



**HUMBOLDT ACADEMY OF HIGHER LEARNING**  
**2023-2024**  
**STUDENT INFORMATION FORM**  
(PLEASE USE BLACK INK)

<b>OFFICE USE ONLY</b>	
Enrollment Date:	_____
Teacher:	_____
Room:	_____

**Student**

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Apt. Zip Code

Home Telephone \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

**PARENT(S)/GUARDIAN(S):**

Mother: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
WorkPhone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Father: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
WorkPhone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**EMERGENCY CONTACTS (other than above)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PICK-UP AUTHORIZATION**

**(Must be 18 years old; student will only be released to those listed)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Siblings Attending H AHL**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Room/Teacher \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Room/Teacher \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Room/Teacher \_\_\_\_\_

**Medical Information:**

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Hospital (check one):  Children's Hospital  Cardinal Glennon Hospital

**Dismissal Information (check one):**  Bus Route: \_\_\_\_\_  Daily Pick-Up  Afterschool

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

