

FAMILY INFORMATION

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

GENERAL INFORMAT	ION									
	PARE	NT/GU	ARDIAN #	<u>1</u>		PAREN	NT/GU	ARDIAN #	<u>2</u>	
RELATION TO CHILD:										
SALUTATION:	Dr.	Miss	Mr.			Dr.	Miss	Mr. Other		
(Circle One)	Mrs.	Ms.	Other			Mrs.	Ms.	Other _		
LEGAL FIRST NAME:										
MIDDLE INITIAL:										
LEGAL LAST NAME:										
WORK PHONE:										
OCCUPATION:										
EMPLOYER:										
HOME ADDRESS:						(IF DIF	FEREN	IT THAN I	PARENT #1):	
STREET:										
ZIP CODE:										
CITY, STATE:										
HOME PHONE:										
CELL PHONE:										
E-MAIL:										
CHURCH MEMBERSHIP AT:										
FLUENT IN ENGLISH?				Yes	🗖 No				Yes	🗖 No
U.S. CITIZEN?				Yes	🗖 No				Yes	🗖 No
HOME ADDRESS SAME	AS STI	UDENT((S)?	Yes	🗅 No				Yes	🗖 No
LEGAL CUSTODY OF STUDENT(S)?			Yes	🗖 No				Yes	🗅 No	
EMERGENCY CONTACT?			Yes	🗖 No				Yes	🗅 No	
MAY PICK-UP STUDENT(S)?			Yes	🗖 No				Yes	🗖 No	
GRADES/SCHOOL INFORMATION SHOULD BE SENT TO THIS PERSON?		?	Yes	🗖 No				Yes	🗖 No	

GENERAL INFORMATION CONTINUED

PUBLIC SCHOOL DISTRICT IN WHICH THE STUDENTS RESIDE:

COUNTY IN WHICH THE STUDENTS RESIDE:

MAIN LANGUAGE SPOKEN AT HOME: _____

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 INFORMATION

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):

EMERGENCY CONTACT INFORMATION

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

	CONTACT #1	CONTACT #2
LAST NAME:		
FIRST NAME:		
RELATION:		
WORK PHONE:		
HOME PHONE:		
CELL PHONE:		

PERMISSION TO PICK-UP STUDENTS

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

<u>1</u>	NAME	RELATION TO STUDENT	PHONE
1			
2.			
3.			

INCOME ELIGIBILITY

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		
Is your family's current gross income <u>below</u> the amount as shown for your family size?	1	\$386	\$1,670	\$20,036		
	2	\$519		\$26,955		
	3	\$652		\$33,874		
	5	\$918		\$47,712		
I Yes I No						
	9+	9+ For each additional family member, add \$134				
	weekly, \$577 monthly, and \$6,919 ann					