



Office Use Only	Student Number: _____
<input type="checkbox"/> Birth Record	Records Requested: _____
<input type="checkbox"/> Immunization Record	Records Received: _____
<input type="checkbox"/> Proof of Residence	

STUDENT INFORMATION

Student's Legal Name (as shown on birth certificate): _____ Date: _____

_____ *Last* _____ *First* _____ *Middle*

_____ *Also Known As* _____ *Previous Legal Name (Last, First Middle)*

Gender (circle): M F Date of Birth: _____ Grade: _____

Home Phone: _____ Student Cell Phone: _____

Student Home (Residence) Address: _____ Student Mailing Address (if different from home): _____

_____ *Street* _____ *Street*

_____ *Address Line 2* _____ *Address Line 2*

_____ *City* _____ *State* _____ *Zip* _____ *City* _____ *State* _____ *Zip*

PARENT / GUARDIAN INFORMATION

Who is the student's primary legal guardian?

_____ *Name (Last, First)* _____ *Relationship to Student*

In whose name(s) should mail be sent? Address to: _____

Phone number to receive messages about student absences & school events: _____

Primary email for district communications: _____

Mother or Legal Female Guardian: This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

_____ *Name (Last, First)* _____ *Relationship to Student*

Mailing Address: **Same as Student** Home Phone: _____

_____ *Street* Cell Phone: _____

_____ *Address Line 2* Work Phone: _____

_____ *City* _____ *State* _____ *Zip* Email: _____

Send mail to this address *in addition* to the student address. Employer: _____

Student Name: _____

Father or Legal Male Guardian: This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Name (Last, First) *Relationship to Student*

Mailing Address: **Same as Student** Home Phone: _____

Street Cell Phone: _____

Address Line 2 Work Phone: _____

City *State* *Zip* Email: _____

Send mail to this address *in addition* to the student address. Employer: _____

Other Legal Guardian: This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Name (Last, First) *Relationship to Student*

Mailing Address: **Same as Student** Home Phone: _____

Street Cell Phone: _____

Address Line 2 Work Phone: _____

City *State* *Zip* Email: _____

Send mail to this address *in addition* to the student address. Employer: _____

ADDITIONAL EMERGENCY CONTACTS

Contact 1 Name *Relationship to Student*

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Contact 2 Name *Relationship to Student*

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Contact 3 Name *Relationship to Student*

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

MILITARY CONNECTED STUDENT

N-Not Military Connected A-Active Duty R-National Guard or Reserve X-Unable to provide