

School of Attendance:

General Information

Student Name		Student ID	Gender	Grade	
State ID	Last Name Goes By		Nick Name		
Birth Date	Birth Place		Leave Date	Enter Date	
Home Phone	Home Language	Resolved Race/Ethnicity			
Home Address			Mailing Address		
Bus Routes: AM Bus: _____ AM K bus to home: _____ PM Bus: _____ PM K bus to school: _____ Day Care: _____					

Custodial Information

Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	

Health Conditions

Condition	Start Date
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School of Attendance:

Comment

IN CASE OF EMERGENCY: Names of persons who can assume temporary responsibility

Name	Relationship	Home Phone	Work Phone	Other Phone
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Physician: _____ Phone: _____

1. Specify health conditions/allergies _____
2. Is your child on daily medication? Yes _____ No _____ Specify _____
3. Recent surgery, accident or illness (past year) _____