

## Student Information 2016-17

Student Name _____	Mailing Address _____	Student ID _____
Address _____	_____	SASID # _____
City, State, Zip _____	_____	Grade _____
Home Phone _____	_____	Homeroom _____
Home Language (if not English, indicate number): _____	French (01) Spanish (02) Chinese (03) Greek (04) Finnish (05) Italian (06) Portuguese (07) Polish (08) Japanese (09) American Sign (10) Vietnamese (11) German (12) Other (99)	Trans Type _____
Ethnicity _____	(1)-American Indian/Alaskan Native, (2)-Asian, (3)-Hispanic, (4)-Black non-Hispanic, (5)-White, non-Hispanic, (6)- Native Hawaiian or other Pacific Islander	Bus No. _____
*** Enter all the numbers that pertain to your child ***		Date of Birth _____
		Place of Birth _____
		Gender _____

Parent 1 Name _____	Custodial parent: <input type="checkbox"/>	Home Phone _____
Mailing Address (if non-custodial) _____	City, State, Zip _____	Cell Phone _____
		Employer Phone _____
		Employer Name _____

Parent 2 Name _____	Custodial parent: <input type="checkbox"/>	Home Phone _____
Mailing Address (if non-custodial) _____	City, State, Zip _____	Cell Phone _____
		Employer Phone _____
		Employer Name _____

Guardian's Name _____	Home Phone _____
Guardian's Relationship _____	Cell Phone _____
	Employer Phone _____
	Employer Name _____

Step Parent's Name _____ (Living with student)	Home Phone _____
Guardianship: _____ (Parents, Mother, Father, Grandparent, Foster Parents, Guardian, Mother/StepFather, Father/StepMother, Other)	Cell Phone _____
	Employer Phone _____
	Employer Name _____

Email Address Contacts _____	<b>Please Notify School with Written Restrictions or Court Orders</b>
Single Parent Household: _____ (True or False)	Court Orders Filed (Y/N) _____
	Who has custody? _____

## Emergency Contact Information

Please list three other adults who would be willing to assume temporary care of your child and/or be contacted in case of our inability to contact a parent or guardian.

1 _____	_____	_____	_____
Contact #1 Name	Relationship	Daytime Phone Number	Cell Phone
2 _____	_____	_____	_____
Contact #2 Name	Relationship	Daytime Phone Number	Cell Phone
3 _____	_____	_____	_____
Contact #3 Name	Relationship	Daytime Phone Number	Cell Phone

In case of unexpected early dismissal due to emergency situation (e.g. snow storm) my child should:

- Follow regular end of day procedure
- Walk to the home of: \_\_\_\_\_
- Take Bus # \_\_\_\_\_ to the home of: \_\_\_\_\_

My child has been instructed in the procedure to follow if there is an emergency dismissal from school. In the event of an area or school emergency, all SAU16 students will follow their school's emergency guidelines.