



CONFIDENTIAL FAMILY / STUDENT INFORMATION

I. STUDENT'S (LEGAL) NAME:

FIRST NAME		LAST NAME	
HOME ADDRESS:	CELL:	HOME PHONE:	
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)

<input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> REMARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNMARRIED
INDIVIDUAL WITH WHOM THE CHILD PRIMARILY LIVES:
CHECK RELATIONSHIP: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER (STATE RELATIONSHIP)
DOES THE PARENT WITH WHOM THE CHILD DOES NOT LIVE HAVE ANY COURT RESTRICTIONS PLACED ON HIS/HER PARENTAL RIGHTS? <input type="checkbox"/> YES <input type="checkbox"/> NO      * IF YES, WHAT ARE THE RESTRICTIONS?
IF THE CHILD LIVES WITH THE REMARRIED PARENT, IS THE PARENT'S SPOUSE THE ADOPTIVE PARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

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

PARENT/LEGAL GUARDIAN:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.