



Student Demographics



Student Name: _____
Last, First, Middle

Address: _____
Street Number and Name City and Zip

Home Phone: _____ Age: _____ DOB: _____

Gender: M / F (circle one) Grade Level: _____ Social Security Number: _____

Father or Legal Guardian's Name (Please circle one):	Mother or Legal Guardian's Name (Please circle one):
Address (if different from student's):	Address (if different from student's):
Home Phone (if different from student's):	Home Phone (if different from student's):
Day Time Phone Number:	Day Time Phone Number:
Employer's Name and Phone Number:	Employer's Name and Phone Number:
Hours of Employment:	Hours of Employment:

Mailing Address (if different from Home Address):

Mailing Address Name: _____

Street Number and Name City and Zip

Guardian of student: _____

Email of Guardian: _____

Ethnicity of Student (optional) Please check the box that applies to the student

Native American/ Aleutian

Asian/Pacific Islander

Black/African-American not of Hispanic Origin

Hispanic/Latino

Caucasian not of Hispanic Origin



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Please indicate whom we can contact in case of an emergency (other than a parent):	
1st Choice (Name and Relationship):	Daytime Phone & Phone Type:
2nd Choice (Name and Relationship):	Daytime Phone & Phone Type:
3rd Choice (Name and Relationship):	Daytime Phone & Phone Type:
Physician:	Phone:
Dentist:	Phone:
Name of Person(s) other than Parent/Legal Guardian to Whom Student Can Be Released:	
Are there any restrictions on your child's activities at school? If yes, please explain.	
Is there any medical information you would like to share with UPHS which might help better serve your child?	
In the case of separated or divorced parents, are there any legal restrictions on the release of your child to either parent? If so, we will need a copy of formal documentation to keep in your child's file.	
EMERGENCY INSTRUCTIONS (USED ONLY IN CASE OF EMERGENCY):	
<input type="checkbox"/> I give permission to University Prep High School to secure emergency medical and/or surgical treatment for previously named minor child while in your care	
<input type="checkbox"/> I DO NOT give permission to University Prep High School to secure emergency medical and/or surgical treatment for previously named minor child while in your care	
Hospital preferred in case of emergency: _____ Phone: _____	
Health insurance policy name and number: _____	
Allergies (if any):	
Medications taken during school hours (if any):	