## F A MILY I NF ORMATION

PARENTS/GUARDIANS: Fill in the requested information on this form as completely as possible.

## GENERAL INFORMATION

PARENT/ GUARDIAN \#1
RELATION TO CHILD: $\qquad$

Dr. Miss Mr.
Mrs. Ms. Other $\qquad$ (Circle One)
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
EMPLOYER:
HOME ADDRESS:
STREET:
ZIP CODE:
CITY, STATE:
HOME PHONE:
CELL PHONE:
E-MAIL:
CHURCH
MEMBERSHIP AT:
FLUENT IN ENGLISH?
$\qquad$
U.S. CITIZEN?

HOME ADDRESS SAME AS STUDENT(S)?


LEGAL CUSTODY OF STUDENT(S)?
$\square$ Yes $\square$ No

EMERGENCY CONTACT?
$\square$ Yes
MAY PICK-UP STUDENT(S)?
$\square$ Yes
$\square$ Yes
$\square$ No
GRADES/ SCHOOL INFORMATION


PARENT/ GUARDIAN \#2
$\qquad$

Dr. Miss Mr. Mrs. Ms. Other $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
(IF DIFFERENT THAN PARENT \#1):
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

| $\square$ Yes | $\square$ No |
| :--- | :--- |
| $\square$ Yes | $\square$ No |
| $\square$ Yes | $\square$ No |
| $\square$ Yes | $\square$ No |
| $\square$ Yes | $\square$ No |
| $\square$ Yes | $\square$ No |
| $\square$ Yes | $\square$ No |

 SHOULD BE SENT TO THIS PERSON?

## GENERAL INFORMATION CONIINUED

PUBLIC SCHOOL DISTRICT IN WHICH THE STUDENTS RESIDE: $\qquad$ COUNTY IN WHICH THE STUDENTS RESIDE: $\qquad$
MAIN LANGUAGE SPOKEN AT HOME: $\qquad$

PLEASE NOTE: Separated or divorced parents may wish to provide a copy of your court order indicating custodial parent along with any special instructions.

Volunteer opportunities at S.V.A.E. include a wide variety such as: grading papers, driving for field trips, decorating and serving refreshments for school programs, cleaning at the annual work bee, manning a game booth at the Harvest Festival, reshelving books in the library, and more.
DESCRIBE YOUR AVAILABILITY FOR VOLUNTEERING (BOTH PARENT/ GUARDIAN \#1 AND \#2): $\qquad$
$\qquad$
$\qquad$

## EMERGENCY CONTACT INFORMATION

Please list individuals we should contact in case of emergency when the parents/ guardians listed previously cannot be reached.

CONTACT \#1
LAST NAME:
FIRST NAME:
RELATION:
WORK PHONE:
HOME PHONE:
CELL PHONE:

## PERMSSON TO PICK-UP STUDENIS

Please list individuals other than parents/ guardians that have permission to pick your child(ren) up from school.


## INCOME ELICIBMITY

This information is needed to pursue federal and state funding that may be available to the school and to families. All responses are confidential for administrative use only.

|  | HOUSEHOLD SIZE | WEEKLY | MONTHLY | YEARLY |
| :---: | :---: | :---: | :---: | :---: |
|  | 1 | \$386. | \$1,670. | \$20,036 |
| Is your family's current | 2 | \$519. | \$2,247. | \$26,955 |
| gross income below the | 3 | \$652. | \$2,823. | \$33,874 |
| amount as shown for your | 4 | \$785. | \$3,400. | \$40,793 |
| family size? | 5 | \$918. | \$3,976. | \$47,712 |
|  | 6 | .. \$1,051 | \$4,553. | \$54,631 |
| - Yes No | 7 | .. \$1,184 | \$5,130. | \$61,550 |
|  | 8 | .. \$1,317 | \$5,706. | \$68,469 |
|  | $9+$. | ... For each | al family me | add \$134 |
|  |  | weekly | nthly, and | nnually. |

