

(Please print legibly)

School: _____

Student Information

Name: _____ Grade: _____ Gender: _____ Ethnicity: _____ Homeroom: n/a
ID: (To be completed by School) _____ Birthdate: _____
Street: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Language Spoken at Home: _____

Parent Information

Status: (Check One) Married Divorced Separated Single Co-Parent Widow/er
Relationship: Mother _____ Child resides with: _____ Relationship: Father _____ Child resides with: _____
Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Home Phone: _____ Home Phone: _____
Work/Day Phone: _____ Work/Day Phone: _____
Mobile Phone: _____ Mobile Phones: _____
Other Phone: _____ Other Phone: _____
Primary Contact E-Mail: _____
Employer: _____ Employer: _____
Employer Address: _____ Employer Address: _____
Employer City, State, Zip: _____ Employer City, State, Zip: _____

Other Parent or Guardian Information

P/G 1 Relationship: _____ Child resides with: _____ P/G 2 Relationship: _____ Child resides with: _____
with: P/G 1 Name: _____ P/G 2 Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Home Phone: _____ Home Phone: _____
Work/Day Phone: _____ Work/Day Phone: _____
Mobile Phone: _____ Mobile Phone: _____
Other Phone: _____ Other Phone: _____
Employer Address: _____ Employer Address: _____
Employer City, State, Zip: _____ Employer City, State, Zip: _____

Emergency Contact Information

(Identify persons other than parent/guardian who will be able to arrive at school within a half hour in the event of an emergency.)

Contact Name Address Relationship Phone 1 Phone 2 Phone 3

- 1
- 2
- 3

OK Signature of Parent and/or Guardian _____ Date _____

Parents/Guardians will be asked to update this form annually at the start of each new school year.