

CONTACT INFORMATION (continued)

Step-Parent/Guardian's Name _____ Date of Birth _____

Address (if different from student's) _____ City _____ Zip _____

Phone (if different from student's) _____ If not living with student, do you want mailings? YES NO

Occupation _____ Employer _____ Work Phone _____

Second Guardian at Separate Address _____ Date of Birth _____

Address _____ City _____ Zip _____

Phone _____ If not living with student, do you want mailings? YES NO

Occupation _____ Employer _____ Work Phone _____

EMERGENCY CONTACT other than parent or guardian:

Name: _____ **Phone:** _____ **Relationship:** _____

Marital Status of Natural Parents (circle one): MARRIED DIVORCED WIDOWED SINGLE SEPARATED

Student lives with (circle one): BOTH PARENTS MOTHER ONLY FATHER ONLY

OTHER (please specify): _____

Please list other siblings below:

Name(s)	Date of Birth	Living at Home?
1. _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

The enrollment information is true and correct to the best of my knowledge.

SIGNATURE OF PARENT OR GUARDIAN

DATE

School Office Use Only

Student ID #: _____ Entry Date & Code: _____ School: _____

Rapid Entry: _____ Initial: _____ Date of Rapid Entry: _____ Bus # _____

Completed by: _____ Date completed: _____