

Elementary Level Student Information Form

Chapel Lakes Cordill-Mason Daniel Young Franklin Smith James Lewis James Walker
 John Nowlin Lucy Franklin Liggett Trail Education Center Sunny Pointe Thomas Ultican
 Voy Spears, Jr. William Bryant William Yates

Student Information *(Circle choice where applicable)*

Legal Name (First) _____ (Middle) _____ (Last) _____ (Suffix) _____
 Home Address _____ Subdivision _____
 City _____ Bus Number _____
 State _____ Zip _____ Date of Birth _____
 Mailing Address _____ Is student Hispanic or Latino? Yes No
 City _____ Race/Ethnicity *(Select all that apply)* White Black/African Amer
 State _____ Zip _____ Asian Am Indian/Alaskan Haw/Pacific Island Hispanic
 Main Contact Phn (____) _____ Gender M / F Grade Level K 1 2 3 4 5

Parent/Guardian Information *(Names must be first last; Circle choice where applicable)*

<p> Mother _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Employer _____ Work Phone (____) _____ Email _____@_____ Resides with? Y/N _____ Has Custody? Y/N _____ If Yes: Phy or Educ _____ </p>	<p> Father _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Employer _____ Work Phone (____) _____ Email _____@_____ Resides with? Y/N _____ Has Custody? Y/N _____ If Yes: Phy or Educ _____ </p>
<p> Guardian Relationship _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Employer _____ Work Phone (____) _____ Email _____@_____ Resides with? Y/N _____ Has Custody? Y/N _____ If Yes: Phy or Educ _____ </p>	<p> Contact 1 Relationship _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Employer _____ Work Phone (____) _____ Email _____@_____ Resides with? Y/N _____ Has Custody? Y/N _____ If Yes: Phy or Educ _____ </p>
<p> Contact 2 Relationship _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Employer _____ Work Phone (____) _____ Email _____@_____ Resides with? Y/N _____ Has Custody? Y/N _____ If Yes: Phy or Educ _____ </p>	<p> Marital Status: Married Single Divorced Separated Legal documentation on file (e.g., divorced)? Y/N _____ In-district transfer? Y/N _____ Residency Domicile Waiver on file? Y/N _____ Services Student has received/does receive: IEP 504 ELL Gifted/Talented Elaborate on special needs: _____ _____ LEGAL RESTRICTIONS (if any) of who may NOT visit or pick up your child (Legal Documents Required): _____ </p>

Emergency Contact Information/Day Care Provider *(Names must be first last)*

Emer Contact 1 _____ Relationship _____ Phone (____) _____ Cell (____) _____	Emer Contact 2 _____ Relationship _____ Phone (____) _____ Cell (____) _____
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List Siblings Living in the Home *(Names must be first last)*

Name _____ Present School _____ Name _____ Present School _____	Name _____ Present School _____ Name _____ Present School _____
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Educational Background (Schools Student has Attended)

School	Street/City/Zip	Phone	Grade
		()	
		()	
		()	

Parent/Guardian Signature: _____ Date _____