

Last Name (Used in School)		Legal Last name	First	Middle	Nickname	Release Directory Information <input type="checkbox"/> Yes <input type="checkbox"/> No	
					BIRTHDATE	VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	SEX <input type="checkbox"/> M <input type="checkbox"/> F
STREET ADDRESS					BIRTHPLACE City, County, State, Nation		
CITY		STATE		ZIP			

PARENTS/GUARDIAN

STREET ADDRESS

CITY STATE ZIP

HOME TELEPHONE

MOTHER-EMPLOYMENT FATHER-EMPLOYMENT

SCHOOL IMMUNIZATION AUDIT						
VACCINE	NUMBER OF DOSES					
	NONE	1	2	3	4	5
Polio						
DPT/Td						
Measles				EXEMPT Medical <input type="checkbox"/> Religious <input type="checkbox"/>		
Rubella						
Mumps						
Audited	_____					

BASIC SKILLS ASSESS	
READING	
Date	Score
MATH	
Date	Score
COMPOSITION	
Date	Score

GRADE	SCHOOL	STREET ADDRESS	CITY STATE, ZIP	DATE ENTERED	DATE TERM
K					
1					
2					
3					
4					
5					
6					
7					
8					