

Primary Household Parent / Legal Guardian 2:

(Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) _____

E-Mail Address: _____

Cell Phone # () _____ - _____ Work phone # () _____ - _____

Emergency Call Sequence _____ Portal

Primary Home Language _____ Dialect _____

First Language Spoken _____ Correspondence Language _____

Translation Services Needed Active Duty in US Armed Forces (including National Guard & Reserve Forces)

SECTION 2: Secondary Household

Secondary Household Information - Where student sleeps on a part time basis.

(Leave blank if this does not apply to your family situation)

Should this address receive written correspondence? Yes No

Physical Address _____
(Street Number) (Street Name)

City: _____ State: _____ Zip: _____

Mailing Address (If different than physical address)

City: _____ State: _____ Zip: _____

Secondary Household Parent / Legal Guardian 2:

(Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) _____

E-Mail Address: _____

Cell Phone # () _____ - _____ Work phone # () _____ - _____

Emergency Call Sequence _____ Portal

Primary Home Language _____ Dialect _____

First Language Spoken _____ Correspondence Language _____

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SECTION 3: Emergency Contacts

Emergency Contacts – The following people have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the Parent/Legal Guardian cannot be reached.

Emergency Contact 1: _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Emergency Call Sequence _____ Portal Primary Home Language _____

Emergency Contact 2: _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Emergency Call Sequence _____ Portal Primary Home Language _____

Emergency Contact 3: _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Emergency Call Sequence _____ Portal Primary Home Language _____

SECTION 4: Additional Household Members (include all students and additional adults)

Additional Household Members & Siblings - Please list the names of all additional household members and siblings.

| Last Name | First Name | Age | Relation to Student | School |
|-----------|------------|-------|---------------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

If there are custody issues that prevent any of the previously indicated heads of household from having access to the students listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian not listed on birth certificate, court documentation must be provided.

SECTION 5: Signature

Name of Parent/Legal Guardian completing Form (print): _____

Signature _____ Date: _____