Cell Phone** (____) _____

E-Mail Address _____

Employer _____ **City** _____ **Work Phone:** (____) _____

Please Check: Mother Step-Mother Guardian Foster Other _____

Name _____

Home Mailing Address _____

Home Phone (____) _____ **Cell Phone** (____) _____

E-Mail Address _____

Employer _____ **City** _____ **Work Phone:** (____) _____

Please list other children living in your household.

Name _____ Grade _____ Age _____ Date of Birth _____

Name _____ Grade _____ Age _____ Date of Birth _____

Name _____ Grade _____ Age _____ Date of Birth _____

Name _____ Grade _____ Age _____ Date of Birth _____

Name _____ Grade _____ Age _____ Date of Birth _____

Parent/Guardian Signature _____ **Date:** _____

ON THE BACK: NON-HOUSEHOLD, EMERGENCY CONTACT, PHYSICIAN, AND OTHER INFORMATION.

AURORA HIGH SCHOOL STUDENT INFORMATION CONTINUED

Please use this side if additional Parent/Step-Parent/Guardian Information would be helpful to the school.

Please use this for Non-household information. (For those living in another home)

Please Check: Father Step-Father Guardian Foster Other _____

Name _____

Home Mailing Address _____

Home Phone (____) _____

Cell Phone (____) _____

E-Mail Address _____

Employer _____

City _____ Work Phone: (____) _____

Should this person receive school mailings? Yes No

Access to Parent Portal? Yes No

Please Check: Mother Step-Mother Guardian Foster Other _____

Name _____

Home Mailing Address _____

Home Phone (____) _____

Cell Phone (____) _____

E-Mail Address _____

Employer _____

City _____ Work Phone: (____) _____

Should this person receive school mailings? Yes No

Access to Parent Portal? Yes No

EMERGENCY CONTACT (Other than parent) Must Provide At Least One.

1st Emergency Contact _____ Phone (____) _____

Relationship to Student _____

2nd Emergency Contact _____ Phone (____) _____

Relationship to Student _____

Family Physician:

PHYSICIAN _____ City (If other than Aurora) _____ Phone (____) _____