

# Station Camp Middle School 2017-2018

Student Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ 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   Chorus \_\_\_\_\_  \_\_\_\_\_

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