

Station Camp Middle School 2016-2017

Student Name _____ Date _____ Grade _____
Last First Middle Nickname
 Birthday _____ Age _____ Sex _____ City of Birth _____ County of Birth _____ State of Birth _____ Country of Birth _____
 Race: White _____ American Indian _____ Asian _____ Black/African American _____ Pacific Islander/Native Hawaiian _____ **Check all that apply**
 Ethnicity: Hispanic _____ Not Hispanic _____
 List sibling(s) currently attending the SCS: 1) _____ 2) _____ 3) _____ 4) _____
 School Last Attended _____ Address _____ Fax # _____ Dates _____

Custody: Mother Father Both Other _____ Custody Papers On File In Office? Y or N Non Custodial Parent May Pick Child Up From School? Y or N
 Visitation Restrictions: _____ Non Custodial Parent May Attend School Functions and Join Child For Lunch? Y or N
 Please List Any Person(s) Your Child Should **NEVER** Be Allowed Contact With. You Must Provide A Valid No-Contact Order For Us To Deny Contact With A Non-Custodial Parent.
 Name _____ Relationship _____
 Name _____ Relationship _____

Father/Guardian _____ Mother/Guardian _____
 Address _____ City: _____ Address _____ City: _____
 Primary Phone _____ Secondary _____ Primary Phone _____ Secondary _____
 Employer _____ Work Phone _____ Employer _____ Work Phone _____
 Email _____ Email _____

Primary Residential Parent Child Lives At This Address Primary Residential Parent Child Lives At This Address

List Persons (over 18) Who Have Permission To Sign Out & Transport Your Child If You Cannot Be Reached. Parents Are Required To Notify The School Office In Writing If Any Pick Up Information Changes.

Name _____ Relationship _____ Home Phone _____ Cell Phone _____
 Name _____ Relationship _____ Home Phone _____ Cell Phone _____
 Name _____ Relationship _____ Home Phone _____ Cell Phone _____

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand that the student's assignment to a school is based on the legal residence of the primary custodian.
 Parent or Guardian Signature _____ Date _____

Car Rider AM / PM / BOTH Bus Rider AM / PM / BOTH Bus # _____ Chorus _____ Band _____

Does your child have an IEP? Y or N Does your child have a 504 Plan? Y or N