

## NEW TRIER HIGH SCHOOL: STUDENT INFORMATION SHEET

**Directions:** Please complete this form and **return to your child's junior high school by January 6<sup>th</sup>** or you may mail it directly to Sue Haak, Transition Coordinator, New Trier High School, 7 Happ Road, Northfield, IL 60093. This document will be reviewed by your child's freshman adviser.

STUDENT'S LEGAL NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

JR. HIGH: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ STUDENT CELL PHONE: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ FATHER'S OCCUPATION: \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_ FATHER'S WORK PHONE: \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_ MOTHER'S OCCUPATION: \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_ MOTHER'S WORK PHONE: \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_ MOTHER'S EMAIL: \_\_\_\_\_

WHOM TO CALL IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ EMERGENCY CONTACT PHONE: \_\_\_\_\_

BROTHERS AND SISTERS: \_\_\_\_\_  
(Name and Age)

\_\_\_\_\_

\_\_\_\_\_

ETHNICITY/ RACE: \_\_\_\_\_ PRIMARY LANGUAGE SPOKEN IN THE HOME: \_\_\_\_\_

STUDENT LIVING WITH: \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ OTHER \_\_\_\_\_ CUSTODIAL PARENT(S): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

SECONDARY GUARDIAN INFORMATION (if applicable): \_\_\_\_\_

