

Kestrel Heights School



Family Information

Student Name: _____

Grade for 2015-16 _____

Date of Birth _____

Social Security Number: _____ - _____ - _____

Gender: Male Female

Ethnicity: Is this student Hispanic or Latino? Yes No

Race: American Indian Asian Black White Hawaiian/Pacific Islander

Student Demographics	Mother or Legal Guardian	Father or Legal Guardian
Name:		
Physical Address:		
City/Zip/COUNTY:		
Home Phone:		
Cell Phone:		
Work Phone:		
Email Address:		
Medical Contact Information	Family Doctor	Family Dentist
Name:		
Telephone Number:		
Emergency Contacts	Contact 1	Contact 2
Contact Name:		
Home Phone:		
Cell Phone:		
Email Address:		
This person has my permission to sign out my child? :	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Relationship to Student:		