

Teacher _____ **MT. ZION CUSD 3** Student ID # _____

Student's Full Name _____
(Last) (First) (Middle)

Sex _____ Birthdate _____ Age _____ Grade _____ Phone# _____ Bus# _____

Part A. Is this student Hispanic/Latino? **MUST choose one ethnicity only.**
_____ **No, not Hispanic/Latino** _____ **Yes, Hispanic/Latino**

Part B. What is the student's race? **MUST Choose one race or more.**
_____ **American Indian or Alaska Native**
_____ **Asian**
_____ **Black or African American**
_____ **Native Hawaiian or Other Pacific islander**
_____ **White**

Part C. Native language: _____ Language at Home _____

Race/ethnicity completed by: _____

Name You Want Student Called _____ Allergic to _____

Student's Address _____
(Street Address) (City) (Zip Code)

County (**must select one**) _____ Macon _____ Moultrie

Student lives with _____

Parent(s)/Guardian(s) Email Address(es) _____

Father's Name _____ Address _____

Father's Phone # _____ Cell Phone # _____

Father's Employer _____ Work Phone # _____

Mother's Name _____ Address _____

Mother's Phone # _____ Cell Phone # _____

Mother's Employer _____ Work Phone# _____

List Siblings First Name(s) & Birthdate(s) _____

If Parent(s) Cannot Be Reached Call: 1) _____ Ph# _____

List relationship to student
2) _____ Ph# _____

Previous School _____

Address _____ Phone _____

SPECIAL SERVICES

Please indicate below if your child has received or presently receives special services such as: L.D., EMI, Speech, Occupational Therapy, Special Reading, Social Work, etc., or has had a 504 plan

_____ No. My child does not receive special services at this time.

_____ Yes. My child is presently receiving special services which I have listed below.

Custodial Information

Name of Legal/Primary Custodian _____

Address _____ Phone# _____

Relationship to child _____

Name of Joint/Shared Custodial Parent _____

Address _____ Phone# _____

Relationship to child _____

Name of Non-Custodial Parent(s) _____

Address _____ Phone# _____

Relationship to child _____

Parental Visitation Yes _____ No _____ Day(s) /Time _____

Does the Non-Custodial Parent have permission to visit child at school? Yes _____ No _____

Does the Non-Custodial Parent have permission to take child from school? Yes _____ No _____

**** A copy of all legal documentation regarding custody must be filed with the office.**

Family Physician _____

Physician Phone # _____

Preferred Hospital _____

Insurance Carrier & Policy # _____

In case of emergency and when I cannot be readily contacted, I the undersigned parent/guardian of

_____, give permission to the teacher, emergency staff,

(Child's Name)

hospital, and physician to transport my son/daughter in the event of injury or illness.

Parent/Guardian signature