



Student's Name: _____ **Grade:** _____ **ID#:** _____

* Siblings in the district with the same changes? Yes No Which school(s)? _____

Student's Mailing Address | Include City, State, and ZIP

FORMER: _____

CURRENT: _____

* Student lives with: Both parents Mother Father Mom/Stepdad Dad/Stepmom Guardian(s)

* If age 18, does student live on his/her own? Yes No

Contact Information for Student's Parent(s)/Guardian(s)

Home phone: (_____) _____ Cell- Mom: (_____) _____ Cell- Dad: (_____) _____

Email address(es): _____

Parent/Guardian Workplace Information

Mother or Stepmother or Guardian name: _____ Contact at work? Yes No

Workplace / Job: _____ / _____ Work phone: (_____) _____

Father or Stepfather or Guardian name: _____ Contact at work? Yes No

Workplace / Job: _____ / _____ Work phone: (_____) _____

Double Correspondence | OPTIONAL. *'Double correspondence' means that any mailings for the student will be sent to this person as well as the primary parent/guardian. Typically this refers to the non-custodial parent in the case of distance separation and/or divorce.*

Name(s): _____ Relationship(s) to student: _____

Mailing Address (include city, state, ZIP): _____

Home phone: (_____) _____ Cell: (_____) _____ Cell: (_____) _____

Email address(es): _____

Workplace / Job: _____ / _____ Work phone: (_____) _____

Emergency Information

Allergies? Yes No If yes, to what? _____

Doctor: _____ Dentist: _____ Other info: _____

Besides parent(s)/guardians(s), the school may contact these people in the case of an emergency with my child.

1. Name: _____ Relationship to student: _____ Phone: _____

2. Name: _____ Relationship to student: _____ Phone: _____