

LEGAL PARENT OR GUARDIAN INFORMATION (Only a legal parent or guardian may enroll a student)

Please check any choice that applies:

Please check any choice that applies:

CUSTODY

- Both Parents
- Mother Only
- Father Only
- Mother/Stepfather
- Father/Stepmother
- Other

LIVING WITH

- Both Parents
- Mother Only
- Father Only
- Mother/Stepfather
- Father/Stepmother
- Other

Name: _____ Relationship to student: _____

Parent or Guardian

Lives with student: yes no Same Address as student? yes no

Address if different from student: _____
Street number and name Apt # City State Zip code

Home Phone Number: () _____ Cell Phone Number: () _____

Place of Employment: _____ Work Phone Number: () _____

Available to speak to at work: yes no E-mail address: _____

Name: _____ Relationship to student: _____

Parent or Guardian

Lives with student: yes no Same Address as student? yes no

Address if different from student: _____
Street number and name Apt # City State Zip code

Home Phone Number: () _____ Cell Phone Number: () _____

Place of Employment: _____ Work Phone Number: () _____

Available to speak to at work: yes no E-mail address: _____

Are there other siblings that attend Craven County Schools at this time? yes no

If yes, please list:

Name: _____ Age: _____ School attending: _____

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EMERGENCY CONTACTS (in order in which you would want them contacted)

This person may pick my child up from school. yes no

1. Name: _____ Relationship: _____

Home Phone #: () _____ Cell Phone #: () _____

Work Phone #: () _____

This person may pick my child up from school. yes no

2. Name: _____ Relationship: _____

Home Phone #: () _____ Cell Phone #: () _____

Work Phone #: () _____

This enrollment information is accurate to the best of my knowledge. I authorize this school to seek medical attention for my child and transport my child to the hospital in the event of an emergency and release medical information on a need to know basis.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE