

STUDENT INFORMATION FORM

Student Name: Last _____ First _____ Middle _____

Male _____ Female _____

Date of Birth: _____ Place of Birth: _____

Social Security No. (**REQUIRED**) _____ - _____ - _____ Grade Entering: _____

Do you live in our school district: _____ yes _____ no If not, what school district do you reside? _____ County you reside in: _____

Ethnic/Racial Group:

_____ White
_____ Hispanic
_____ Asian or Pacific Islander
_____ Black
_____ American Indian/Alaskan Native

Home Language:

_____ English
_____ Spanish
_____ Other
Specify: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Father/Guardian Name: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Mother/Guardian Name: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Marital Status of Parents: _____ Married _____ Divorced _____ Separated
_____ Widowed _____ Single

If divorced, who has custody: _____

Names and ages of other children in your household:

Are you eligible to ride the bus? _____ yes _____ no

Do you ride a bus? _____ yes _____ no

To the best of my knowledge, I certify that this information is complete and correct.

Signature: _____ Date: _____