

CONTACT INFORMATION

Student Last Name: _____ Student First Name: _____ DOB _____ (Office Use Only)

Resident Parent/Guardian Information

Last: _____ First: _____ Middle Initial: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ Ext: _____

Relationship to Child (see codes below) _____ Email Address (required): _____

Highest Education Level of Parent/Guardian (Required by the State of California Education Code) _____

14. Not High School Grad **13.** High School Grad **12.** Some College **11.** College Grad **10.** Grad School/Post Grad **15.** Decline to Answer

Other Resident Parent/Guardian Information

Last: _____ First: _____ Middle Initial: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ Ext: _____

Relationship to Child (see codes below) _____ Email Address (required): _____

Highest Education Level of Parent/Guardian (Required by the State of California Education Code) _____

14. Not High School Grad **13.** High School Grad **12.** Some College **11.** College Grad **10.** Grad School/Post Grad **15.** Decline to Answer

With whom does the child reside? (Check all that apply)

Both Parents	Grandparents	Foster Home (Court Assigned)
Mother	Aunt/Uncle	Foreign Exchange Host
Father	Guardian	Other Relative

Is there a legal custodial arrangement? If "yes" please complete the information below and provide a copy of the legal custodial document to the Attendance Office to place in the student's file. Y N

Non-Resident Parent: Name and address of parent not residing with the student who should receive copies of school mailed information.

Last: _____ First: _____ Middle Initial: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ Ext: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____

Highest Education Level of Parent/Guardian (Required by the State of California Education Code) _____

14. Not High School Grad **13.** High School Grad **12.** Some College **11.** College Grad **10.** Grad School/Post Grad **15.** Decline to Answer

Emergency Contacts: Please list in priority order the persons in the local area to be contacted who will assume temporary care of your child if parents cannot be reached.

Last: _____ First: _____ Relationship to Child (see codes below) _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ Ext: _____

Last: _____ First: _____ Relationship to Child (see codes below) _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ Ext: _____

Last: _____ First: _____ Relationship to Child (see codes below) _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ Ext: _____

I declare under penalty of perjury that the information above is true and correct, and understand it is my responsibility to notify the school should ANY information change.

Parent/Guardian Signature: _____ Date: _____

Relationship Codes

01 Mother	07 Guardian	13 Cousin Over 18	25 Foster-Sister Over 18
02 Father	08 Grandmother	15 Brother Over 18	29 Family Friend
03 Step-Mother	09 Grandfather	17 Sister Over 18	30 Group Home Staff
04 Step-Father	10 Neighbor	19 Step-Brother Over 18	32 Parent's Significant Other
05 Foster Mother	11 Aunt	21 Step-Sister Over 18	33 Group Home Director
06 Foster Father	12 Uncle	23 Foster-Brother Over 18	34 Social Services Contact