

CONFIDENTIAL FAMILY/STUDENT INFORMATION

1. Student's (Legal) Name: _____

Home Address: _____

Home Telephone Number: _____ Student's Birth Date: _____

Child's Parents: _____

Father's Full Name

Mother's Full Name

Guardians: _____

Legal Custodians: _____

2. PLEASE FILL OUT ONLY IF PARENTS ARE: (Circle all that apply)

Divorced Separated Remarried Widowed Unmarried

Individual with whom the child primarily lives: _____

Circle relationship: Father Mother Other (state relationship) _____

Does the parent with whom the child does not live have any Court Restrictions placed on his/her Parental Rights? Circle Yes or No

If yes, what are the restrictions? _____

If the child lives with the Remarried Parent, is the Parent's spouse the Adoptive Parent?
Circle Yes or No

***Please substantiate these items by attaching a copy of the Court Order/Divorce Decree to this form.**

Parent/Legal Guardian: _____ Date: _____