

STUDENT INFORMATION

Student's LEGAL Name: _____ (_____)

First Middle Last Nickname

Date of Birth: _____ Place of Birth: _____

Age of Child: _____ Gender: M F

Note: At this time, public schools are required by federal and state regulations to report ethnicity.

Failure to report will result in the use of prior racial/ethnic data or an observer identifying you.

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian |

Language Spoken at Home: English Other _____
 (If other please please fill out the Home Language Survey)

Primary Household

Home Phone: _____ Homeless

Residence Address: _____

Mailing Address (if different): _____

Primary Household Members

Parent/Guardian 1:

First Middle Last

Address (if different): _____

Relation to Student: _____ Employer: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent/Guardian 2:

First Middle Last

Address (if different): _____

Relation to Student: _____ Employer: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Siblings

Name: _____ DOB: _____ Grade: _____ School: _____

Miscellaneous Contacts	
Physician Name: _____	Phone: _____
Daycare: _____	Phone: _____

Secondary Household (only for parent NOT living in primary household)			
<i>Parent/Guardian 1:</i> _____			
First	Middle	Last	
Address (if different): _____			
Relation to Student: _____		Employer: _____	
Home Phone: _____		Work Phone: _____	
Cell Phone: _____		Email: _____	

Other Information	
Name of school last attended: _____	Phone #: _____
School Address: _____	Fax #: _____
Is there a Court Ordered Parenting/Guardianship Agreement on file in the school office? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Court Protection Order on file in the school office? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against _____	
Has your student recieved any special services from public schools? Please Circle:	
Title I <input type="checkbox"/>	Current IEP <input type="checkbox"/>
504 Plan <input type="checkbox"/>	Other (please specify) _____
Medical Conditions: _____	
Medications taken at home: Yes <input type="checkbox"/> No <input type="checkbox"/>	List: _____
Medications taken at school: Yes <input type="checkbox"/> No <input type="checkbox"/>	List: _____

Local Emergency Contacts		
Contact: _____	Relation to Student: _____	Phone #: _____
Contact: _____	Relation to Student: _____	Phone #: _____
Contact: _____	Relation to Student: _____	Phone #: _____
In case of emergency, the school has my permission to seek medical attention for my child including being transported by ambulance if I cannot be reached.		
		Yes <input type="checkbox"/> No <input type="checkbox"/>

I certify that I am the legal guardian of the child listed above and that all information above is true and accurate to the best of my knowledge. I verify that I reside within the school district boundaries or have an approved non-resident status for my child.

Signature: _____ Date _____