

FAYETTE CO PUBLIC SCHOOLS HOUSEHOLD FORM

Green
14-15

Revised 01/13/14

STUDENT INFORMATION (PLEASE PRINT)

Student Last Name	Student First Name	Student Middle Name	Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
School			Grade Level		
Home Phone Number () _____					
Address	Apt	City	State	Zip Code	Geo Code (School Only)

PARENT/GUARDIAN #1

Guardian Last Name	Guardian First Name	Guardian Middle Name	Is Guardian former FCPS student? <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____			Guardian lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell Phone	Other Phone	Work Phone	Guardian Email Address		
Mailing Address (If student not living with guardian)		Apt	City	State	Zip Code

PARENT/GUARDIAN #2

Guardian Last Name	Guardian First Name	Guardian Middle Name	Is Guardian former FCPS student? <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____			Guardian lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No Should this Guardian receive mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No Have rights to online student info? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell Phone	Other Phone	Work Phone	Guardian Email Address		
Mailing Address (If student not living with guardian)		Apt	City	State	Zip Code

EMERGENCY CONTACTS - OTHER THAN GUARDIAN

Primary Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Student
Cell Phone	Home Phone	Work Phone	Home Address	
Secondary Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Student
Cell Phone	Home Phone	Work Phone	Home Address	
Third Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Student
Cell Phone	Home Phone	Work Phone	Home Address	

***IF YOU HAVE ADDITIONAL STUDENTS ATTENDING FAYETTE CO. SCHOOLS WITH SAME GUARDIANS, ADDRESS AND EMERGENCY CONTACTS PLEASE COMPLETE OTHER SIDE.**

I certify the above information is correct and understand that I must contact the school with any changes.

Signature

Date

Only complete if you have additional children attending Fayette County Schools with the SAME GUARDIANS, ADDRESS AND EMERGENCY CONTACTS.

Additional Student Information (please print)		
STUDENT LEGAL NAME (Last Name, First Name Middle Name)	DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
SCHOOL		GRADE

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SCHOOL		GRADE

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SCHOOL		GRADE

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SCHOOL		GRADE

Additional Student Information (please print)		
STUDENT LEGAL NAME (Last Name, First Name Middle Name)	DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
SCHOOL		GRADE

Guardian information on the other side MUST be completed.

I certify the above information is correct and understand that I must contact the school with any changes.

Signature

Date

GREEN

"It's About Kids"

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