



**HOUSEHOLD INFORMATION**

**INSTRUCTIONS:**

- Please complete **one (1) form per household**.
- Please identify **all** children, including pre-school and infant children.
- Please return this form to your **youngest child's school**.

**CHILDREN LIVING IN THE HOUSEHOLD:**

Child's Legal Name – Last, First, Middle	Gender	Birthdate	School	Grade
	M / F	/ /		
	M / F	/ /		
	M / F	/ /		
	M / F	/ /		
	M / F	/ /		
	M / F	/ /		

**ADDRESS/TELEPHONE INFORMATION:**

Residence Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
(if different from residence address)

Home Phone: \_\_\_\_\_ Unlisted?  Yes  No Cell Phone: \_\_\_\_\_ County: \_\_\_\_\_

**CONTACT INFORMATION:** PLEASE IDENTIFY THE EMERGENCY CONTACT ORDER (EXAMPLE: #1 = FIRST PERSON TO BE CALLED)

**ADULTS LIVING IN HOUSEHOLD:**

CIRCLE ONE: Mother Father Stepmother Stepfather Guardian Other: \_\_\_\_\_ Federally employed?  Yes  No  
# Last: \_\_\_\_\_ First: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

CIRCLE ONE: Mother Father Stepmother Stepfather Guardian Other: \_\_\_\_\_ Federally employed?  Yes  No  
# Last: \_\_\_\_\_ First: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

**EMERGENCY INFORMATION** (local persons to call other than parents):

\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 \_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 \_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 \_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**