

OFFICE USE ONLY!! Students 1st day of School: _____ Student #: _____
 BC O/F IMZ COM INC PROV H.L.S. O/F Comp. Agr. O/F UIC # _____
 Hot Lunch MIG MCIR SOC: App Release District: _____ School Year: _____
 Race/Ethnicity Address/Residency Verified FERPA Immunization Consent

STUDENT INFORMATION

Student Full Legal Name _____

Grade _____ M F Date of Birth _____ Place of Birth _____Health Code: Asthma Vision Hearing Beesting Epileptic Diabetic Medication Other _____Special Education Services: Yes No If yes, explain _____Student Lives With: Father Mother Step-Parent Guardian Relative _____

Student Cell Phone: _____

FAMILY / HOUSEHOLD INFORMATION

Street Address (required) _____ City _____ Zip _____

Mailing Address (if different from above) _____ City _____ Zip _____

Home Phone _____ County of Residence _____

Father/Guardian _____ **Mother/Guardian** _____ **Step-Parent** _____

Cell Phone _____ Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____ Email Address _____

Employer _____ Employer _____ Employer _____

Work Phone # _____ Work Phone # _____ Work Phone # _____

In Household: Yes No

In Household: Yes No

If No, Receive Mailings? Yes No

If No, Receive Mailings? Yes No

If Yes, please list address _____ If Yes, please list address _____

Circle one: Education: HS 9th 10th 11th 12th College 1 2 3 4 +Circle one: Education: HS 9th 10th 11th 12th College 1 2 3 4 +**Other children in family:**

Name Birth date Grade Name Birth date Grade

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMERGENCY CONTACTS – If parent/guardian cannot be reached:

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Hospital Name: _____ Phone: _____

I verify the above information to be accurate and truthful to the best of my knowledge, including the address in which we reside.

Parent Signature: _____ Date: _____