

Prentice School District STUDENT DATA COLLECTION FORM

Elementary Middle High School

Date: / /

STUDENT DATA:

LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME

GENDER MALE FEMALE BIRTHDATE GRADE

SOCIAL SECURITY NUMBER

ADDRESS

STREET PO BOX

CITY ZIP City township village of

ETHNICITY Black Hispanic American Indian white Asian (check all that apply)

Does this child have any serious health conditions? No Yes-list below

Does this child have any serious learning disabilities? No Yes-list below

Other Children Data

Please list all siblings that currently reside in the same home as this student who are 20 years of age or younger:

Name Relationship DOB

Name Relationship DOB

Name Relationship DOB

Name Relationship DOB

Name Relationship DOB

Name Relationship DOB

Name Relationship DOB

Parent/Guardian Data

Status of parents married Father deceased Mother deceased separated divorced custody is joint custody is sole -name

Who has primary physical placement of the child during school hours?

NOTE- In cases where both biological/legal parents are alive but are separated or divorced, it is important that we have the data for all parental adults. Future school mailings will be sent to both adults/households unless we are informed otherwise.

First set of Parents-

check if child lives here

Parent 1 (The adult who is filling out this form should be listed first.)

last name first name Middle

Relationship mother Father step-mother step-father Foster Mother Foster Father guardian other

Address

Home phone cell phone

Email

Employer Work Phone

Parent 2

Last name first name Middle

Relationship Mother Father Step-mother Step-father Foster Mother Foster Father guardian other

Address

Home phone Cell phone

Email

Employer Work Phone

Second set of Parents-

check if child lives here

Parent 3

Last name first name Middle

Relationship Mother Father Step-mother Step-father Foster Mother Foster Father guardian other

Address

Home phone cell phone

Email

Employer _____ Work Phone _____

Parent 4

Last name _____ first name _____ Middle _____

Relationship _____ Mother _____ Father _____ Step-mother _____ Step-father _____ Foster Mother _____ Foster Father _____ guardian _____ other _____

Address _____

Home phone _____ Cell phone _____

Email _____

Employer _____ Work Phone _____

EMERGENCY

Primary contact _____ DAYTIME # _____ Relationship _____

Secondary contact _____ DAYTIME # _____ Relationship _____

Approximate distance from home to school in miles _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Signature

_____ date / /

If an emergency exists, I hereby authorize school employees to obtain the services of a local physician or dentist for the child named on this form