

Six to Six Interdistrict Magnet School
2020-2021 FAMILY DATA FORM

Today's Date _____

Please Print

Student Name: _____

Address: Street, Town, Zip Code ☐ check here if new address

Required residency documents: ☐ lease/mortgage ☐ utility bill 1 ☐ utility bill 2

Parent Data:

Parent or Guardian's Name _____

Relationship to the Child _____ Primary Email: _____

Phone: (Home) _____ Phone: (Cellular) _____

Phone: (Work) _____ ext. _____

Occupation _____ Place of Employment _____

Employment address _____

Parent or Guardian's Name _____

Relationship to the Child _____ Email: _____

Address: **(if different)** _____

Phone: (Home) _____ Phone: (Cellular) _____

Phone: (Work) _____ ext. _____

Occupation _____ Place of Employment _____

Employment address _____

Emergency Contacts/Please list at least 3 adults authorized to pick up student from school (If not listed, cannot pick up):

***Must include first and last name PLEASE PRINT**

*Name _____ Relation _____ Phone _____

*Name _____ Relation _____ Phone _____

*Name _____ Relation _____ Phone _____

*Name _____ Relation _____ Phone _____

Household Members and Annual/Monthly Income: Used for state reporting purposes only

<i>Name: List everyone in the household including children</i>	<i>Earnings from work before deductions</i>	<i>Welfare, child support, alimony</i>	<i>Pensions, retirement, Social Security</i>	<i>All other Income</i>	<i>Check if NO income</i>
<i>(Example): John Doe</i>	<i>\$22, 278 annually</i>	<i>\$50.00 weekly</i>	<i>\$100.59 monthly</i>		
1.					
2.					
3.					
4.					

I give permission for my child to be included in video and/or photography including but not limited to the school newsletter, webpage/brochure, CES Foundation publications, and Six to Six Facebook page during school year 2020-2021. ☐ YES ☐ NO

Additional Student Data:

Does your child have health insurance? _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Is your child currently receiving: (circle Y or N)

Special Education (IEP): Y/N

504 Plan/Accommodations: Y/N

Does your child have any known allergies? If yes, please explain _____

In the event my child experiences a reaction to an unknown allergen, I give permission for my child to be given an epi-pen. ☐ yes ☐ no

In the event of a medical emergency, I understand that the school will call 911 and my child will be transported by ambulance to the nearest hospital to receive medical treatment.

Signature of Parent/Guardian _____ Date _____

***Please understand that a student is not registered until this form is complete, including *all* sections, and required residency documents have been received.**