



Student Information

Student's Legal Name (Please Print) _____

Date of Birth ___/___/___ Grade Complete Last Year _____

Street Address _____ PO BOX _____

City _____ State _____ ZIP _____ Home Phone _____

School Last Attended (Name, City/State) _____

Does the student currently receive support from any of the following programs? (Check all that apply)

<input type="checkbox"/>	Title I
<input type="checkbox"/>	Special Education (IEP)
<input type="checkbox"/>	Speech/Language

<input type="checkbox"/>	Deaf/Hard of Hearing
<input type="checkbox"/>	504 Accommodation Plan
<input type="checkbox"/>	English as Second Language

Parent/Guardian Information

Primary Parent/Guardian _____

Home Address (If different than above) _____

Home Phone _____ Parent Cell Phone _____

Email Address _____

Please indicate the following:

Parent ___ Legal Guardian (by court) ___ Step Parent ___ Foster Parent ___

Other (Identify relationship to student) _____

Parent/Guardian Information (Additional)

Additional Parent/Guardian _____

Home Address (If different than student) _____

Home Phone _____ Parent Cell Phone _____

Email Address _____

Please indicate the following:

Parent ___ Legal Guardian (by court) ___ Step Parent ___ Foster Parent ___

Other (Identify relationship to student) _____

Please list all other children in the home (Include children birth through 12th grade)

NAME	Grade	AGE	Date of Birth