

NAME OF CHILD _____ SEX _____
(First) (Middle) (Last)

STREET ADDRESS _____

MAILING ADDRESS _____ TOWN _____

TELEPHONE # _____ CELL PHONE # _____

DATE OF BIRTH _____ RACE _____ GRADE _____
(Month) (Day) (Year)

PLACE OF BIRTH _____
(City) (County) (State)

SPECIAL EDUCATION _____ TITLE - READING/MATH _____ SPEECH _____

ENTRY DATE _____ TRANSFERRED FROM _____

IMMUNIZATION - Yes ___ No ___ PHYSICAL - Yes ___ No ___

FATHER'S NAME _____ Deceased - Yes ___ No ___
(First) (Middle) (Last) Separated - Yes ___ No ___

FATHER'S BIRTH DATE _____ PLACE _____

MOTHER'S NAME _____ Deceased - Yes ___ No ___
(First) (Middle) (Maiden) (Last) Separated - Yes ___ No ___

MOTHER'S BIRTH DATE _____ PLACE _____

EDUCATION OF FATHER (Last grade attended in school) _____

EDUCATION OF MOTHER (Last grade attended in school) _____

PLACE OF EMPLOYMENT Father's _____ Telephone _____
Mother's _____ Telephone _____

STEPFATHER'S NAME _____
STEPMOTHER'S NAME _____
GUARDIAN'S NAME _____
(Circle whichever applies) (First) (Last)

NAME OF CHILD'S BROTHERS _____ BIRTH DATE _____
_____ BIRTH DATE _____
_____ BIRTH DATE _____

NAME OF CHILD'S SISTERS _____ BIRTH DATE _____
_____ BIRTH DATE _____
_____ BIRTH DATE _____

TOWN/COUNTRY STUDENT _____ COUNTY _____
(Please circle)