

Howard Elementary

Student Name _____ Date _____ Grade _____

Last First Middle Nickname

Birthday _____ Age _____ Sex _____ City of Birth _____ County of Birth _____ State of Birth _____ Country of Birth _____

Race: White ___ American Indian ___ Asian ___ Black/African American ___ Pacific Islander/Native Hawaiian ___ Check all that apply

Ethnicity: Hispanic ___ Not Hispanic ___

List sibling(s) currently attending the SCS: 1) _____ 2) _____ 3) _____ 4) _____

School Last Attended _____ Address _____ Phone _____ Dates _____

Custody: Mother Father Both Other _____ Custody Papers On File In Office? Y or N Non Custodial Parent May Pick Child Up From School? Y or N

Visitation Restrictions: _____ Non Custodial Parent May Attend School Functions and Join Child For Lunch? Y or N

Please List Any Person(s) Your Child Should NEVER Be Allowed Contact With. You Must Provide A Valid No-Contact Order For Us To Deny Contact With A Non-Custodial Parent.

Name _____ Relationship _____

Name _____ Relationship _____

Father/Guardian _____

Mother/Guardian _____

Address _____

Address _____

Primary Phone _____ Secondary _____

Primary Phone _____ Secondary _____

Employer _____ Work Phone _____

Employer _____ Work Phone _____

Email _____

Email _____

[] Primary Residential Parent [] Child Lives At This Address

[] Primary Residential Parent [] Child Lives At This Address

List Persons (over 18) Who Have Permission To Sign Out & Transport Your Child If You Cannot Be Reached. Parents Are Required To Notify The School Office In Writing If Any Pick Up Information Changes.

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand that the student's assignment to a school is based on the legal residence of the primary custodian.

Parent or Guardian Signature _____ Date _____

[] Car Rider AM / PM / BOTH [] Bus Rider AM / PM [Bus #] / BOTH

[] _____ Daycare AM / PM / BOTH

Does your child have an IEP? Yes No

Does your child have a 504 Plan? Yes No