

## The New School Student Information Form: Required for *ALL* Students

(Please print clearly, complete all information, and return the form to The New School of Northern Virginia)

<b>Student Name:</b> <i>(Last, First and Middle)</i>	<b>DOB:</b>	<b>Ethnicity:</b> <b>Primary Language:</b>
<b>Student Cell:</b>	<b>Student Email:</b>	
<b>In U.S., child lives with:</b> (check one box) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian	<b>In U.S., school correspondence goes to:</b> (check one box) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian	

<b>Name of Mother or U.S. Guardian:</b> <i>(Last, First)</i>	<b>Home Phone:</b> <i>(Last, First)</i>
<b>Address:</b>	<b>Work Phone:</b>
<b>City, State, Zip Code:</b>	<b>Cell Phone:</b>
<b>Occupation:</b>	<b>Email:</b>

<b>Name of Father or U.S. Guardian:</b>	<b>Home Phone:</b>
<b>Address:</b>	<b>Work Phone:</b>
<b>City:</b>	<b>Cell Phone:</b>
<b>Occupation:</b>	<b>Email:</b>

<b>Name of Emergency Contact #1:</b> <i>(someone other than parent/guardian)</i>	
<b>Relation to Student:</b>	<b>Cell Phone:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Name of Emergency Contact #2:</b> <i>(someone other than parent/guardian)</i>	
<b>Relation to Student:</b>	<b>Cell Phone:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>

<b>Name of Physician:</b>	<b>Phone:</b>
<b>Name of Dentist:</b>	<b>Phone:</b>

<b>List Allergies/Special Conditions and Needs:</b>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>

## International Students *Only*: Please Provide Required Information

(Please print clearly, complete all information, and return the form to The New School of Northern Virginia)

<b>Student Name:</b>	<b>Primary Language:</b>
<b>Skype Account:</b>	<b>Email:</b>
<b>In country of origin, child lives with:</b> (check one box) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian	<b>In country of origin, school communication is directed to:</b> (check 1 box) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian

<b>Mother's Name:</b> <i>(Last name, First name)</i>	<b>Cell Phone:</b>
<b>Street Address:</b>	<b>City, Country, Postal Code:</b>
<b>Home:</b>	<b>Work Phone:</b>
<b>Email:</b>	<b>Skype Account:</b>
<b>Preferred Method of Contact:</b> (check one box) <input type="checkbox"/> Cell phone call <input type="checkbox"/> Cell phone text <input type="checkbox"/> Email <input type="checkbox"/> Home phone call <input type="checkbox"/> Work phone call <input type="checkbox"/> Skype	<b>Primary Language:</b> (check one box) <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese – Mandarin or Cantonese (circle one) <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____

<b>Father's Name:</b> <i>(Last name, First name)</i>	<b>Cell Phone:</b>
<b>Street Address:</b>	<b>City, Country, Postal Code:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Email:</b>	<b>Skype Account:</b>
<b>Preferred Method of Contact:</b> (check one box) <input type="checkbox"/> Cell phone call <input type="checkbox"/> Cell phone text <input type="checkbox"/> Email <input type="checkbox"/> Home phone call <input type="checkbox"/> Work phone call <input type="checkbox"/> Skype	<b>Primary Language:</b> (check one box) <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese – Mandarin or Cantonese (circle one) <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____