

PRIMARY HOUSEHOLD INFORMATION – Please note if you are parent/guardian of a school district student & where student resides.

PRIMARY HOUSEHOLD (Primary Guardian 1) Legal Last Name Legal First Name Legal Middle Name			RELATIONSHIP TO STUDENT ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Grandmother ☐ Grandfather ☐ Guardian ☐ Agency ☐ Self ☐ Other _____		PHONE #1 Home Phone (include area code)		Please check if unlisted ☐	
GUARDIAN 1 Date of birth (MM/DD/YYYY)		Guardian 1 Email Address				PHONE #2 Primary Guardian 1 (include area code)		☐ Work ☐ Cell
						PHONE #3 Primary Guardian 1 (include area code)		☐ Work ☐ Cell
RESIDENT ADDRESS	Street			Apt #	City	State	Zip	
MAILING ADDRESS (If different from above)	Street			Apt #	P O Box	City	State	Zip
SECONDARY GUARDIAN PRIMARY HOUSEHOLD (Secondary parent/guardian where student resides) Legal Last Name Legal First Name Legal Middle Name				RELATIONSHIP TO STUDENT ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Grandmother ☐ Grandfather ☐ Guardian ☐ Agency ☐ Self ☐ Other _____		PHONE #2 Primary Guardian 2 (include area code)		☐ Work ☐ Cell
GUARDIAN 2 Date of birth (MM/DD/YYYY)		2 nd Guardian Email Address				PHONE #3 Primary Guardian 2 (include area code)		☐ Work ☐ Cell
				PRIMARY LANGUAGE SPOKEN BY PARENT/GUARDIAN ☐ English ☐ Spanish ☐ Other _____				

PLEASE LIST STUDENTS ATTENDING SELAH SCHOOL DISTRICT (For additional names, please attach on additional form.)

Legal Last Name	Legal First Name	Legal Middle Name	School	Grade	Date of Birth

SECOND HOUSEHOLD INFORMATION – Parents/guardians of student NOT residing full time with student

SECOND HOUSEHOLD (Primary Guardian 1) Legal Last Name Legal First Name Legal Middle Name			RELATIONSHIP TO STUDENT ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Grandmother ☐ Grandfather ☐ Guardian ☐ Agency ☐ Self ☐ Other _____		PHONE #1 Home Phone (include area code)		Please check if unlisted ☐	
GUARDIAN 1 Date of birth (MM/DD/YYYY)		Guardian 1 Email Address				PHONE #2 Primary Guardian 1 (include area code)		☐ Work ☐ Cell
						PHONE #3 Primary Guardian 1 (include area code)		☐ Work ☐ Cell
RESIDENT ADDRESS	Street			Apt #	City	State	Zip	
MAILING ADDRESS (If different from above)	Street			Apt #	P O Box	City	State	Zip
SECOND HOUSEHOLD (Second Guardian 2) Legal Last Name Legal First Name Legal Middle Name				RELATIONSHIP TO STUDENT ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Grandmother ☐ Grandfather ☐ Guardian ☐ Agency ☐ Self ☐ Other _____		PHONE #2 Primary Guardian 2 (include area code)		☐ Work ☐ Cell
Guardian 2 Date of birth (MM/DD/YYYY)		Guardian 2 Email Address				PHONE #3 Primary Guardian 2 (include area code)		☐ Work ☐ Cell
				PRIMARY LANGUAGE SPOKEN BY PARENT/GUARDIAN ☐ English ☐ Spanish ☐ Other _____				
ADDITIONAL MAILINGS REQUESTED TO SECOND HOUSEHOLD? (Report cards, etc.) ☐ Yes ☐ No								

Emergency Contact Information

Full Legal Name	Date of Birth (MM/DD/YYYY)	Phone (include area code)	Full Legal Name	Date of Birth (MM/DD/YYYY)	Phone (include area code)
1.			3.		
2.			4.		
Is any member of this household or emergency contact an employee of Selah School District? ☐ Yes ☐ No		Full legal name of employee:		Full legal name of employee:	

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date.

Legal Parent/Guardian Signature _____ Date _____