

**Ferndale Area Elementary School Student Information 2011 - 2012**

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

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

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Month /Day/ Year

Home Address: \_\_\_\_\_ Primary Home Phone or Cell: \_\_\_\_\_ Zip Code: 1590 \_\_\_\_\_

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

Cell Phone Numbers for Parents / Guardian: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

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

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

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, a copy must be provided to the school office.**

**Ethnicity:** White(non Hispanic), Hispanic/Latino, Asian, African American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander  
**Boro/Twp of residence:** (Please circle one) Ferndale Dale Lorain Middle Taylor Brownstown

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

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? \_\_\_\_\_

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

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

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

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

**\*\*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.\*\***

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone or Cell \_\_\_\_\_ Relationship \_\_\_\_\_

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