

## FAMILY INFORMATION

### Student's PRIMARY Household

All information and mailings will be sent to the primary household

Student lives with: <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother (and Stepfather if applicable) <input type="checkbox"/> Father (and Stepmother if applicable) <input type="checkbox"/> Single Gender Parents <input type="checkbox"/> *Foster Family <input type="checkbox"/> *Relative/Other *Provide legal custody document OR fill in legal parent/guardian info in Secondary Household section below.	Address		
	City	State	Zip
	County	Home Phone	
	Is this primary residence located within the ISD 255 district boundaries: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am unsure		

Primary Household Parent/Guardian 1	Primary Household Parent/Guardian 2
Name	Name
Work Phone ( )	Work Phone ( )
Cell Phone ( )	Cell Phone ( )
E-mail address	E-mail address
Place of Employment	Place of Employment

\*\* Note: Please notify the school office and provide legal documentation if there is a custodial issue. \*\*

### Please list all permanent members (adults & children) in household.

Full Legal Name	Birthdate	Gender	Relationship	Age/Grade	School (if attending)

### Student's SECONDARY Household (if applicable)

\*All information and mailing will be sent to the secondary household.

Student lives with: <input type="checkbox"/> Mother (and Stepfather if applicable) <input type="checkbox"/> Father (and Stepmother if applicable) <input type="checkbox"/> Single Gender Parents <input type="checkbox"/> Other *Provide legal custody document OR fill in legal parent/guardian info in Secondary Household section below.	Address		
	City	State	Zip
	County	Home Phone	

Primary Household Parent/Guardian 1	Primary Household Parent/Guardian 2
Name	Name
Work Phone ( )	Work Phone ( )
Cell Phone ( )	Cell Phone ( )
E-mail address	E-mail address
Place of Employment	Place of Employment

\*If information and mailings should NOT be sent to the Secondary Household, please provide legal documentation.

### Emergency Information

Emergency Contacts are people who can be called and will come for student in case parents/guardians cannot be reached.

Name	Relationship	Home Phone	Cell Phone

### Daycare Contact

Daycare Contact Name	Phone Number	Cell Number
Address	City	Zip
Daycare Schedule (which days per week)		

In the past 3 years have you or anyone in your family moved (city, state, or school district) so that you or a family member could seek or obtain seasonal/temporary agricultural work?  Yes  No

**Transportation Information:**

Directions to home: Address \_\_\_\_\_

Directions to daycare: Address: \_\_\_\_\_

Children will be riding  to school on the bus  
 home on the bus  
 to school from daycare  
 from school to daycare

I certify the information provided here is true and complete to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Tennison Warning: You have been asked to supply private information concerning your child. Pursuant to M.S. 12.04, school districts are required to inform parent/guardians how this information will be used. All information collected will be private and confidential. This information will help us aid your child in case of an emergency or health concern. We may need to phone you or other designated people. You may refuse to supply the requested information. This may greatly hinder us in helping your child. Please note that in a crisis we might need to call 911 or law enforcement to help with your child. Information that you provide to our school will only be available to staff who work directly with your child or to emergency response personnel. Data privacy laws protect confidentiality.

**For District Use Only**

<input type="checkbox"/> Birth Verification	<input type="checkbox"/> Perm File Folder	<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Classroom	<input type="checkbox"/> Records Requested-Date _____
<input type="checkbox"/> Immunizations	<input type="checkbox"/> School Office	<input type="checkbox"/> Transportation	<input type="checkbox"/> IMC	<input type="checkbox"/> Records Received-Date _____
<input type="checkbox"/> EC Screening	<input type="checkbox"/> Health Office	<input type="checkbox"/> MARSS	<input type="checkbox"/> SPED	