

SOUTHRIDGE HIGH SCHOOL
3520 Southridge Blvd
KENNEWICK, WA 99338
509-222-7200

STUDENT INFORMATION

***REQUIRED FIELDS**

Student Last Name	Student First Name	Student Middle Name	Grade	M or F	Student ID No.
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Residence Address			City	State	Zip
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Mailing Address (only if different from residence address)		City	State	Zip	
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Home Phone	Birthdate	Home Language	Ethnic Code (Asian, Black, Hispanic, American Indian/Asian Native, or Caucasian)		
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PARENT INFORMATION

check if information is the same

Resides with (Circle one):	Mother/Father	Mother	Father	Guardian	Other
Mother Last Name	Mother First Name		Title (e.g. Mrs., Ms., Dr., etc.)		
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Father Last Name	Father First Name		Title (e.g. Mr., Dr., etc.)		
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Guardian Last Name	Guardian First Name		Title (e.g., Mrs., Ms., Mr., Dr., etc.)		
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Parent/Guardian Address			City	State	Zip Code
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Mother Cell	Father Cell	Student Cell	Parent E-mail Address		
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Mother/Guardian Employer		Work Address		Work Telephone #/ext.	
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Father/Guardian Employer		Work Address		Work Telephone #/ext.	
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OVER FOR EMERGENCY CONTACT INFORMATION other than parents AND EMERGENCY TREATMENT AUTHORIZATION

EMERGENCY CONTACT INFORMATION

Check if information is the same

First Contact (other than parent)	Telephone #/Ext.	Relationship	
Address	City	State	Zip Code

Secondary Contact (other than parent)	Telephone #/Ext.	Relationship
Third Contact (other than parent)	Telephone #ext	Relationship

Medical Alert 1	Medical Alert 2
Physician	Telephone #/ext.

EMERGENCY TREATMENT AUTHORIZATION

***REQUIRED FIELD**

<p>In the event of injury or illness and your family physician is not available or not located in the immediate vicinity and we are unable to contact a parent/guardian, does the supervising person have your permission to seek medical attention from the nearest licensed physician and/or hospital? (Parents of students who do not live within the city limits of Kennewick will be charged by the City of Kennewick \$425.00 should an ambulance be dispatched to Southridge High School to take their child to the hospital).</p> <p>Yes _____ No _____</p> <p>If you answer is "NO", please specify the procedure you wish the supervising person to follow: _____</p> <p>_____</p> <p>PRINTED NAME OF PARENT OR LEGAL GUARDIAN _____</p> <p>SIGNATURE OF PARENT OR LEGAL GUARDIAN _____</p> <p>DATE _____</p>

SOUTHRIDGE HIGH SCHOOL

*Home of the Suns
3520 Southridge Blvd
Kennewick, WA 99338
222-7200
222-7208 (Attendance)*