

## 2019-2020 Family Information Sheet for Good Samaritan School

	Legal Last Name	Legal First Name	Legal Middle Name	Sex	Date of Birth Mo/Day/Yr	Social Security Number	Place of Birth City, State & Zip
<b>Student</b>							
<b>Father</b>				Student's Address			
<b>Mother</b>				Home Phone Number			
<b>Step Parent or Guardian</b>				Medicaid Number			
				E-Mail Address (optional):			

Student lives with (Circle) Both Parents    Father    Mother    Guardian    Stepmother    Stepfather

Student Racial/Ethnic Origin (Circle One) White    Hispanic    Black    Asian    Other \_\_\_\_\_

<b>Father's/Guardian Information:</b>	
Address _____	
Phone Number _____	Cell Number _____
Place of Employment _____	Work Number _____

<b>Mother's/Guardian Information:</b>	
Address _____	
Phone Number _____	Cell Number _____
Place of Employment _____	Work Number _____
Mother's Maiden Name: _____	

**If parents are divorced/separated:**

**Who has legal (court appointed) custody?\*** \_\_\_\_\_

**If joint custody, who has residential custody?** \_\_\_\_\_

**Is there a restraining order? Yes No Against Whom?\*** \_\_\_\_\_

**\*A copy of these documents MUST be provided to the school.**

<b>ONE Phone Number for ALERT System (delays &amp; closings)</b>
_____

List <b>TWO LOCAL</b> adults (other than parents/guardians) who will assume temporary care of your child in case of emergency or who they can be released to:			
<b>Name</b> _____	<b>Relationship</b> _____	<b>Address</b> _____	<b>Phone</b> _____
<b>Name</b> _____	<b>Relationship</b> _____	<b>Address</b> _____	<b>Phone</b> _____

Brother(s)/Sister(s) Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pupil may accompany class on school organized field trip:

**Circle Response**

Yes    No

Pupil's picture/video may be used for educational, promotional, or other program purposes:

Yes    No

May participate in swim program:

Yes    No

Does your child know how to swim?

Yes    No

May be included in class roster (name, parent(s) name, DOB, phone):

Yes    No

<b>Office Use Only:</b>	<b>Sent to EMIS:</b> _____
Entry Date: _____	
Withdrawal Date: _____	
<b>TEACHER Use Only:</b>	
Date of Last MFE: _____	
School District of Residence: _____	

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

