

Montgomery County R-II Student information

Office Use Only		School
Current Date	Grade	School Year

Please print or type requested information. All information provided remains confidential.

Student Name (Last, First, Middle)

Social Security Number

Sex

Ethnic Origin

- White
- African Amer.
- Hispanic
- Asian
- Indian
- Native Amer.
- Multi-Racial
-

Birthdate (m/d/y)

BirthState

Home Phone

Street Address

County

City

State

Zip Code

Parent/Guardian Name (Last, First, Middle)

Relationship to Student

Employer

Work Phone

Spouse's Name (Last, First, Middle)

Relationship to Student

Employer

Work Phone

Emergency Contact 1

Phone

Emergency Contact 2

Phone

Others Living In Present Household:

Name	Sex	Age	Grade	Relation

Birth Certificate #

With whom is this student residing?

- Both biological or adoptive parents
- One biological or adoptive parent
 1. Provide proof of custody (if divorced)
 2. Write the name of the other parent below so that they are on record should they contact school for reports of academic progress. This person ____ will ____ will not (please mark) be authorized to contact the student at school.

Name

Address

City, Zip

Phone

Foster Parent(s)

1. Provide appropriate documents.
2. Provide name and phone of caseworker

Name

Phone

Legal Guardian

Custodial Adult

1. Provide documentation of guardianship / power of attorney & residency form
2. Provide name(s) of parents below.

Name

Address

City, Zip

Phone

Name

Address

City, Zip

Phone