

Family Information

HOUSEHOLD INFORMATION				
Home Address Where Child(ren) Live				
Street	Apt #	City	State	Zip
Mailing Address (if different than home address)				
PO Box / Street	Apt #	City	State	Zip

Parent/Guardian #1 (Living with) Name _____ Relationship to student: _____ Employer _____ Contact Phone #1 _____ Contact Phone #2 _____ Email _____	Parent/Guardian #2 (Living with, if applicable) Name _____ Relationship to student: _____ Employer _____ Contact Phone #1 _____ Contact Phone #2 _____ Email _____
Other Parent/Guardian Name _____ Relationship to student: _____ Contact Phone #1 _____ Address (if different than above) _____ _____ Email _____	Other Parent/Guardian Name _____ Relationship to student: _____ Contact Phone #1 _____ Address (if different than above) _____ _____ Email _____

ADDITIONAL EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN		
Contact #1	Relationship to Child	Contact Phone Number
Contact #2	Relationship to Child	Contact Phone Number

CHILD(REN) ENROLLED IN DICKINSON PUBLIC SCHOOL LIVING IN HOME				
Name	Birth Date	Relationship to You	Grade	Name of School

RESIDENCY	
Do you live in the Dickinson School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, what is your home district? _____	
If no, have you applied for open enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No Or a tuition waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby certify that all the information provided on this form is true and complete to the best of my knowledge.

Signature of Parent/Legal Guardian _____ Date _____