



HOUSEHOLD INFORMATION

** required information

Date Entered Into RecTrac: _____

Staff Initials: _____

**PARENT/GUARDIAN (first name, last name)

** PARENT/GUARDIAN (first name, last name)

Gender: Male Female

Gender: Male Female

**Birth Date ___/___/___

**Birth Date ___/___/___

Work Phone _____ Ext _____

Work Phone _____ Ext _____

Cell Phone _____

Cell Phone _____

**Address Line 1 _____

**Address Line 2 _____

**City, State, Zip _____

**Home Phone _____

Email Address _____

**Emergency Contact Information (must be different than above)

**First / Last Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Relation _____

Child 1:

**Name: (first, last) _____

**Gender: Male Female

**Birth Date ___/___/___

Birth Certificate Verified: _____

School Grade: _____

Staff Initials

Comments/Health Problems:

PLEASE CONTINUE ONTO THE NEXT PAGE

Child 2:

**Name: (first, last) _____

**Gender: Male Female

**Birth Date ____/____/____

Birth Certificate Verified: _____

School Grade: _____

Staff Initials

Comments/Health Problems:

Child 3:

**Name: (first, last) _____

**Gender: Male Female

**Birth Date ____/____/____

Birth Certificate Verified: _____

School Grade: _____

Staff Initials

Comments/Health Problems:

Child 4:

**Name: (first, last) _____

**Gender: Male Female

**Birth Date ____/____/____

Birth Certificate Verified: _____

School Grade: _____

Staff Initials

Comments/Health Problems:

Child 5:

**Name: (first, last) _____

**Gender: Male Female

**Birth Date ____/____/____

Birth Certificate Verified: _____

School Grade: _____

Staff Initials

Comments/Health Problems:

FOR OFFICE USE ONLY:

Resident Status (Circle One) Resident Non-Resident