

School Year:

Date:

## Enrolled Student Information Sheet

For your child's benefit, please keep us informed of any changes

**Student Information:**

First Name

Middle Name

Last Name

Preferred Name

StreetAddress

Date of Birth

City

State

Zip

County

Resides With

School District

**\*The Emergency Alert System** is a notification system used in case of weather closure or other urgent notifications. AT LEAST 1 number must be used for the Alert System.

**Parent / Guardian 1:** Please list as much information as possible, so that we may reach you in case of emergency

**Relation to Student:**

Parent

Adoptive Parent

Step-Parent

Guardian

**\*Use for Emergency Alert System? Y**

Title      Name

Home Phone:

Street Address

Cell Phone:

Work Phone:

City

State

Zip

Email (H):

Place of Employment (if applicable)

Email (W):

**Parent / Guardian 2:**

**Relation to Student:**

Parent

Adoptive Parent

Step-Parent

Guardian

**\*Use for Emergency Alert System? Y**

Title      Name

Home Phone:

Street Address

Cell Phone:

Work Phone:

City

State

Zip

Email (H):

Place of Employment (if applicable)

Email (W):

Parent/Guardian Notes:

SchoolYear:

## Enrolled Student Information Sheet

### Parent or Legal Guardian Information

Parents of Student - Marital Status to each other:				Mother's Custody Rights	NA	Full	Joint	Visit	None
Married	Divorced	Separated	Single	Father's Custody Rights	NA	Full	Joint	Visit	None

Notes:

### Additional Emergency Contacts (other than parent)

1. Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

### Additional Information

Student's Birth Order with Regard to Other Siblings

1st	2nd	3rd	4th	5th	Other
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Completed Education:

<b>MOTHER</b>	<b>FATHER</b>
High School or Less	High School or Less
1-3 Years of College	1-3 Years of College
Undergraduate Degree	Undergraduate Degree
Graduate Degree	Graduate Degree
Beyond Graduate Degree	Beyond Graduate Degree
Doctoral Degree	Doctoral Degree
Medical Degree	Medical Degree

Check All That Apply:

- Native Hawaiian or Other Pacific Islander
- Black or African American
- Asian
- White
- Hispanic or Latino
- Native American or Alaskan Native
- Other:

School Year:

## Enrolled Student Information Sheet

### DISMISSAL INFORMATION

Additional persons authorized for pick-up

In addition to contacts already listed, the following individuals are authorized to pick-up my child:

#### Regular Dismissal Plan:

Pick up by parent / guardian	Every Day	M	T	W	TH	F	As Needed
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Pick up by other	EveryDay	M	T	W	TH	F	AsNeeded
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Carpool with	EveryDay	M	T	W	TH	F	AsNeeded
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Child's Name:

Date:

Parent Signature: