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PLEASE PRINT CLEARLY

Name of Parent(s)/Guardian(s): ______________________________

Circle if you are Parent or Guardian

Address: ______________________________

Street Address *City* *Zip Code*

Your **Date of Birth** ____________ Month/Day/Year Last 4 digits of *Your* SS# ________ Phone #: ______________

FILL OUT INFORMATION FOR EACH OF YOUR CHILDREN BELOW

1. Child's Name: ______________________________ First Last Male / Female (Circle One) Date of Birth: ____________ Month / Day / Year

Ethnicity: Please check

- ☐ AFRICAN AMERICAN
- ☐ ASIAN/PACIFIC ISLANDER
- ☐ HISPANIC
- ☐ NATIVE AMERICAN
- ☐ WHITE
- ☐ OTHER

School Attending in School year 2018/19:

____

GRADE ____________

2. Child's Name: ______________________________ First Last Male / Female (Circle One) Date of Birth: ____________ Month / Day / Year

Ethnicity: Please check

- ☐ AFRICAN AMERICAN
- ☐ ASIAN/PACIFIC ISLANDER
- ☐ HISPANIC
- ☐ NATIVE AMERICAN
- ☐ WHITE
- ☐ OTHER

School Attending in School year 2018/19:

____

GRADE ____________

3. Child's Name: ______________________________ First Last Male / Female (Circle One) Date of Birth: ____________ Month / Day / Year

Ethnicity: Please check

- ☐ AFRICAN AMERICAN
- ☐ ASIAN/PACIFIC ISLANDER
- ☐ HISPANIC
- ☐ NATIVE AMERICAN
- ☐ WHITE
- ☐ OTHER

School Attending in School year 2018/19:

____

GRADE ____________

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