



Student Information:

Student's Legal Name: _____ ID# _____

Last

First

Middle

Nickname/Preferred Name: _____

Birth Date: _____ Gender: M ____ F ____ NB ____ Age _____

Street Address: _____

City: _____ State: _____

PO Box: (if applicable) _____ Zip Code: _____

Is the student living with their parent(s) or legal guardian in someone else's house other than your own, living with a friend or family member other than their parent/guardian; living at a shelter, at a hotel or motel, or in a vehicle or campground (unsheltered)? No ____ Yes ____ Residency Date Check: _____

Parent/Guardian Emergency Contact Information:

Contact #1: _____ Contact#2: _____

Relationship to Student: _____ Relationship to Student: _____

Address: _____ Address: _____

Place of Employment: _____ Place of Employment: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Mobile No.: _____ Mobile No.: _____

Email: _____ Email: _____

Daytime Emergency Alert Phone: _____ Daytime Emergency Alert Phone: _____

Additional Parents: _____ Relationship: _____ Phone: _____

Is there a court order that restricts either parent from contact with your student or access to student records? No ____ Yes ____

If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions.

Student resides with:

Both Parents: ____ Mother: ____ Father: ____ Stepmother: ____ Stepfather: ____

Foster Parent(s): ____ Other adults in the household: _____

Acceptable Forms of Documentation for Proof of Residency:

Driver's License: ____ Utility Bill: ____ Deed: ____ Property Tax Bill: _____

Sibling Information:

List brothers, sisters, stepbrothers, and stepsisters younger than 20 years of age who currently reside in Windham County. Do not include your student for whom this form is completed.

First/Last Name	Phone	Gender M/F/NB	Birth Date	School Grade	Same Address Y/N
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



Other Helpful Information:

1. Do you have any concerns which would help us to better understand your child (fears, behaviors, personality traits)? _____
2. Has there been any major change in the family (moving, illness, death in family, new baby, divorce)?

3. Would you like the School Guidance Counselor to contact you to discuss any of the above? _____
4. Please list foods or activities your child does **not** like:

5. Please list your child's favorite activities:

6. Please list your child's **favorite** foods/snacks/drinks:

7. How does your child indicate what he/she is feeling? (List all that apply.) Examples, hits, hides face, covers ears/face, screams, tell an adult, bites or other.
 - a. Upset: _____
 - b. Tired: _____
 - c. In Pain: _____
 - d. Bored: _____
 - e. Nervous/Anxious: _____
 - f. Other: _____

A copy of your child's birth certificate and medical forms must be on file prior to the start of school.

Signature of Parent/Guardian _____

Date _____