

Allen Consolidated Schools

2023-2024

Last Name	First Name	Middle Name	Generation
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Legal Last Name	Legal First Name	Legal Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address	Grade Entering	Gender	Race
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

City	State	Zip	Bus <input type="checkbox"/> Y <input type="checkbox"/> N
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<small>(circle one)</small>

County	Birthdate	Birth place
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

School Previously Attended	Phone Unlisted (circle one) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%;" type="text"/>	

Address	City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Phone for Previous School

Legal Parent(s)/Guardian(s) Information

Legal Parent(s)/Guardian(s) Information

Last Name	<input style="width: 85%;" type="text"/>
First Name	<input style="width: 85%;" type="text"/>
Relationship Type	<input style="width: 85%;" type="text"/>
Home Address	<input style="width: 85%;" type="text"/>
City, State, Zip	<input style="width: 85%;" type="text"/>
Home Phone	<input style="width: 85%;" type="text"/>
Cell Phone	<input style="width: 85%;" type="text"/>
Work Phone	<input style="width: 85%;" type="text"/>
Employer	<input style="width: 85%;" type="text"/>
Email	<input style="width: 85%;" type="text"/>

Last Name	<input style="width: 85%;" type="text"/>
First Name	<input style="width: 85%;" type="text"/>
Relationship Type	<input style="width: 85%;" type="text"/>
Home Address	<input style="width: 85%;" type="text"/>
City, State, Zip	<input style="width: 85%;" type="text"/>
Home Phone	<input style="width: 85%;" type="text"/>
Cell Phone	<input style="width: 85%;" type="text"/>
Work Phone	<input style="width: 85%;" type="text"/>
Employer	<input style="width: 85%;" type="text"/>
Email	<input style="width: 85%;" type="text"/>

Medical Information

Doctor's Name	<input style="width: 95%;" type="text"/>
Doctor's Phone	<input style="width: 95%;" type="text"/>

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

Name & Relation	<input style="width: 95%;" type="text"/>
Phone	<input style="width: 95%;" type="text"/>

Does this student receive special services?

IEP	504 Plan	Other
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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 _____