

Secondary Household (Only for Parent NOT living in Primary Household)

Home phone:	_____		
Residence Address:	_____		
	Number	Street	Apt/Lot

	City	State	Zip
Mailing Address	_____		
(if different)	Number	Street	Apt/Lot

	City	State	Zip

Secondary Household Members

Parent/Guardian 1:	_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____
	First	Middle	Last			Relation to student
Employer:	_____		Work phone:	_____		Cell phone: _____
E-mail address:	_____		Legal Guardian	Phone messenger (contact me with important school info)		
	PowerSchool (Student information system; access to grades, assignments & attendance)		Mailing			
Parent/Guardian 2:	_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____
	First	Middle	Last			Relation to student
Employer:	_____		Work phone:	_____		Cell phone: _____
E-mail address:	_____		Legal Guardian	Phone messenger (contact me with important school info)		
	PowerSchool (Student information system; access to grades, assignments & attendance)		Mailing			

Has this student been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have any prior or pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to one or both of the preceding questions, please provide details (place, reason, dates, etc).

In case of emergency and if we are unable to locate you or your emergency contact, do you give the school district or emergency personnel permission to treat your child - including transporting your child by ambulance, if needed?
 Yes No

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. I verify that I reside within the school district boundaries or have an approved non-resident status for my child.

Signature

Date