

PERSONAL DATA SHEET SCHOOL YEAR 2016-2017

Classroom: _____ Grade: _____

Student's Name: _____
last
first
middle

Student's Date of Birth: ____/____/____ Student's Social Security #: ____/____/____

Home Address 1: primary residence

Last	First	Relationship
street address		apt/unit #
city	state	zip
Home Phone/s:		
<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> guardian
Cell Phone/s:		
<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> guardian
Work Phone/s:		
<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> guardian
Email:		
<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> guardian

Home Address 2: secondary residence

Last	First	Relationship
street address		apt/unit #
city	state	zip
Home Phone/s:		
<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> guardian
Cell Phone/s:		
<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> guardian
Work Phone/s:		
<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> guardian
Email:		
<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> guardian

Notify in Emergency:

name	relationship to student
home phone	work phone
cell phone	

name	relationship to student
home phone	work phone
cell phone	

FOR OFFICE USE ONLY

School District: _____ Student SIS# _____

District/Coop Contact Name: _____ District/Coop Telephone Number: _____

District/Coop Address: _____