

***Parent or Guardian that student is LIVING WITH:**

Last Name:		First Name:		Middle:	
Relationship to Student: (circle one) Father Mother Step-Father Step-Mother Grandparent Other _____					
Address:			City & State:		Zip Code:
Mailing Address (if different):			Home Phone:		
Employer:			Work Phone:		
Occupation/Position:			Cell Phone:		
E-mail:			Pager #:		

Parent or Guardian that student is LIVING WITH: (if applicable)

Last Name:		First Name:		Middle:	
Relationship to Student: (circle one) Father Mother Step-Father Step-Mother Grandparent Other _____					
Address and Phone Number should be same as above.					
Employer:			Work Phone:		
Occupation/Position:			Cell Phone:		
E-mail:			Pager #:		

***Other Contact NOT LIVING WITH student for Emergencies when Parent is unavailable:**

Last Name:		First Name:		Relationship to Student:	
Address:			City & State:		Zip Code: Phone:

***Other Contact NOT LIVING WITH student for Emergencies when Parent is unavailable:**

Last Name:		First Name:		Relationship to Student:	
Address:			City & State:		Zip Code: Phone:

Parent NOT LIVING WITH student: (if applicable)

Family 2

Last Name:		First Name:		Relationship to Student:	
Address:			City & State:		Zip Code: Phone:

***DOCTOR**

Last Name:		First Name:		Phone:
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***If Student is a Military Dependent, please list the following:**

Name of Military Member:	Last 4 digits of Social Security No.	Squadron:	Rank:
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MIGRATORY SURVEY: If you work in agriculture (e.g. dairy, farming, ranching, Excel) and have moved into or out of this school district within the past three years so that any member of your family could work in this area, please check here. YES _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.