

# WEST FORK STUDENT INFORMATION FORM

## 2011-2012 School Year

(One form per family)

Student Name	Grade	Ethnicity	Race
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Race:**

H=Hispanic/Latino

N=Non Hispanic or Latino

**Ethnicity:**

A=Asian

B-Black/African American

I=American Indian/Alaska Native

P=Native Hawaiian/Pacific Islander

W=White/Caucasian

Living With: (Check one)  Both Parents  Mother Only  Father Only  Guardian  
 Mother/Stepfather  Father/Stepmother  Stepmother/Stepfather  Other (specify)

Language Spoken at Home: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Family Dentist \_\_\_\_\_

Allergies or Medical Concerns \_\_\_\_\_

Primary Household Information Name(s) of person(s) **with whom the student is living.**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ County of Residence \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Second Household Information Name(s) of Parent(s) and/or Guardian(s) OTHER than those listed above

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact Information (Required for elementary, optional for high school)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_