



# GENERAL DEMOGRAPHICS: *Please complete each section*

## STUDENT LEGAL NAME

Last	Middle	First

## STUDENT CHOSEN NAME

Last	Middle	First

Student Cell Phone #	Current Grade	DOB	Gender

Last School Attended	City, State	Current Home School	City, State

## STUDENT HOME ADDRESS

Street/ Apt #	City	State	Zip

## STUDENT MAILING ADDRESS

Street/ Apt #	City	State	Zip

## ETHNICITY & RACE

What is the students Race?	<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac Islander	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other: _____
If answered <b>YES</b> to American Indian/Alaskan Native, please enter Primary Tribe: _____		
Is the student Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## SPECIAL SERVICES

Does student have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 504 <input type="checkbox"/> IEP <input type="checkbox"/> SAT <input type="checkbox"/> ELL <input type="checkbox"/> Other
Is there a court order/protection order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If other, please explain: _____
Has student ever been expelled from school or retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____
Does student have any pending criminal charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____



# GENERAL DEMOGRAPHICS: *Please complete each section*

## PRIMARY HOUSHOLD: PARENT/GAURDIAN INFO

Name: Last First	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to student?
Cell Phone	
Personal Email	
Employer	
Work Phone	
PowerSchool <input type="checkbox"/> Yes <input type="checkbox"/> No Check students' attendance and grades.	
Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No Receive report card and other information by mail.	
Text <input type="checkbox"/> Yes <input type="checkbox"/> No Receive school information via text and emergency alerts.	

Name: Last First	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to student?
Cell Phone	
Personal Email	
Employer	
Work Phone	
PowerSchool <input type="checkbox"/> Yes <input type="checkbox"/> No Check students' attendance and grades.	
Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No Receive report card and other information by mail.	
Text <input type="checkbox"/> Yes <input type="checkbox"/> No Receive school information via text and emergency alerts.	

<b>Is parent/guardian active military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select all that apply below
Parent/Guardian 1 <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> DOD civilian <input type="checkbox"/> Retired Military
Parent/Guardian 2 <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> DOD civilian <input type="checkbox"/> Retired Military

**Secondary household information next page.**



# GENERAL DEMOGRAPHICS: *Please complete each section*

## SECONDARY HOUSHOLD: PARENT/GAURDIAN INFO

Name: Last First	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to student?	
Cell Phone		
Personal Email		
Employer		
Work Phone		
PowerSchool <input type="checkbox"/> Yes <input type="checkbox"/> No		Check students' attendance and grades.
Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No		Receive report card and other information by mail.
Text <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive school information via text and emergency alerts.	

Name: Last First	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship to student?	
Cell Phone		
Personal Email		
Employer		
Work Phone		
PowerSchool <input type="checkbox"/> Yes <input type="checkbox"/> No		Check students' attendance and grades.
Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No		Receive report card and other information by mail.
Text <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive school information via text and emergency alerts.	

**Is parent/guardian active military?**  Yes  No *If yes, please select all that apply below*

Parent/Guardian 1  National Guard  Reserve  DOD civilian  Retired Military

Parent/Guardian 2  National Guard  Reserve  DOD civilian  Retired Military

**I certify that I am the legal guardian of the child listed above and that all information above is true and accurate to the best of my knowledge.**

Signature	Date
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