

Pershing County High School

1215 Franklin Ave. P.O. Box 990 Lovelock, NV 89419
(775) 273-2625 (775) 273-2163 fax

Jonathan Reynolds, Principal

STUDENT INFORMATION FORM 2020-2021

Legal Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Place of Birth _____ Gender _____

Grade _____ Ethnicity _____ Social Security # (optional) _____

Student Residence Address _____ Student Mailing Address _____

Home Phone _____ Student Cell Phone # _____

PARENT INFORMATION

Father's Name _____ Status: Natural Step Guardian (check one)

Father's Address _____ Employer _____ Work Phone _____

Father's Email Address _____ Cell Phone # _____

Mother's Name _____ Status: Natural Step Guardian (check one)

Mother's Address _____ Employer _____ Work Phone _____

Mother's E-Mail Address _____ Cell Phone # _____

INSURANCE COVERAGE

Adequate insurance coverage and a proper medical physical by a licensed physician is **MANDATORY PRIOR TO** any participation in extra-curricular activities.

Name of Insurance Carrier _____ Policy Number _____

Name of Family Doctor _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency at school or at any school-related activity, the individual listed below may be contacted on my behalf. Should the school personnel be unable to contact either my designated person or myself, he/she has my permission to seek medical assistance in the best interest of my child.

Name of Alternate _____ Relationship _____ Phone _____

Name of Alternate _____ Relationship _____ Phone _____

PARENT SIGNATURE _____ DATE _____