

STUDENT LIVES WITH (Please check all that apply)

- Both Parents Mother Father Step-Mother Step-Father Grandmother Grandfather
 Foster Parent(s) Guardian Other (Specify): _____

STUDENT RESIDENCY QUESTIONNAIRE

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the Student Residency Questionnaire located at the building offices.

MOTHER

Name: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Work Phone: _____
Send announcements to above listed e-mail address: Yes No

FATHER

Name: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Work Phone: _____
Send announcements to above listed e-mail address: Yes No

OTHER PARENT / GUARDIAN-A

Name: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Work Phone: _____
Is the child to have contact with them: Yes No
Should Non-Custodial Parent receive Grades District Newsletter Announcements

OTHER PARENT/GUARDIAN-B

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Is the child to have contact with them: Yes No

Should Non-Custodial Parent receive Grades District Newsletter Announcements

CUSTODY INFORMATION (If parents are divorced or separated, please provide the following Copy of Court Documentation is Required.)

- Court Documentation Attached Court Documentation on File in Office
 Joint Custody Sole Custody Mother Sole Custody Father Sole Custody Grandparent
 Other (Specify): _____

Example: Are there adults who do not have permission to pick students up?

Emergency Information

Family Physician: _____ Office Phone: _____

Family Dentist: _____ Office Phone: _____

Emergency Contacts (If Custodial Parent or Guardian can not be reached)

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Transportation

After School Plans: Bus #: _____ Walk: Yes No Pick Up: Yes No

Kdg Zone: _____ Zone 1: _____ Zone 2: _____ Zone 3-5: _____

By signing below I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian Signature)

(Date)