



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 YES 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/GUARDIAN 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?	<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/GUARDIAN 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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