

PARENT DATA IN REGARDS TO THIS STUDENT

Marital Status: Married Divorced Never Married to Biological Parent
If divorced who is the residential parent? _____

Father's Name: _____ Living with Student? Yes No

Address (if different from student's): _____

Place of Employment: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Email Address _____ (required)

Mother's Name: _____ Living with Student? Yes No

Address (if different from student's): _____

Place of Employment: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Email Address _____ (required)

Guardian(s) Name: _____ Relationship: _____
(If student does not live with Natural Parent(s))

If an Agency, Caseworker's Name: _____ Phone number: _____

SIBLING INFORMATION (School Age Only)

(1) _____
(Name) (Relationship) (Building)

(2) _____
(Name) (Relationship) (Building)

(3) _____
(Name) (Relationship) (Building)

(4) _____
(Name) (Relationship) (Building)

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE. I CERTIFY THAT THE STUDENT'S NAME LISTED ON PAGE ONE (1) IS HIS/HER LEGAL NAME, THAT I/WE HAVE LEGAL CUSTODY AND I/WE RESIDE WITHIN THE SALEM CITY SCHOOL DISTRICT BOUNDARIES. I UNDERSTAND THE SALEM CITY SCHOOL DISTRICT MAY USE LEGAL MEANS TO VERIFY MY RESIDENCE.

(Parent/Guardian Signature)

(Date)