

Bangor School District New Family Information

_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
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_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
Students' Names	Dates of Birth	Sex	

Parent's/Guardian's Name

Parent's/Guardian's Name

Village or Township of Residence: _____

Parent/Primary Caregiver Information

Primary Contact

Secondary Contact

Home Phone/Cell

Work Phone

Home
Phone/Cell

Work
Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Email: _____

Email: _____

Children Younger than School Age Living in Your Home

Child Name

Date of Birth

Physician's Name

Phone Number

Clinic

Dentist's Name/Phone Number

Allergies/Special Health Considerations/Other Pertinent Information

Last School(s) Attended

Last School Contact Information (for records request)

Parent's/Guardian's Signature

Date

Completed forms may be emailed to the following addresses or dropped off in the school district office.

Bangor Elementary, Teri Kenyon tkenyon@bangorsd.net