

Today's Date: _____

SISKIYOU COUNTY OFFICE OF EDUCATION
Returning Student Information Form

Please Print

Legal First Name <input type="radio"/> Male <input type="radio"/> Female	Legal Middle Name <input type="radio"/> Non-binary	Legal Last Name	Other Legal Name (if applicable)
Parent /Guardian First Name	Last Name	() _____ Home Phone	() _____ Work Phone
Mailing Address		City	State Zip
Residence Address		City	State Zip

Residence – where is your child/family currently living? (federally mandated by NCLB) **Please check appropriate box:**

- | | |
|---|--|
| <input type="radio"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="radio"/> In a motel/hotel |
| <input type="radio"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) | <input type="radio"/> Unsheltered (car/campsite) |
| <input type="radio"/> In a shelter or transitional housing program | <input type="radio"/> Other (please specify) _____ |

Parent/Guardianship information (with whom the student lives) – check all that apply

- Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____

Is the above (checked) person(s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check on: Joint Custody Sole Custody Guardian (and attach)

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # () _____

PARENT EDUCATION – Check the response that describes the father's education level.

- Graduate Degree or Higher (10) College Graduate (11) Some College or Associate's Degree (12) High School Graduate (13) Not a High School Graduate (14) Declined to state/unknown (15)

2. Mother Step Mother/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # () _____

PARENT EDUCATION – Check the response that describes the mother's education level.

- Graduate Degree or Higher (10) College Graduate (11) Some College or Associate's Degree (12) High School Graduate (13) Not a High School Graduate (14) Declined to state/unknown (15)

DUPLICATE MAILING – If divorced/separated & Joint custody allows duplicate mailing/information to be given to other parent, please include their name, address and phone number:

Full Name: _____ Phone#: () _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Signature of Parent/Guardian: _____

Please return this form to your child's teacher.

BELOW FOR SCHOOL USE ONLY

Assigned Grade:	District of Residence:
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Teachers: Keep original for your records and please send a copy to the Special Schools and Services Department