

WORK SHEET FOR STUDENT PROFILES

This information is required for EACH student.

Last Name: _____ **Student ID #** _____

First: _____ **M/I:** ____ **Goes by:** _____

Social Security # _____ **Birthday:** _____ **Age:** _____

Church Affiliation: _____ **Church Member (Y/N)** _____

Military **Yes or No**

Sex (M/F) _____ **Race:** _____ **Grade Level:** _____ **Child #** _____ **of** _____

Home Room: _____ **Teacher** _____

Dates: Enrolled: _____ **Withdrew:** _____ **Graduated:** _____

What School District do you live in? Please check one.

- | | |
|---|---|
| <input type="checkbox"/> Beavercreek | <input type="checkbox"/> Mad River Schools |
| <input type="checkbox"/> Centerville | <input type="checkbox"/> Miamisburg |
| <input type="checkbox"/> Dayton | <input type="checkbox"/> Northmont (includes Englewood area) |
| <input type="checkbox"/> Fairborn | <input type="checkbox"/> Northridge |
| <input type="checkbox"/> Huber Heights | <input type="checkbox"/> Trotwood |
| <input type="checkbox"/> Jefferson Twp. | <input type="checkbox"/> Vandalia-Butler <u>or</u> zip code 45414 |
| <input type="checkbox"/> Kettering | <input type="checkbox"/> West Carrollton |
| <input type="checkbox"/> Mad River Twp. | <input type="checkbox"/> Xenia City Schools |
| | <input type="checkbox"/> Other: _____ |

List the school that your child *would be attending* in your school district:

PLEASE TURN PAGE OVER TO COMPLETE

WORK SHEET FOR PARENTS AND GUARDIANS

Parent /Family I.D. # : _____

***** Parent # 1 *****

Title: _____ Last: _____ First: _____

Street: _____ Home Phone: _____

City: _____ County: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____

Rel. to Student: _____ Lives with Student: (Y/N) _____

Cell phone: (optional) _____

Parent email: (optional) _____

Comments: _____

***** Parent # 2 *****

Title: _____ Last: _____ First: _____

Street: _____ Home Phone: _____

City: _____ County: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____

Rel. to Student: _____ Lives with Student: (Y/N) _____

Cell phone: (optional) _____

Parent email: (optional) _____

Comments: _____

***** Other Contacts *****

Contact #1: _____

Contact #2: _____

WORK SHEET FOR STEP-PARENT

Title: _____ Last: _____ First: _____

Street: _____ Home Phone: _____

City: _____ County: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____

Rel. to Student _____ Lives with/student (Y/N) _____

Cell phone: (optional) _____

Email address: (optional) _____

Comments: _____

WORK SHEET FOR STEP-PARENT

Title: _____ Last: _____ First: _____

Street: _____ Home Phone: _____

City: _____ County: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____

Rel. to Student _____ Lives with/student (Y/N) _____

Cell phone: (optional) _____

Email address: (optional) _____

Comments: _____