

Confidential Family / Student Information

I. Student's (Legal) Name: _____

Home Address: _____

Home Telephone Number: _____ Cell: _____

Student's Birth Date: _____

Child's Parents: _____

Father's Full Name

Mother's Full Name

Guardians: _____

Legal Custodians: _____

II. PLEASE FILL OUT ONLY IF PARENTS ARE: (Check All That Apply)

Divorced Separated Remarried Widowed Unmarried

Individual with whom the child primarily lives: _____

Check Relationship: Father Mother Other (State Relationship) _____

Does the parent with whom the child does not live have any Court Restrictions placed on his/her Parental Rights?

Check: Yes No

If Yes, what are the restrictions? * _____

If the child lives with the Remarried Parent, is the Parent's Spouse the Adoptive Parent?

Check: Yes No

*PLEASE SUBSTANTIATE THESE ITEMS BY ATTACHING A COPY OF THE COURT ORDER/DIVORCE DECREE TO THIS FORM.

Parent/Legal Guardian: _____

Date: _____