

Heritage School District #8 Demographic Form

Student

Last Name:		First Name:	Middle Name:	
Mailing Address:		City:	State, Zip:	
Street Address (if different from above):		Social Security #:	Grade:	Sex : M F
Date of Birth: / /	Home Ph #:	Birthplace:	Ethnicity:	County:

Parent Information

Father Last Name:		Father First Name:	Father's Employment:
Mailing Address:		City:	State, Zip:
Email Address:		Work Phone #:	Home/Cell Phone #:

Mother Last Name:		Mother First Name:	Mother's Employment:
Mailing Address:		City:	State, Zip:
Email Address:		Work Phone #:	Home/Cell Phone #:

Emergency Information (if parent/guardian cannot be reached)

Contact Name:	Contact Phone #:
Contact Name:	Contact Phone #:

Medical Information

Medical condition that should be noted:		
Preferred Hospital:	Doctor Name:	Phone #:

Parent Signature: _____ Date: _____