

### Student Information *(Circle choice where applicable)*

Legal Name (First) _____ (Middle) _____ (Last) _____ (Suffix) _____ Home Address _____ City _____ State _____ Zip _____ Mail Address _____ City _____ State _____ Zip _____ Main Contact Phn (____) _____	Date of Birth _____ Is student Hispanic or Latino? Yes No Race/Ethnicity: <i>(Select all that apply)</i> White Black or African American Asian Am Indian/Alaskan Native Hawaiian/Pacific Islander Hispanic Gender M / F Grade Level 6 7 8 9 10 11 12
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### Parent/Guardian Information *(Names must be first last; Circle choice where applicable)*

Mother _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Employer _____ Work Phone (____) _____ Email _____@_____ Resides with? Y/N Has Custody? Y/N If Yes: Physical or Educational	Father _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Employer _____ Work Phone (____) _____ Email _____@_____ Resides with? Y/N Has Custody? Y/N If Yes: Physical or Educational
Cont 1/Stepmother _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Employer _____ Work Phone (____) _____ Email _____@_____ Resides with? Y/N Has Custody? Y/N If Yes: Physical or Educational	Cont 2/Stepfather _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Employer _____ Work Phone (____) _____ Email _____@_____ Resides with? Y/N Has Custody? Y/N If Yes: Physical or Educational
Guardian _____ Relationship _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Employer _____ Work Phone (____) _____ Email _____@_____ Resides with? Y/N Has Custody? Y/N If Yes: Physical or Educational	Copies of legal custody papers required to be on file in the office.  LEGAL RESTRICTIONS (if any) of who may NOT visit or pick up your child (Legal Documents Required) _____ _____ Last School Attended _____ City _____ State _____

### Emergency Contact Information *(Names must be first last)*

Emer Cont 1 _____ Relationship _____ Phone (____) _____ Cell Phone (____) _____	Emer Cont 2 _____ Relationship _____ Phone (____) _____ Cell Phone (____) _____
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Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_