

Last Name First Name Middle Name Generation

Legal Last Name Legal First Name Legal Middle Name

Address Grade Entering Gender Race

City State Zip Bus Y N (circle one)

County Birthdate Birth place

School Previously Attended Phone Unlisted (circle one) Yes No

Address City State Zip

Phone for Previous School

Legal Parent(s)/Guardian(s) Information

Relationship Type
 Last Name
 First Name

Legal Parent(s)/Guardian(s) Information

Last Name
 First Name

Home Address
 City, State, Zip
 Home Phone
 Cell Phone
 Work Phone
 Employer
 Email

Home Address
 City, State, Zip
 Home Phone
 Cell Phone
 Work Phone
 Employer
 Email

Medical Information

Doctor's Name
 Doctor's Phone

Emergency Contact (if more room is needed please use the back)

Name & Relation
 Phone

Does this student receive special services?

IEP 504 Plan Other

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Names of all children Under 21 In Order - Oldest First	Date of Birth				Special Needs (see below)
	Month	Date	Year	Sex	

TYPES OF SPECIAL NEEDS: ADENOIDS LAMENESS NERVOUSNESS ASTHMA HEADACHES
 FREQUENT COLDS HERNIA SPEECH HEARING LOSS SIGHT

Parent(s) / Guardian Signature _____ Date _____