

**Ferndale Area Elementary School Student Information 09-10**

Homeroom Teacher: \_\_\_\_\_

**Grade Level** \_\_\_\_\_

**\*\*Please Print Clearly In Blue Or Black Ink.\*\* NOTIFY THE SCHOOL PROMPTLY IF ANY INFO CHANGES\*\*\*\*\***

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

Month /Day/ Year

**Home Address:** \_\_\_\_\_ **Home Phone or Cell :** \_\_\_\_\_ - \_\_\_\_\_ **Zip Code:** 1590\_\_\_\_\_

**CHILD'S BIRTHPLACE:** City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ **Copy of Birth Certificate must be provided to the school.**

IF NOT BORN IN PA, WHAT DATE DID YOUR CHILD ENTER PA? \_\_\_\_\_ OR, IF YOUR CHILD LEFT PA TO LIVE IN ANOTHER STATE WHEN DID YOUR CHILD RE-ENTER PA? \_\_\_\_\_

**Name of Parents/Guardian:** Mother- \_\_\_\_\_ Father - \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

**Cell Phone Numbers for Parent(s) / Guardian:** Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian \_\_\_\_\_

**Would you like to be contacted through e-mail?** Yes or No **Parent/Guardian E-mail Address:** \_\_\_\_\_

**Ethnicity:** White(non Hispanic), Asian, African American, Hispanic, American Indian

Who does the child reside with? (circle one) **Both Parents** or **Mother** or **Father** or **Legal Guardian** or **Other:**

Does your child have special living circumstances such as **Custody Agreement or Legal Guardianship papers?** Yes or No **If yes, please provide a copy to the school office.**

**Work Place and Phone Number - Mother:** \_\_\_\_\_ Ext # \_\_\_\_\_ **Father:** \_\_\_\_\_ Ext# \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_ Ext # \_\_\_\_\_

**Does Your Child receive services from outside agency such as TSS or BSC?** \_\_\_\_\_

**AM. Bus #** F- \_\_\_\_\_ **Bus Stop** \_\_\_\_\_ ↔ **PM. Bus #** F- \_\_\_\_\_ **PM Bus Stop** \_\_\_\_\_

**If your child attends a daycare or Babysitter:** Daycare or Babysitter Name and Phone \_\_\_\_\_ AM or PM

**Boro/Twp:** (Please circle one) Ferndale Dale Lorain Middle Taylor Brownstown

**If your child is ill who would you like homework sent home with?** \_\_\_\_\_

**Siblings (youngest to oldest) date of birth and grade**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**\*\*IF PARENT(S)/GUARDIAN CAN NOT BE REACHED BY PHONE, PLEASE LIST 3 LOCAL EMERGENCY CONTACTS THAT HAVE RIGHTS TO PICK UP YOUR CHILD. ANYONE NOT LISTED WILL NOT BE PERMITTED TO PICK CHILD UP WITHOUT WRITTEN PERMISSION FROM PARENT/GUARDIAN.\*\***

**1. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone or Cell** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone or Cell** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone or Cell** \_\_\_\_\_ **Relationship** \_\_\_\_\_