

EMERGENCY CONTACTS (do NOT include persons already listed in households)

Name Last, First	M/F	Relationship to Student	Cell #	Other Phone #

SECONDARY HOUSEHOLD (Parent the student does NOT primarily reside with)

Parent/Legal Guardian: Last name: _____ First name: _____

Street Address: _____ Apt/Lot #: _____

City/State/Zip: _____ Household Phone: _____

Relationship to Student: _____ Email Address: _____

Cell: _____ Text Messaging: ___Y ___N Receive District Notifications: ___Y ___N

Is this parent to receive mailings? ___ Y ___ N • Is this parent to receive portal access? ___ Y ___ N

PERSONS LIVING IN THIS HOUSEHOLD

Name Last, First	M/F	Relationship to Student	School/Grade	Phone #

MILITARY CONNECTIONS (Indicate CURRENT active duty member of the Armed Forces)

Parent/Guardian Name: _____

Status-Please check one: Active Duty Deployed Active Duty Not Deployed

Start Date Active Duty: _____ End Date Active Duty: _____

Site/Location: _____ Branch: _____

Name of Parent, Guardian or Assigned Representative

Date

Relationship to Student