

Student Information

Last Name _____

Street Address _____

First Name _____

Apt/Lot # _____

Middle Name _____

P.O. Box # _____

Date of Birth ____/____/____

City _____

Grade _____

Zip _____

Sex Male Female

Citizenship Status: _____ (1) U.S. Citizen

(2) Exchange Student (3) Non U.S. Citizen

Main Phone No. _____

Student's Cell Phone _____

Unlisted Yes No

Mother's Cell Phone _____

Military: Is student's parent/guardian

Email _____

____ **Active Duty** - Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marines Corp or Coast Guard)

Father's Cell Phone _____

____ **National Guard** - Student is a dependent of a member of the National Guard (Army or Air)

Email _____

____ **Reserves** - Student is a dependent of a member of the Res.

Step-Mother's Name _____

Step-Father's Name _____

Step-Mother's Cell Phone _____

Step-Father's Cell Phone _____

Student lives with (check one)

- Mother ONLY
 Father ONLY
 Mother/Father
 Mother/Stepfather

- Father/Stepmother
 Grandparent(s)
 Ward of Court
 Legal Guardian

Other please specify: _____

CUSTODY

(Only if there is a divorce or a court ordered placement)

- Joint Custody
 Mother Only
 Father Only
 Guardian
 Agency - Name of Agency _____

School District where natural/custodial parent resides: _____

- Foster Parent
 Grandparent

Parent Information

Marital Status: Married Divorced Never Married

Father's Name: _____

Residential Parent? Yes No

Address (if different from student's): _____

Place of Employment: _____

Work Phone: _____

Mother's Name: _____

Residential Parent? Yes No

Address (if different from student's): _____

Place of Employment: _____

Work Phone: _____

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)

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE. I CERTIFY THAT THE STUDENT'S NAME 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)