

NEW HORIZONS COMMUNITY CHARTER SCHOOL



STUDENT INFORMATION/UPDATE FORM: Must be returned to the Main Office

- Initial
 Change of: Address Telephone Emergency Contact Other

All information in this box is required. Please do not leave out any items in this box. Below this box, arrowhead items are mandatory. Please complete and return.

Student's Name:	Last: _____	First _____
	DOB: ____ / ____ / ____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Teacher: _____	Room # _____
First Day at NHCCS:	____ / ____ / ____	Previous School: _____

Parent(s)/Guardian(s) Information

Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (Day) _____ (Evening) _____

Work Phone: (Day) _____ (Evening) _____

Emergency Contact Name: _____

Phone (Day): _____ (Evening) _____

Pick-up Authorization: (ID Required for pick-up, *must be 18 years of age or older*)

Name(s): _____

Comments/Additional Information: _____
