

**Student Information** (Circle choice where applicable)

Legal Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Subdivision \_\_\_\_\_  
 City \_\_\_\_\_ Bus Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Is student Hispanic or Latino? Yes No  
 Mailing Address \_\_\_\_\_ Race (Select all that apply) White Black or African American  
 City \_\_\_\_\_ Asian Hispanic Am Indian/Alaskan Haw/Pacific Island  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Ethnicity: (Select one) White Black Indian Asian Hispanic  
 Home Phone (\_\_\_\_) \_\_\_\_\_ 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 _____            Cont 1/Stepmother _____            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 _____            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>           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 _____            Cont2/Stepfather _____            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 _____            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)

<p>           Emer Contact 1 _____            Relationship _____            Phone _____            Cell Phone _____         </p>	<p>           Emer Contact 2 _____            Relationship _____            Phone _____            Cell Phone _____         </p>
--	--

**List Siblings Living in the Home** (Names must be first last)

<p>           Name _____            Present School _____            Name _____            Present School _____         </p>	<p>           Name _____            Present School _____            Name _____            Present School _____         </p>
---	---

**Educational Background** (Schools Student has Attended)

School	Street/City/Zip	Phone	Grade

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_