

**2017 – 2018 STUDENT INFORMATION FORM**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

District: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Preferred primary language: \_\_\_\_\_

Race (please circle one): White, Non-Hispanic    Black, Non-Hispanic    Hispanic    American Indian    Mixed Race    Other

Student Cell Phone: \_\_\_\_\_ Do you have texting?    Yes    No

Guardian's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Do you have texting?    Yes    No

Mother's Name: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Do you have texting?    Yes    No

Emergency Contact Person: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Are there any agencies such as counseling and/or probation currently working with your family?    Yes    No

If yes, please list: \_\_\_\_\_

In case of an accident and other contacts listed on the emergency form cannot be reached, the ALC/LIU, attending physician, or hospital is authorized to act on my behalf so that procedure/treatment can be administered to my child. I will assume the responsibility for payment of the ambulance and the emergency services involved in care of my child.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

ALC

DROPOUT PREVENTION

EMOTIONAL SUPPORT

REASON FOR PLACEMENT \_\_\_\_\_