

Dear Parent: Please check the following information for accuracy. Please cross out any incorrect information and write in the corrected information. Any blank items should be filled in if they apply. Please SIGN and return to your child's teacher. Thank you.

**Student Information**

Student #	Last	Student Name			School	Grade-HmRm	Gender	Date of Birth
		First	Middle or Initial			M/F		

Resident Address (House#, Street, City, State, Zip, Apartment or Lot# - NO P.O. Boxes) \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_

Relationship to Student:  Father  Mother  Step-Father  Step-Mother  Relative  Non-Relative

Legal Guardian:  Yes  No

Address: \_\_\_\_\_  
(If Different from Student)

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_

Relationship to Student:  Father  Mother  Step-Father  Step-Mother  Relative  Non-Relative

Legal Guardian:  Yes  No

Address: \_\_\_\_\_  
(If Different from Student)

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

**Health Information**

Family Doctor: \_\_\_\_\_ Health Care Facility: \_\_\_\_\_ Hospital: \_\_\_\_\_

Please list any treatments, illnesses, accidents, or allergies NOT previously reported: \_\_\_\_\_

Immunizations NOT previously reported:  
(Indicate exact name of immunization and date (Month/Year) \_\_\_\_\_

**Student Racial and Ethnic Identification**

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

[For question (1) Select the box that best describes your child.] Select only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race:  YES, Hispanic  NO, not Hispanic

2. Select ONE or MORE races from the following racial groups. [For question (2) you may select all groups that apply to your child. Select at least ONE box.]

- American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Black: A person having origins in any of the black racial groups of Africa.
- White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Other Information**

Has family moved within past 3 years to obtain migratory employment? Y / N

Home Language (If other than English): \_\_\_\_\_

For Immigrants Only:

Initial Date of Entry into U.S.: \_\_\_\_\_

Years in U.S. schools: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

**Changes in Number of Brothers/Sisters**

Most recent births/additions accounting for any new children in household

Name:	Date of Birth:	Gender (Circle One)
_____	_____	M / F
_____	_____	M / F

**Emergency Contacts**

List a relative and a neighbor who will be responsible for your child in case of illness/accident and you can not be reached

	Name & Address	Phone
Relative:	_____	_____
Neighbor:	_____	_____
Emergency Drop Off:	_____	_____

**Automated Telephone Notification System Information**

In the event of an emergency (e.g. early dismissal) both numbers listed below (Primary, Emergency) will be called. For non-emergency situations (e.g. community outreach) only the first number listed below (Primary) will be called.

Primary: \_\_\_\_\_

Please Note: This system cannot dial extensions. Therefore, please use numbers that will reach you directly. Emergency: \_\_\_\_\_

**Internet Permission**

My son/daughter has permission to use the internet at school:

YES  NO

**Signature of Parent or Guardian:**

\_\_\_\_\_