

FAMILY INFORMATION SHEET

1 st Student Name _____ (First) (Middle) (Last) Grade: _____ Birth Date _____
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2 nd Student Name _____ (First) (Middle) (Last) Grade: _____ Birth Date _____
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3 rd Student Name _____ (First) (Middle) (Last) Grade: _____ Birth Date _____
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4 th Student Name _____ (First) (Middle) (Last) Grade: _____ Birth Date _____
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PARENT/GUARDIAN INFORMATION

(Please indicate if guardian is other than mother/father – example grandparent, foster parent, etc.)

Father's Name _____ (If student is residing with only one parent,
Mother's Name _____ please place an X by that parent's name.)

Address _____
(Street) (P.O. Box)

City _____ Zip Code _____ Primary (Home) Phone _____

MOTHER/GUARDIAN INFO

Cell Phone _____

Workplace _____

Work Phone _____

Notes _____

FATHER/GUARDIAN INFO

Cell Phone _____

Workplace _____

Work Phone _____

Notes _____

The following are state-required enrollment questions:

1) Is a language other than English spoken in your home? Yes _____ No _____

If yes, what language(s)? _____

2) Does your child speak a language other than English? Yes _____ No _____

If yes, what language(s)? _____

3) Is legal guardian a member of the Armed Forces or Full-time National Guard on active duty? Yes _____ No _____

PLEASE TURN OVER, EMERGENCY CONTACT INFO ON BACK →

EMERGENCY CONTACTS

(If you are unavailable, the persons listed below will be contacted in case of emergency.
Please list at least one person, two would be even better.)

Emergency Contact 1 _____ Relationship _____ Pick-up _____(yes or no)

Home Phone _____ Cell Phone _____

Workplace _____ Work Phone _____

Emergency Contact 2 _____ Relationship _____ Pick-up _____(yes or no)

Home Phone _____ Cell Phone _____

Workplace _____ Work Phone _____

Emergency Contact 3 _____ Relationship _____ Pick-up _____(yes or no)

Home Phone _____ Cell Phone _____

Workplace _____ Work Phone _____