

Last Name: _____ First Name: _____

Email Address: _____

Address (if different from student): _____ Town: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Town: _____ State: _____ Zip: _____

Primary Phone No.: _____ Type: Home Cell Work

Secondary Phone No.: _____ Type: Home Cell Work

SIBLINGS (Please list first and last name of each sibling living with student): _____

Office Use Only

Student Name: _____ State ID No. _____ Entry Date: _____

Grade: _____ Teacher/Advisor: _____ AM Bus No.: _____ PM Bus No.: _____

EMERGENCY CONTACTS

In an emergency, the parent/guardian listed as Responsible Adult #1 will be called first, the Parent/Guardian listed as Responsible Adult #2 will be called second. By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

Name: _____ Relationship to Student: _____

Address: _____

Primary Phone No.: _____ Other Phone No.: _____

Name: _____ Relationship to Student: _____

Address: _____

Primary Phone No.: _____ Other Phone No.: _____

PREKINDERGARTEN STUDENTS ONLY

Pre-K EE Prekindergarten Name: _____

Address: _____ Town: _____ State: _____ Zip: _____

HIGH SCHOOL STUDENTS ONLY

Dual Enrollment Early College

Signature of Parent/Responsible Adult: _____ Date: _____

Office Use Only

National School Lunch Program

Free Reduced Not-Eligible Declined