

STUDENT NAME: _____ GRADE THIS YEAR: _____ SEX: _____
CLASS NAME: _____ DAY: _____ TIME: _____
RELIGION: _____ SCHOOL: _____ ETHNIC BACKGROUND: _____
LANGUAGE: _____ BIRTH DATE: ___/___/___ ATTENDED HERE BEFORE: Y N
HEALTH PROBLEMS: _____
OTHER CONDITIONS: _____
REMARKS: _____

If the student is not living with his or her birth mother and/or birth father, please enter the following:

BIRTH FATHER: _____ BIRTH MOTHER: _____
ADDRESS: _____ ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____ CITY/STATE: _____ ZIP CODE: _____
HOME PHONE: (____) _____ BUS PHONE: (____) _____ HOME PHONE: (____) _____ BUS PHONE: (____) _____
RELIGION: _____ MAR STAT: _____ RELIGION: _____ MAR STAT: _____

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HEALTH PROBLEMS: _____
OTHER CONDITIONS: _____
REMARKS: _____

If the student is not living with his or her birth mother and/or birth father, please enter the following:

BIRTH FATHER: _____ BIRTH MOTHER: _____
ADDRESS: _____ ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____ CITY/STATE: _____ ZIP CODE: _____
HOME PHONE: (____) _____ BUS PHONE: (____) _____ HOME PHONE: (____) _____ BUS PHONE: (____) _____
RELIGION: _____ MAR STAT: _____ RELIGION: _____ MAR STAT: _____

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If the student is not living with his or her birth mother and/or birth father, please enter the following:

BIRTH FATHER: _____ BIRTH MOTHER: _____
ADDRESS: _____ ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____ CITY/STATE: _____ ZIP CODE: _____
HOME PHONE: (____) _____ BUS PHONE: (____) _____ HOME PHONE: (____) _____ BUS PHONE: (____) _____
RELIGION: _____ MAR STAT: _____ RELIGION: _____ MAR STAT: _____