

Office Use Only

Student Name: _____
(Last) (First) *(Middle Name-not initial)

*Race _____ *Country of Origin _____ *Child's 1st Language _____

*Birth Date ____/____/____ *Place of Birth _____
(City/Town) (State) (Country)

*Gender _____ *Low Income Status/Perkins _____ *Migrant Status _____

Previous School _____ Grade Level _____ Year _____

School Address: _____
(Street) (City/Town) (State) (Zip) (Phone)

***INFORMATION REQUESTED FOR STATE REPORTS**

PARENTS/STEP-PARENTS/GUARDIANS:

Father's Name: _____
(Last) (First) (Middle Initial) (Occupation) (Work Phone)

Mother's Name: _____
(Last) (First) (Middle Initial) (Occupation) (Work Phone)

Home Address: _____
(Street) (City/Town) (State) (Zip) (Phone)

Mailing Address (If Different): _____
(Street) (City/Town) (State) (Zip)

Email Address: _____

PARENT'S SIGNATURE: _____

Emergency Contact: _____
(Name) (Address) (Phone) (Relationship)

Sibling Names and Dates of Birth;

_____ D.O.B. _____ D.O.B. _____

_____ D.O.B. _____ D.O.B. _____

NON-CUSTODIAL PARENT INFORMATION:

Father's Name: _____
(Last) (First) (Middle Initial) (Occupation) (Home/Work Phone)

Home Address: _____
(Street) (City/Town) (State) (Zip)

Mother's Name: _____
(Last) (First) (Middle Initial) (Occupation) (Home/Work Phone)

Home Address: _____
(Street) (City/Town) (State) (Zip)

DEFINE NON-CUSTODIAL PARENT PRIVILEGES: _____

SPECIAL INFORMATION: (i.e. Allergies, fears, birth defects, speech difficulties, learning difficulties) _____

I Hereby authorize Harvard Public Schools to release our personal contact information to the Harvard PTO

