

# 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 \_\_\_\_\_