

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.

- Hispanic or Latino American Indian/Alaskan Native White
 Black or African-American Native Hawaiian or Other Pacific Islander 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: _____

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

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

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

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

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

Turn Over



Miscellaneous Contacts

Physician Name: _____

Phone: _____

Daycare: _____

Phone: _____

Secondary Household (only for parent NOT living in primary household)

Parent/Guardian 1: _____

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 NO

Court Protection Order on file in the school office? Yes No If yes, against _____

Has your student recieved any special services from public schools? Please Circle:

Title I Current IEP 504 Plan Other (please specify) _____

Medical Conditions: _____

Medications taken at home: Yes No List: _____

Medications taken at school: Yes No 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 No

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 _____