

Student Information Form

Student's Name: _____ Physical Address: _____ _____ <hr style="border: 1px solid black;"/> Mailing Address: _____ _____ <hr style="border: 1px solid black;"/> Student Home Phone: _____	Email: _____ Homeroom: _____ Date of Birth: _____ Place of Birth: _____ Grade: _____ Gender: _____ Home Language: _____
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Is the student Hispanic or Latino: (Choose One)

- Yes
 No

What is the student's race? (Choose one or more)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Legal Alert (Legal documentation required) If there is a court intervention related to this Child please indicate and provide documentation. <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert (Please specify) _____ _____
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Contact Information: All contacts listed below will be considered Emergency Contacts who you will allow to pick up your child.

Custodial Parent: (Parents Child Lives with) 1 st Contact: _____ Relation: _____ Address: _____ Lives with: ___ Gets Mailings: ___ Has Custody: ___ Emg: ___ Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-Mail Address: _____	2 nd Contact: _____ Relation: _____ Address: _____ Lives with: ___ Gets Mailings: ___ Has Custody: ___ Emg: ___ Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-Mail Address: _____
3 rd Contact: _____ Relation: _____ Address: _____ Lives with: ___ Gets Mailings: ___ Has Custody: ___ Emg: ___ Home Phone: _____ Work Phone: _____ Cell Phone: _____	4 th Contact: _____ Relation: _____ Address: _____ Lives with: ___ Gets Mailings: ___ Has Custody: ___ Emg: ___ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____