

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

County

Birthdate

Birth place

School Previously Attended

Phone Unlisted (circle one)

Yes

No

Address

City

State

Zip

Legal Parent(s)/Guardian(s) Information

Last Name

First Name

Relationship Type

Home Address

City, State, Zip

Home Phone

Cell Phone

Work Phone

Employer

Email

Do you have legal custody of student?

Does the student live with you?

Legal Parent(s)/Guardian(s) Information

Last Name

First Name

Relationship Type

Home Address

City, State, Zip

Home Phone

Cell Phone

Work Phone

Employer

Email

Do you have legal custody of student?

Does the student live with you?

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

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

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

Parent(s) / Guardian Signature _____ Date _____