

Child Lives in Home With: (Circle the # of the Appropriate Answer)

1. With both Birth Parents
2. Parents divorced – living w/ Mother as custodial guardian (Legal Custody Papers to be provided to school)
3. Parents divorced – living w/ Mother as custodial guardian and Step-Father or other adult Male (Legal Custody Papers to be provided)
4. Parents divorced -- living w/ Father as custodial guardian (Legal Custody Papers to be provided to school)
5. Parents divorced – living w/ Father as custodial guardian and Step-Mother or other adult Female (Legal Custody Papers to be provided)
6. Parents divorced – Both parents equal physical/custodial guardianship
7. Father deceased, living w/ Mother alone
8. Father deceased, living w/ Mother and Step-Father or other adult Male
9. Mother deceased, living w/ Father alone
10. Mother deceased, living w/ Father and Step-Mother or other adult Female
11. Living with Grandparents as Legal Guardians (Legal Paperwork to be provided to the school)
12. Living with Legal Guardians who are relatives (Legal Paperwork to be provided to the school)
13. Living in a Foster Home
14. Other _____

Stepmother's Name: _____ Work Phone#: _____
Stepfather's Name: _____ Work Phone#: _____

Ethnicity: (Please Circle Appropriate Ethnic Group) –

White	Hispanic/Latino of Any Race	**For multi-racial (2 or more races) please circle all races that apply
Black or African American	Native Hawaiian/Other Pacific Islander	
Asian	American Indian or Alaskan Native	

English was first/primary language learned by student: Yes _____ No _____
If no, please list first/primary language: _____

Student's Present Age: _____ Student's Present Grade Level: _____

Date Student Withdrew From Last School: _____

Last School Attended: (Name) _____
(Last School's Address/Phone) _____

Student's past grades and academic subject performance levels: (Circle answer)

1. Above Ave. (A & B)
2. Average (B & C)
3. Some areas above avg. /some areas below (A, B, C, D mixed)
4. Below average (D & F)

Circle special programs student received at last school:

1. Special Education (full time – part time)
(Please provide us with a copy of your child's IEP if at all possible)
2. Speech / Language
3. Title 1 Remedial/Tutoring
4. Bridges Lab
5. Gifted & Talented Class (top 5% in academics)
6. 504 Educational Plan
7. In the process of being tested for Sp. Ed. services or been recommended to be tested

Please explain any specific educational needs or information we should know about your child.

Please explain any specific health problems, medications, or needs we should be aware of regarding your child _____
