



Circle your relationship to the student (Documentation will be required):    Legal Guardian      Foster Parent      Group Home

Guardian's Name (Last, First)	Physical/Mailing Address (if different than student's)	School Hours Phone Number	If applicable, county case manager, name/phone number/case number

**Section 2: Special Programs**

Does this student have a current Individual Education Plan (IEP) through Special Education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate primary disability: \_\_\_\_\_

Does your student have a 504 Accommodation Plan (for such things as diabetes management, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate what for: \_\_\_\_\_

**Section 3: Emergency Contacts**

Contact (Last, First Name)	Relationship	School Hours Phone #	Circle One: Home, Work or Cell
			Home, Work or Cell
			Home, Work or Cell

**Section 4: Additional Household Information**

**LIST ALL CHILDREN IN HOUSEHOLD, NOT ENROLLED IN ISD. #31 UNDER THE AGE OF 5**

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER M/F	BIRTHDATE	HANDICAPPED (Y/N)

**Section 5: Certification/Signatures**

Parent/Guardian ACTIVE in the Military: Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.**

Printed Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Items Scanned and collected:</b>	<b>For Office Use Only:</b>
____ Photo ID	____ F/R Lunch Form
____ Birth Certificate	____ Proof of Residence (type provided) _____
____ Immunization Record	____ Title 7/JOM Eligibility Form for Native American
____ ELL/ESL Form	____ Records Requested (Date requested _____)
____ Custody/Divorce Docs	