

Student Label

STUDENT’S HOUSEHOLD DEMOGRAPHIC INFORMATION

PRIMARY HOUSEHOLD

Does child reside in this home more than 50% of the time? (Please circle) Yes No

Student lives with: (Check all that apply)	Holds legal Custody?	Legal Guardian?	Primary Parent/Guardian Information	
<input type="checkbox"/> Natural Father	<input type="checkbox"/>	<input type="checkbox"/>	Name: Date of Birth:	Name: Date of Birth:
<input type="checkbox"/> Natural Mother	<input type="checkbox"/>	<input type="checkbox"/>	Physical Address: (Address, City, State, Zip)	
<input type="checkbox"/> Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	Mailing Address: Address, City, State, Zip)	
<input type="checkbox"/> Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone:	Cell Phone:
<input type="checkbox"/> Foster Parents	<input type="checkbox"/>	<input type="checkbox"/>	Email:	Email:
<input type="checkbox"/> Other: (Please list below)	<input type="checkbox"/>	<input type="checkbox"/>	Employer:	Employer:
			Work Phone:	Work Phone:
What School District will your child attend?				
<input type="checkbox"/> ISD 316 Coleraine <input type="checkbox"/> ISD 317 Deer River <input type="checkbox"/> ISD 318 Grand Rapids/Bigfork <input type="checkbox"/> ISD 02 Hill City				
<input type="checkbox"/> ISD 319 Nashwauk/Keewatin <input type="checkbox"/> ISD 118 Northland/Remer <input type="checkbox"/> ISD 698 Floodwood				

OTHER CHILDREN IN PRIMARY HOUSEHOLD

Last Name	First Name	Middle Name	M/F	Birthdate	Grade	School

SECOND HOUSEHOLD

Does child reside in this home less than 50% of the time? (Please circle) Yes No

Does child reside in this home the same amount of time as the primary home? (Please circle) Yes No

Student lives with: (Check all that apply)	Holds legal Custody?	Legal Guardian?	Secondary Parent/Guardian Information	
<input type="checkbox"/> Natural Father	<input type="checkbox"/>	<input type="checkbox"/>	Name: Date of Birth:	Name: Date of Birth:
<input type="checkbox"/> Natural Mother	<input type="checkbox"/>	<input type="checkbox"/>	Physical Address: (Address, City, State, Zip)	
<input type="checkbox"/> Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	Mailing Address: Address, City, State, Zip)	
<input type="checkbox"/> Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone:	Cell Phone:
<input type="checkbox"/> Foster Parents	<input type="checkbox"/>	<input type="checkbox"/>	Email:	Email:
<input type="checkbox"/> Other: (Please list below)	<input type="checkbox"/>	<input type="checkbox"/>	Employer:	Employer:
			Work Phone:	Work Phone: