Office Only: BC___SSN__ Shot__ Residence __ Lunch__ Internet__ HLS__ IEP__ Fees Paid__ IA__ DR__ P C__

COYLE PUBLIC SCHOOL STUDENT INFORMATION 2020-2021

Social Security #:	ID#: _		_ Grade:	PK
	\$25 Scho	ool Supply Fee		
Student Information				
Student's Legal Name:				
Last	Suffix	First	Middle	
Student's Home Address:		City: _		Zip Code:
Mailing Address (if different from abo	ove):			
E-mail Address:				_Gender: M or F
Student's Birth Date://	Age: Plac	e of Birth:		
Country / State and City Ethnicity (please circle one): Hispanic or Latino OR Not Hispanic or Latino Race				
*If "Not Hispanic or Latino Race" is circled, please circle one of the following:				
American Indian or Alaska Native African American Native Hawaiian or Other Pacific Islander White Asian				
Is a language other than English used in your home? YES or NO If "YES", what other language?* If "YES" is answered, please fill out "Home Language Survey".				
Parent / Guardian Information Student resides with (circle one): Mother Father Mother/Father Mother/Stepfather Father/Stepmother Grandparent(s) Foster Other: Who has legal custody? *Court documents declaring custody must be in the child's school file!				
Name of Parent / Guardian	Court documents t	Place of Employmen		school file!
Cell Phone		Work Phone		
E-mail Address		Fax (if applicable)	, n = =	v
Name of Parent / Guardian		Place of Employmen	t	
Cell Phone		Work Phone		
E-mail Address		Fax (if applicable)		
Name of Parent / Guardian		Place of Employmen	t	
Cell Phone		Work Phone		
E-mail Address		Fax (if applicable)		
Other Emergency Contacts/Additional Adults Who May Pick Up Student From School In the event that we are unable to locate the parents/guardians, who can we call? Who can pickup your child?				
Name				Phone Number(s)
			* _F #-	" : " 'NI . "