



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:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.