



Student ID # _____

Student Information	School _____	Grade _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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Name _____ (First name) (Middle) (Last name) (Suffix) **Birthdate** _____

Birth city, state, country _____ **Mother's maiden name** _____

Last school attended: _____ **Has the student ever attended District 131?** Yes No
Has your child received any special education IEP services or medical 504 plans? Yes No

Parent/Guardian Household Information	Household Phone Number: _____
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Student lives with: Both parents Mother only Father only Legal guardian
 Mother/stepfather Father/stepmother Foster parent Self

Address: _____ **Apt.** _____ **City** _____ **Zip Code** _____

Guardian #1 Name _____ **Relationship to student** _____

Cell phone _____ **Work phone** _____ **Email** _____

Preferred Language: English Spanish

Guardian #2 Name _____ **Relationship to student** _____

Cell phone _____ **Work phone** _____ **Email** _____

Preferred Language: English Spanish

Siblings (Students who live in the main household and attend an East Aurora school)
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Name _____ **Birthdate** _____ **School** _____

Name _____ **Birthdate** _____ **School** _____

Name _____ **Birthdate** _____ **School** _____

Name _____ **Birthdate** _____ **School** _____

Secondary Household Information (parent/guardian who doesn't live in primary household listed above)

Guardian name _____ **Relationship to student** _____

Cell phone _____ **Work phone** _____ **Email** _____

Address _____ **Apt.** _____ **City** _____ **State** _____ **Zip Code** _____

Do you want this person to have access to the Student Portal or receive District mail (i.e. report cards)? Yes No

Emergency Contact (other than parents or guardians)
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Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Military Part A: Is either parent/guardian in the armed forces? Yes No If yes, answer Part B
Military Part B: Is either parent/guardian currently deployed to active duty or will be in the next 12 months? Yes No

All information on this form is correct to the best of my knowledge. Knowingly falsifying any information on this form is a Class C Misdemeanor.

Parent/guardian signature _____ **Date** _____

OFFICE USE ONLY					
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Address Verification	<input type="checkbox"/> Boundary Verification	<input type="checkbox"/> Health Survey	<input type="checkbox"/> Home Language Survey	Date Entered US
Date Emailed	Docs Uploaded	Records Req. Sent	Packet Flagged Date	IC Updated	

