



Confidential Family/Student Information 2010-2011

Please fill out only if this applies to you (check all that apply)

Divorced Separated Remarried Widowed Unmarried

Family Last Name _____

Child(ren)'s Parents _____

Father's Full Name _____

Mother's Full Name _____

Stepparent/Guardian Full Name _____

Student(s) Legal Name _____

Individual(s) with whom the child(ren) primarily lives _____

Relationship: Father Mother Other

If other, please explain _____

If there is joint custody, with whom is the child(ren) on what day(s) of the week?

Are there any court restrictions pertaining to parental rights? Yes No

If there are any restrictions, please attach a copy of the court order to this form.

Wednesday Packets Send mine with child _____

Mail to home of _____

Please note: for families requiring more than one packet, there is an additional charge for mailing Wednesday Packets.

_____ Date _____

Parent/Legal Guardian Signature

If there is other information we should know, please include it on reverse side of this form.