

POISE Student Master Record

Today's Date _____

Last Name _____

First Name _____

Middle Name or Initial _____

Preferred Name to be used at school _____

Information below is the same as last year

Street Address _____

P.O. Box/Lot/Apartment Number _____

City _____

Zip Code _____

Telephone (330) _____ - _____

Father's Name (if with family) _____

Mother's Name (if with family) _____

_____ Parents _____ Custodial Parents _____ Guardian _____ Other

Student's
Birthdate ___/___/___

Student's
Gender ___ M ___ F

Student's
Social Security Number _____/_____/_____

Student's Nationality _____

Older Siblings _____ # of older Ages of Siblings: _____

Younger Siblings _____ # of younger Ages of Siblings: _____