

STUDENT INFORMATION					
Last: [REDACTED]	First: [REDACTED]	Middle: [REDACTED]	Date of Birth: [REDACTED]	Gender: [REDACTED]	Grade: 05
School Name: CHESTERBROOK ELEMENTARY		ID No.: [REDACTED]	Teacher or Counselor: GUINN, CARLY		Bus # (AM): [REDACTED] Bus # (PM): [REDACTED]
[ ] Student has medical alert information on file. See page 2 for details.			Student Cell: [REDACTED]		

**PARENT/GUARDIAN CONTACT INFORMATION**

This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

<b>Enrolling Parent</b>		Last: [REDACTED]	First: [REDACTED]	Middle: [REDACTED]	Telephone
Number: [REDACTED]	Street: [REDACTED]	Apt.#: [REDACTED]		Home: [REDACTED]	Work: [REDACTED]
City: [REDACTED]		State: VA	Zip: [REDACTED]	Cell: [REDACTED]	

Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self	<input checked="" type="checkbox"/> Resides with	Language: [REDACTED]	E-mail: ssosguthorpe@gmail.com
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<b>Other Parent</b>		Last: [REDACTED]	First: [REDACTED]	Middle: [REDACTED]	Telephone
Number: [REDACTED]	Street: [REDACTED]	Apt.#: [REDACTED]		Home: [REDACTED]	Work: [REDACTED]
City: [REDACTED]		State: VA	Zip: [REDACTED]	Cell: [REDACTED]	

Relationship: <b>FATHER</b>	<input checked="" type="checkbox"/> Resides with	Language: [REDACTED]	E-mail: [REDACTED]
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<b>Other Parent</b>		Last: [REDACTED]	First: [REDACTED]	Middle: [REDACTED]	Telephone
Number: [REDACTED]	Street: [REDACTED]	Apt.#: [REDACTED]		Home: [REDACTED]	Work: [REDACTED]
City: [REDACTED]		State: [REDACTED]	Zip: [REDACTED]	Cell: [REDACTED]	

Relationship:	<input type="checkbox"/> Resides with	Language: [REDACTED]	E-mail: [REDACTED]
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<b>Other Parent</b>		Last: [REDACTED]	First: [REDACTED]	Middle: [REDACTED]	Telephone
Number: [REDACTED]	Street: [REDACTED]	Apt.#: [REDACTED]		Home: [REDACTED]	Work: [REDACTED]
City: [REDACTED]		State: [REDACTED]	Zip: [REDACTED]	Cell: [REDACTED]	

Relationship:	<input type="checkbox"/> Resides with	Language: [REDACTED]	E-mail: [REDACTED]
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**OTHER CONTACT INFORMATION**

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone
[REDACTED]	Neighbor	[REDACTED]	703-[REDACTED]
[REDACTED]	Neighbor	[REDACTED]	703-[REDACTED]
[REDACTED]	Neighbor	[REDACTED]	703-[REDACTED]
[REDACTED]	Other	[REDACTED]	703-[REDACTED]