

## **Family Information**

	HO	USEHOLD I	NFORMATIO	ON				
Home Address Where Child(ren) Live	2							
Street	Apt #		City		State		Zip	
Mailing Address (if different than ho	me address)							
PO Box / Street	Apt #		City		State		Zip	
	PARENT	/ GUARDI	AN INFORM	1ATION				
Child(ren) lives with: (Select one)							hare Custody	
			Foster Parents □Self □Other Guardian					
Parent/Guardian		Parent/Guardian				Other Guardian		
Name	Name	Name				Name		
Relationship to Student	Relation	Relationship to Student				Relationship to Student		
Home Phone	Home Phone				Home Phone			
Cell Phone	Cell Pho	Cell Phone				Cell Phone		
Work Phone		Work Phone				Work Phone		
Email		Email				Email		
Employer		Employer				Employer		
Mailing Address (if different)		Mailing Address (if different)				Mailing Address (if different)		
	<u> </u>							
ADDITIONAL EMERGENCY CO	ΟΝΤΑCTS ΟΤ	HER THAN	PARENT/G	UARDI/	AN (DOES I	NOT NEED	TO LIVE IN AREA)	
Contact #1			Relationship to Child			Contact Phone Number		
Contact #2			Relationship to Child			d Contact Phone Number		
CHILD(REN) E	NROLLED IN		N PUBLIC S	CHOOL				
Name		Birth Date					ame of School	
		RESID	ENCY					
Are you currently Open Enrolled to another district in ND?  Yes  No If Yes, district?								
Do you live in the Dickinson School D	istrict? 🗆 Y	'es □ No						
If no, what is your home district?				uition			No	
If no, have you applied for open enro		62 LI INO	Ur a ti		aiver? 🛛		INU	
I hereby certify that all the informat	ion provided	on this forn	n is true and o	complet	e to the be	est of my k	knowledge.	

Signature of Parent/Legal Guardian \_\_\_\_\_