



Holiday Hill Elementary School
Jacksonville, Florida 32216

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Susan R. Chick, Principal

INFORMATION SHEET

PLEASE COMPLETE BOTH SIDES OF THIS FORM:

CHILD'S SOCIAL SECURITY NUMBER: _____ HOME PHONE: _____

CHILD'S FULL NAME _____

LAST

FIRST

MIDDLE

MAILING ADDRESS _____ APT. # _____ ZIP _____

EMAIL ADDRESS: _____

RACIAL/ETHNIC GROUP: WHITE ___ AFRICAN AMERICAN ___ HISPANIC ___ AMERICAN
INDIAN/ALASKAN NATIVE ___ MULTI-RACIAL ___ ASIAN/PACIFIC ISLANDER ___ OTHER ___

SEX ___ AGE ___ DATE OF BIRTH _____ PLACE OF BIRTH _____

DOES YOUR CHILD HAVE ALLERGIES? _____ PLEASE EXPLAIN: _____

DOES YOUR CHILD TAKE MEDICATION DAILY? _____ PLEASE EXPLAIN: _____

LAST SCHOOL CHILD ATTENDED (IF OTHER THAN HOLIDAY HILL ELEMENTARY):

SCHOOL'S NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

DID YOUR CHILD ATTEND A PRE-K PROGRAM? _____ IF SO, WHERE: _____

CHILD LIVES WITH: BOTH PARENTS ___ MOTHER ___ FATHER ___ MOTHER AND
STEPFATHER ___ FATHER AND STEPMOTHER ___ OTHER ___

PARENTS MARITAL STATUS: MARRIED ___ DIVORCED ___ SEPARATED ___ SINGLE ___

WIDOWED ___ REMARRIED ___

