

## Robert E. Ellis Middle School 2021-2022

Student Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle Nickname  
 Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ City of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
 Race – **check all that apply:** White \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Pacific Islander/Native Hawaiian \_\_\_\_\_  
 Ethnicity: Hispanic \_\_\_\_\_ Not Hispanic \_\_\_\_\_  
 List sibling(s) currently attending the SCS: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
 School Last Attended \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

Custody: Mother Father Both Other \_\_\_\_\_ Custody Papers on File in Office? Y or N Non-Custodial Parent May Pick Child Up From School? Y or N  
 Visitation Restrictions: \_\_\_\_\_ Non-Custodial Parent May Attend School Functions? Y or N

Please List Any Person(s) Your Child Should NEVER Be Allowed Contact With. You Must Provide A Valid No-Contact Order For Us to Deny Contact With A Non-Custodial Parent.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Father/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Primary Residential Parent  Child Lives At This Address

Mother/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Primary Residential Parent  Child Lives At This Address

**List persons (over 18) who have permission to sign out & transport your child if you cannot be reached. Parents are required to notify the school office in writing if any pick up information changes.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand that the student's assignment to a school is based on the legal residence of the primary custodian.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ \_\_\_\_\_ Chorus Does your child have an IEP?  Yes  No  
 Car Rider AM/ PM/ BOTH  Walker AM/ PM/ BOTH \_\_\_\_\_ Orchestra Does your child have a 504 Plan?  Yes  No  
 Bus Rider AM/ PM/ BOTH Bus # \_\_\_\_\_ \_\_\_\_\_ Band