

Newburg High School
Enrollment Form

Date

Student Name

Social Security Number

Town of Birth

State of Birth

Date of Birth

Race/Ethnicity

Primary Language Spoken

Curriculum

Grade Information

Grade Level Completing

Grade Level Enrolling In

Graduation Year

Parent(s)/Guardian(s) Names

Street & P.O.Box

City

Zip Code

Home Phone

Student Cell Phone

Parent/Guardian Cell Phone

Mother's Employer (Business Name and Location)

Work Phone

Father's Employer (Business Name and Location)

Work Phone

Emergency Contact

Phone

Hour	Office Use	Course Name	Office Use	Course Name
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				

Locker Number: _____

Alternate Choices: Please List According to Priority; Include Hour and Semester
