This information is extremely important please make sure to answer every question. Thank you.





YEARLY STUDENT INFORMATION FORM

2016-2017

If guardianship is different complete a separate form for each child.

		Date		
STUDENT NAME			<u> </u>	<u>_</u>
Last	First	M.I.	Grade	Date of Birth
STUDENT NAME			_	_
Last	First	M.I.	Grade	Date of Birth
STUDENT NAME	First	MI	Cando	Data of Digital
Last	FIISt	M.I.	Grade	Date of Birth
STUDENT NAME Last	First	M.I.	Grade	Date of Birth
If more than four children plea		171.1.	Grade	Dute of Birth
Physical Address for above stu	dent (s):			
Mailing Address if different: _				
_				
Students home phone number:				
OTHER CHILDREN IN TH	IE RESIDENCE			
Name	DOB	Name		DOB
Name	DOB	Nama		DOB
141110		rvanic		
Tune				
EGAL Parent/Guardian 1	· · · · · · · · · · · · · · · · · · ·	e provide addres		
EGAL Parent/Guardian l audent) Please make sure t	to list only informa	e provide addres tion listed on <u>Bi</u>	rth Certificate	e/Guardianship
EGAL Parent/Guardian land udent) Please make sure to apers. These will be the fitherwise notified.	to list only informa rst people we conta	e provide addres tion listed on <u>Bi</u> act in case of an o	rth Certificate emergency or	e/Guardianship
EGAL Parent/Guardian land udent) Please make sure to apers. These will be the fitherwise notified.	to list only informa rst people we conta	e provide addres tion listed on <u>Bi</u> act in case of an o	rth Certificate emergency or	e/Guardianship
EGAL Parent/Guardian I udent) Please make sure t apers. These will be the fi therwise notified. Fathers Name	to list only informa rst people we conta	e provide addres tion listed on <u>Bi</u> act in case of an o	rth Certificate emergency or	e/Guardianship illness unless
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EGAL Parent/Guardian I tudent) Please make sure to apers. These will be the fitherwise notified. Fathers Name Day/work Phone #	cell #Cell #	e provide addres tion listed on Bin to in case of an o	cmail	e/Guardianship illness unless

THIS IS A TWO PAGE DOCUMENT PLEASE COMPLETE OTHER SIDE AND SIGN

This information is extremely important please make sure to answer every question. Thank you.

SAU 92

HINSDALE SCHOOL DISTRICT

YEARLY STUDENT INFORMATION FORM PAGE TWO

2016-2017

Parent/Guardian Information (Continued	1)				
Name	Legal Relationship				
Day/Phone # Cell #	Email				
Address	Home Phone				
Employer name and phone number					
Name	Legal Relationship				
Day/Phone # Cell #	Email				
Address	Home Phone				
Employer name and phone number					
Is the student living with Mother Father	Both Other Relationship				
If not living with both parents who has custody?	Is custody agreement on file Yes No				
Is this temporary living arrangement? Yes No Do you consider yourself homeless Yes No					
Do you have internet access at home?Yes If yes, what device do you use to connect? •Desktop/laptop computer •Tablet (e.g.: iPad, Kindle, Chromebook et •Smartphone I hereby give permission for the student (s) to be tran					
Temporary Care/Emergency					
1 0					
In the event the school is unable to contact the parents, please list up to three people who will assume temporary care of your child. Parents are always called first. (Only list one phone number per contact since PowerSchool allows for one phone number per contact. You may use one contact more than once if using two different phone numbers eg: work and cell phone). In listing these people you also give them permission to pick up students at school					
Contact # 1 Name	Relationship to child List one phone number				
Contact # 2 Name	Relationship to child List one phone number				
Contact # 3 Name	Relationship to child List one phone number				
Print Parent/Guardian Name	Parent/Guardian Signature				