

**PARENT / GUARDIAN INFORMATION**

<b>Guardian #1 – Lives with Student</b> (select one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self										
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widow										
Name: <small>Last Name</small>					Name: <small>First Name</small>					SSN:
<b>Current Address:</b>		<small>Number</small>		<small>Street</small>		<small>City</small>		<small>Zip Code</small>		<small>Up</small> <input type="checkbox"/> <small>Down</small> <input type="checkbox"/> <small>Apt #</small> _____
<b>Previous Address:</b>		<small>Number</small>		<small>Street</small>		<small>City</small>		<small>Zip Code</small>		<small>Up</small> <input type="checkbox"/> <small>Down</small> <input type="checkbox"/> <small>Apt #</small> _____
Workplace:					Work Phone:					
Home Phone:			Cell Phone:			Email:				
<p>Owens home currently living in? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Rents home currently living in? <input type="checkbox"/> Yes <input type="checkbox"/> No      Has a Lease agreement?    Yes___ No___</p> <p>Landlord's Name: _____ Phone Number: _____</p>										

<b>Guardian #2 – Lives with Student</b> (select one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____										
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widow										
Name: <small>Last Name</small>					Name: <small>First Name</small>					SSN:
Workplace:					Work Phone:					
Cell Phone:					Email:					

**NON-HOUSEHOLD RELATIONSHIP**

<b>Guardian #3 – DOES NOT live with Student</b> (select one) <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> Caseworker <input type="checkbox"/> Other _____										
Should this person receive student report cards and school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Name: <small>Last Name</small>					Name: <small>First Name</small>					SSN:
<b>Address:</b>		<small>Number</small>		<small>Street</small>		<small>City</small>		<small>Zip Code</small>		<small>Up</small> <input type="checkbox"/> <small>Down</small> <input type="checkbox"/> <small>Apt. #</small> _____
Workplace:					Work Phone:					
Home Phone:			Cell Phone:			Email:				