

Ouachita Area High School Career Center

STUDENT DATA

Social Security # _____ First _____ Middle _____ Last _____

Sex – M F Year of Expected Graduation _____ Birth Date _____ Current Grade Level _____

Address: _____ Home Phone # _____

_____ (___ listed ___ unlisted)

Ethnic Code: White Black Hispanic Asian Indian Other
(Circle One)

Guardian Custodial Information

Guardian Code: ___ 1-Both Parents 2-Father 3-Mother 4-Guardian 5-Emancipated Minor 6-Other _____

Guardian 1	Guardian 2
Name _____	Name _____
Address _____ _____ _____	Address _____ _____ _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Mobile Phone _____	Mobile Phone _____
Email _____	Email _____

Medical Information

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Travel Information

Travel Code: T – Transported (school provides bus) N – Not Transported (drive personal vehicle)

Student Drivers License # _____ Vehicle Make _____

License Plate # _____

Student Employer _____ Work Phone _____