


| | | |
|-----------------------------|---|-----------------------------|
| First Contact Name | EMERGENCY  CONTACT NUMBERS | Second Contact Name |
| Relationship to Student | | Relationship to Student |
| Home Address | | Home Address |
| Telephone Number/Cell Phone | | Telephone Number/Cell Phone |
| | | |

Are you presently living in a shelter?

Yes ___ No ___

Are you living in a motel, hotel or transitional housing situation?

Yes ___ No ___

Are you living in a car, trailer on private property owned by other or seasonal campsite?

Yes ___ No ___

Are you temporarily in other's home or apartment, due to loss of housing?

Yes ___ No ___

Are you temporarily with an adult that is not a parent/legal guardian?

Yes ___ No ___

Is your child waiting for a foster placement?

Yes ___ No ___

Student's Last School Attended _____

Address _____

School Counselor Name _____

Is your child receiving any special or remedial services? YES NO

Explanation: _____

DATE STUDENT ENTERED NEW YORK STATE SCHOOLS _____

DATE STUDENT ENTERED NINTH GRADE (if applicable) _____

FATHER / GUARDIAN INFORMATION

| | |
|---|---------------------------|
| | |
| FATHERS LAST NAME | FATHERS FIRST NAME |
| | |
| FATHERS MAILING ADDRESS | CITY/STATE/ZIPCODE |
| | |
| HOME TELEPHONE NUMBER | MOBILE/CELL NUMBER |
| | |
| PLACE OF EMPLOYMENT | EMPLOYERS ADDRESS |
| | |
| EMPLOYERS TELEPHONE NUMBER / EXTENSION | |

IF THE STUDENT DOES NOT RESIDE WITH EITHER PARENT, WITH WHOM DOES HE/SHE RESIDE? Guardian Step-Parent Foster-Parent Grandparent Other _____

SIBLING INFORMATION

| NAME | DATE OF BIRTH | LIVES IN DISTRICT |
|------|---------------|-------------------|
| | | Y / N |
| | | Y / N |
| | | Y / N |
| | | Y / N |
| | | Y / N |