| , | <u>STODY</u> | Please check any choice that applies: |
|---|--|---|
| • | Both Parents | <u>LIVING WITH</u> Both Parents |
| | Mother Only | Mother Only |
| | Father Only | Father Only |
| • | Mother/Stepfather | Mother/Stepfather |
| | Father/StepmotherOther | Father/StepmotherOther |
| | | |
| Name: | | Relationship to student: |
| | or Guardian | |
| | | Address as student?yesno |
| Address if different from | n student: Street number and | name Apt # City State Zip con |
| Home Phone Number: (| () | Cell Phone Number: () |
| Place of Employment: | | Work Phone Number: () |
| Available to speak to at | t work:yes | no E-mail address: |
| Name: | | Relationship to student: |
| Parent or | Guardian | • |
| Lives with student: | yesno Same A | ddress as student?yesno |
| Address if different from | student: | |
| Home Phone Number: (| Street number and n | name Apt # City State Zip code Cell Phone Number: () |
| Place of Employment: _ | | Work Phone Number: () |
| | | 1 |
| Available to speak to at v | work:vesr | no E-mail address: |
| | | no E-mail address: |
| are there other siblings tha | | no E-mail address:no ools at this time?yesno |
| re there other siblings that yes, please list: | at attend Craven County Scho | ools at this time?yesno |
| re there other siblings tha yes, please list: | at attend Craven County Scho | ools at this time?yesno Age: School attending: |
| re there other siblings that yes, please list: | at attend Craven County Scho | ools at this time?yesno |
| Are there other siblings that i yes, please list: Name: Name: | at attend Craven County Scho | yes no Age: school attending: Age: School attending: Age: School attending: |
| ve there other siblings that yes, please list: Name: Name: Name: | at attend Craven County Scho | ools at this time? yes no Age: School attending: Age: School attending: |
| Are there other siblings that yes, please list: Name: Name: Name: | at attend Craven County Scho | |
| re there other siblings that yes, please list: Name: Name: Name: MERGENCY CONTACTS (This person may pick | it attend Craven County Schooling of the county School of the county Sch | |
| ve there other siblings that yes, please list: Name: Name: Name: MERGENCY CONTACTS (This person may pick 1. Name: | it attend Craven County School (in order in which you would wa my child up from school. | |
| we there other siblings that yes, please list: Name: Name: Name: MERGENCY CONTACTS (This person may pick 1. Name: Home Phone #: | (in order in which you would wa my child up from school | |
| Name: Name: Name: Name: Name: Name: Name: Name: MERGENCY CONTACTS (This person may pick 1. Name: Home Phone #: | it attend Craven County School (in order in which you would wa my child up from school. | |
| Name: Name: Name: Name: Name: Name: Name: Name: MERGENCY CONTACTS (This person may pick 1. Name: Home Phone #: Work Phone #: | (in order in which you would wa my child up from school | Age: |
| Name: Name: Name: Name: Name: Name: Name: Name: Name: MERGENCY CONTACTS (This person may pick 1. Name: Home Phone #: Work Phone #: (This person may pi | (in order in which you would wa my child up from school () ick my child up from school. | Age: |
| Name: Name: Name: Name: Name: Name: Name: Name: Name: MERGENCY CONTACTS (This person may pick 1. Name: Home Phone #: Work Phone #: (This person may pi | (in order in which you would wa my child up from school () ick my child up from school. | |
| Name: Name: Name: Name: Name: Name: Name: Name: Name: MERGENCY CONTACTS (This person may pick 1. Name: Home Phone #: Work Phone #: This person may pi 2. Name: Home Phone #: (| (in order in which you would wa my child up from school () ick my child up from school. | |
| Are there other siblings that if yes, please list: Name: Name: Name: Name: Name: Name: Home Phone #: Work Phone #: This person may pick This person may pick | (in order in which you would wa my child up from school () ick my child up from school. | |
| Are there other siblings that f yes, please list: Name: Name: Name: Name: Name: Name: Name: Home Phone #: Vork Phone #: Work Phone #: Work Phone #: Work Phone #: Work Phone #: Work Phone #: Work Phone #: Work Phone #: Name: | (in order in which you would wa my child up from school () ick my child up from school. () ation is accurate to the i | Age: |
| Are there other siblings that it yes, please list: Name: Name: Name: MERGENCY CONTACTS (This person may pick 1. Name: Home Phone #: Work Phone #: Home Phone #: Work Phone #: (Work Phone #: (Work Phone #: (Work Phone #: (| (in order in which you would wa my child up from school () ick my child up from school. () ation is accurate to the i | Age: School attending: Age: School attending: Age: School attending: Age: School attending: ant them contacted) |