

SCHOOL DISTRICT OF FALL CREEK
Student Profile Form

Student's Last Name: _____ Student's First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Grade: _____ Gender: Male Female

Lives With: Mother Father Step-Mother Step-Father Foster Parent Guardian Other: _____

Racial Identity: _____ American Indian/Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or other Pacific Islander
_____ White

Ethnic Identity: _____ Hispanic or Latino
_____ Not Hispanic or Latino

Date of Birth: ____/____/____ Miles lived from School: _____

Birthplace (City and State) _____ (Country, if not the U.S.) _____

Father's Last Name: _____ Father's First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ Employer: _____

Mother's Last Name: _____ Mother's First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ Employer: _____

Step-Father's Last Name: _____ Step-Father's First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ Employer: _____

Step-Mother's Last Name: _____ Step-Mother's First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ Employer: _____

(Please complete both sides)

Emergency Contact: Last Name _____ First Name _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Student: _____

Emergency Contact: Last Name _____ First Name _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Student: _____

Emergency Room Preference: _____ Physician: _____

Medical Alert/Allergies: _____

Is there a legal restriction preventing any parent/guardian from having access to school information or the child? Yes No

If yes, please provide a copy of the current court order.

If parents are separated, divorced, or not living at the same address, please check which address correspondence should be sent to:

Father Mother Both

Previous School Attended (name and address): _____

Did the student receive Special Education services at the previous school? Yes No

Please list all siblings who are currently living at the same address as the student being enrolled:

First Name	Last Name	Gender	Birth Date	Grade

CHILD FIND – PRESCHOOL CHILDREN: If you have concerns regarding any **Preschool** child in your home with regards to their functioning in any of the following areas, please check, and list their name(s):

Speech Hearing Vision Learning Behavior Walking No Concerns

If family or above designated person cannot be reached, the school may assume responsibility for securing medical treatment for your child. Parents desiring an alternate method of handling an emergency should submit their plan to the school nurse in person. If there are address or phone number changes, it is your responsibility to notify the school.

Parent/Guardian Signature

Date