PARENT:

The information on this form will be transferred to your child's permanent record. Please fill in all the information requested.

STUDENT'S LEGAL NAME: _____
First Middle Last

DATE OF BIRTH:_____ ( ) Male ( ) Female

PLACE OF BIRTH: _____ _____ _____
City County State

HOME LANGUAGE: First language learned by pupil_____

Language normally used by pupil_____

At home_____

By parents at home_____

By student with friends_____

MOTHER'S INFORMATION

Name:_____

Relationship to student if other than mother:

_____

Street Address:_____

Mailing Address:_____

City/State/Zip Code:_____

Home Phone #_____

Cell#_____

Email Address:_____

Child lives with_____

Is this parent allowed contact with student? yes no

Does this parent have educational rights? yes no

Does this parent have custody? yes no

FATHER'S INFORMATION

Name:_____

Relationship to student if other than mother:

_____

Street Address:_____

Mailing Address:_____

City/State/Zip Code:_____

Home Phone#_____

Cell#_____

Email Address:_____

Child lives with_____

Is this parent allowed contact with student? yes no

Does this parent have educational rights? yes no

Does this parent have custody? yes no

NAMES OF BROTHERS AND SISTERS IN ORDER OF BIRTH

NAME	SEX	BIRTHDATE	BIRTHPLACE	CHILD LIVES HERE

PLEASE LIST ALL SCHOOLS PREVIOUSLY ATTENDED STARTING WITH MOST RECENT

School Name	School Address	School Phone #	Grade

SPECIAL SERVICES

Has your child received Special Education services of any kind? __ Yes __ No

If yes, please explain _____

Has your child ever received special help(s) in school, i.e. Chapter 1 or Assurance of Mastery?

_____