

Student name _____ Date of birth _____ City of birth _____
Last _____ First _____ Middle _____

Student address _____ Social Security number _____
Street _____ City _____ Zip code _____

Grade _____ Sex F _____ M _____ Ethnicity: Not Hispanic/Latino _____ Hispanic/Latino _____
Race, choose one or more regardless of ethnicity: Alaskan Native or American Indian _____ Asian _____
Black or African American _____ Native Hawaiian or Pacific Islander _____ White _____

Parents: Married _____ Separated _____ Divorced _____ Year of divorce _____ Father deceased _____ Mother deceased _____

Father's name _____ Address if different from student _____
Father's phone _____ email address _____

Father's place of employment _____ occupation _____ work phone _____

Mother's name _____ Address if different from student _____
Mother's phone _____ email address _____

Mother's place of employment _____ occupation _____ work phone _____

Legal guardian(s) _____ phone _____
Place of employment _____ occupation _____ work phone _____

Names of dependent children in family: _____ age _____ age _____ age _____
_____ age _____ age _____ age _____

Person to call other than parents for an emergency _____ phone _____
Last school attended _____ Address _____

Special needs: Classes _____ Tutoring _____ Speech _____ IEP _____ Title One _____
Takes daily medicine at home _____ at school _____

Parent or Guardian Signature _____ Date _____

Office use:

Date entered _____ Rides bus _____ bus # _____ Parent pick up _____ Drives car _____