

Craig City School District

201 -201 School Year

ID Number _____

Grade _____ Date _____

Student Information:

Student Name: _____ Social Security Number: _____
 First Middle Last

Date of Birth: _____ City of Birth: _____ Sex: M F

Mailing Address: _____ Street Address: _____

City _____ Home Phone: _____ Cell Phone: _____

Parent email address: _____ and/or _____

Father's Employer: _____ Work Phone: _____

Mother's Employer: _____ Work Phone: _____

Guardian Name, if different from parent: _____ Phone: _____

Relationship to student: _____

Emergency Contact Name (other than parent): _____ Phone: _____

We MUST have an emergency contact. Other Contact: _____

Special Medical Problems/Allergies: _____

Caucasian _____ Native Alaskan _____ PAC Islander _____ Hispanic _____ Black _____ Native American _____