

PARENT INFORMATION (Check if natural parent, legal guardian or step-parent)

Father's Name: _____ Natural Father Legal Guardian
 Step-Father

Current Address: _____
(If different than student)

Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pager #: _____ Fax #: _____ E-Mail: _____

Mother's Name: _____ Natural Mother Legal Guardian
 Step-Mother

Current Address: _____
(If different than student)

Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pager #: _____ Fax #: _____ E-Mail: _____

EMERGENCY CONTACT INFORMATION (Identify other persons authorized to pick up student)

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY INFORMATION

Does student have any health problems or allergies? Yes No If yes, please explain: _____

Does the student require medication while at school? Yes No If yes, please complete a *Medication Authorization Form*.

Does the student have a brother or sister enrolled in North Spencer schools? If yes, please complete the following:

Name: _____ School: _____ Date of Birth: _____

Name: _____ School: _____ Date of Birth: _____

Name: _____ School: _____ Date of Birth: _____

ACADEMIC INFORMATION

Name/Address of last school attended: _____

_____ (Street) _____ (City) _____ (State) _____ (Phone)

Please list each North Spencer school the student has attended and the year attended: _____

Has student ever received any of the following support services? Please check all that apply:

English for Speakers of Other Languages Special Education Speech Gifted Education Remedial Education

Early Intervention Program Title I Other: _____

Parent/Guardian Name (please print) Parent/Guardian Signature Date