

Craig City School District

\_\_\_\_\_ School Year

ID Number \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

Student Information:

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

First Middle Last

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Sex: M F

Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent email address: \_\_\_\_\_ and/or \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian Name, if different from parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Emergency Contact Name (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

**We MUST have an emergency contact.** Other Contact: \_\_\_\_\_

Special Medical Problems/Allergies: \_\_\_\_\_

Caucasian \_\_\_\_\_ Native Alaskan \_\_\_\_\_ PAC Islander \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ Native American \_\_\_\_\_