

THE MISSISSIPPI SCHOOL FOR MATHEMATICS AND SCIENCE
MSIS DATA INFORMATION FORM

STUDENT INFORMATION

STUDENT'S LEGAL NAME _____
(Last) (First) (Middle)
(Name MUST match birth certificate unless legal document of name change is presented at time of registration.)

Race: (circle one) B = Black H = Hispanic I = American Indian A = Asian W = White Gender: (circle one) Male Female

Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____ Student Cell Phone: (____) _____

Siblings that attend OR attended MSMS (name and graduation year): _____

RESIDENCE INFORMATION

Physical Address: _____
(Street Address) (City) (Zip Code) (COUNTY)

Mailing Address:(if different) _____
(Address) (City) (Zip Code)

PARENT/GUARDIAN DATA INFORMATION

CHILD LIVES WITH: (circle all applicable) Father Mother Stepfather Stepmother Legal Guardian (Legal Papers REQUIRED)

FATHER: _____ Home Phone: (____) _____
(Last Name) (First Name)

Address: _____ Cell Phone: (____) _____
(Full address if different than student)

Employer: _____ Day Phone: (____) _____

MOTHER: _____ Home Phone: (____) _____
(Last Name) (First Name)

Address: _____ Cell Phone: (____) _____
(Full address if different than student)

Employer: _____ Day Phone: (____) _____

GUARDIAN: _____ Home Phone: (____) _____
(Last Name) (First Name)

Address: _____ Cell Phone: (____) _____
(Full address if different than student)

Employer: _____ Day Phone: (____) _____

EMERGENCY CONTACT INFORMATION: Emergency contacts should NOT be the parents/guardians listed above.

Name #1: _____ Relationship: _____ Home Phone #1: (____) _____

Address #1 (w/ City, State, Zip): _____

Cell Phone #1: (____) _____ Employer: _____ Work Phone #1: (____) _____

Name #2: _____ Relationship: _____

Phone #2: (____) _____ Phone type (circle one): home, cell, work

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE _____
(Signature of Parent/Guardian)