

**SCHOOL DISTRICT OF FALL CREEK**  
**Student Profile Form**

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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.) \_\_\_\_\_

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Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Employer: \_\_\_\_\_

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Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Employer: \_\_\_\_\_

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Step-Father's Last Name: \_\_\_\_\_ Step-Father's First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Employer: \_\_\_\_\_

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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