

Taloga Elementary School
2017-2018

Student's Legal Name: _____ Grade: _____

Preferred Name: _____ Home Phone: _____

Mailing Address: _____ County: _____

Street Address (if different from mailing): _____ Student's Cell: _____

Date of Birth: _____ Birth Place: _____ SSN: _____

Gender: M or F Ethnicity: Are you of Hispanic/Latino culture or origin ? (Yes or No)

What is your race? (Choose one or more) American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

Student is living in transportation area over 1.5 miles under 1.5 miles to school.

Last School Attended (if not Taloga): _____ Date Withdrawn: _____

If student attended another school, did he/she receive special services (Special Education, Speech, Physical Therapy, Gifted/Talented, etc)? _____ If yes, please list _____

Father: _____ Place of Employment: _____

Mailing Address, City, State, Zip (if different from student): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother: _____ Place of Employment: _____

Mailing Address, City, State, Zip (if different from student): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Guardian (if other): _____ Place of Employment: _____

Mailing Address, City, State, Zip (if different from student): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Student: _____

Parent/Guardian E-Mail Address: _____

In case of an emergency and we are not able to reach you, we need the names of those you give authorization to pick up your child in case of illness or injury.

1. Name _____ Phone: _____ Relationship to Student: _____
2. Name _____ Phone: _____ Relationship to Student: _____
3. Name _____ Phone: _____ Relationship to Student: _____

Student's Doctor: _____ Phone: _____

Please list full names and grades of other family members currently attending Taloga Public Schools who reside with you: _____