

PLEASE WRITE CLEARLY

Student Information Form

Student's Last Name Student's First Name Student's Middle Name Suffix

Date of Birth: \_\_\_ - \_\_\_ - \_\_\_ Gender:  Male  Female Grade: \_\_\_ HR: \_\_\_

Country of Birth: \_\_\_ State of Birth: \_\_\_ City of Birth: \_\_\_

Is this student Hispanic or Latino?  No - Not Hispanic or Latino  Yes - Hispanic or Latino

Race:  American Indian or Alaska Native  Asian  Black/African American  White  Native Hawaiian or Pacific Islander

Transportation

Does this student need school bus transportation?  Yes  No

Parent 1

Relationship:  Mother  Father  Legal Guardian  Foster Parent  Other

Last Name First Name Middle Initial Suffix

Address: \_\_\_ City: \_\_\_ State: \_\_\_ Zip: \_\_\_

Home Phone #: \_\_\_ - \_\_\_ - \_\_\_ Cell Phone #: \_\_\_ - \_\_\_ - \_\_\_ Work Phone #: \_\_\_ - \_\_\_ - \_\_\_

Placed of Employment: \_\_\_ Parent Email address: \_\_\_

MOST PARENT COMMUNICATION WILL BE SENT VIA EMAIL AND TEXT MESSAGES

Mailing Address: (if different from primary address)

Address: \_\_\_ City: \_\_\_ State: \_\_\_ Zip: \_\_\_

Parent 2

Relationship:  Mother  Father  Legal Guardian  Foster Parent  Other

Last Name First Name Middle Initial Suffix

Address: \_\_\_ City: \_\_\_ State: \_\_\_ Zip: \_\_\_

Home Phone #: \_\_\_ - \_\_\_ - \_\_\_ Cell Phone #: \_\_\_ - \_\_\_ - \_\_\_ Work Phone #: \_\_\_ - \_\_\_ - \_\_\_

Parent Email address: \_\_\_

Emergency Contacts

Last Name First Name Cell Phone Relationship

Last Name First Name Cell Phone Relationship

Release - Student may be released to the following individuals.

- 1. \_\_\_ 2. \_\_\_
- 3. \_\_\_ 4. \_\_\_

Siblings - Please list all siblings that attend FCWCS.

- 1. \_\_\_ 2. \_\_\_
- 3. \_\_\_ 4. \_\_\_