



☐ Check here if other household members are already registered in the district.

<p>Primary Telephone Number _____</p> <p>Residential Address: _____</p> <p>Apt. Number _____</p> <p>City _____ State _____ Zip Code _____</p>	<p>Mailing Address, if different from residential address</p> <p>Mailing Address: _____</p> <p>Apt. Number _____</p> <p>City _____ State _____ Zip Code _____</p>
<p>Biological Parent/Guardian whom the student lives with:</p> <p>Legal Name: _____</p> <p>(Last) (First) (Middle)</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Cell Phone: _____ Work Phone: _____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow</p>	<p>Spouse of Parent/Guardian whom the student lives with:</p> <p>Legal Name: _____</p> <p>(Last) (First) (Middle)</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Cell Phone: _____ Work Phone: _____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow</p>
<p>SECTION 2: Secondary Household if applicable (<u>ONLY</u> applies to the biological parent whom the student does <u>NOT</u> live with the majority of the time)</p>	
<p>Biological Parent whom the student does NOT live with:</p> <p>Legal Name: _____</p> <p>(Last) (First) (Middle)</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Cell Phone: _____ Work Phone: _____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow</p> <p>This person is allowed to pick up student(s) from school and can be contacted in the event of an emergency without contacting the biological parent/guardian 1 whom the student lives with.</p>	<p>Spouse of Parent whom the student does NOT live with:</p> <p>Legal Name: _____</p> <p>(Last) (First) (Middle)</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Cell Phone: _____ Work Phone: _____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow</p> <p>This person is allowed to pick up student(s) from school and can be contacted in the event of an emergency without contacting the biological parent/guardian 1 whom the student lives with.</p>

SECTION 3: Student Information (Include new students enrolling and currently enrolled students)

Please provide the names of **ALL SCHOOL AGE CHILDREN that are currently attending a PCSD** school and reside with the biological parent/guardian whom the student lives with, along with the date of birth and relationship to each Parent/Guardian (i.e., son, daughter, step-son, step-daughter, granddaughter, grandson, sister, brother, etc.).

First Name	Middle Name	Last Name	DOB	Grade	Relationship to Biological Parent/Guardian whom the student lives	Relationship to Spouse of Parent/Guardian whom the student lives with	Relationship to Biological Parent whom the student does NOT live with	Relationship to Spouse of Biological Parent whom the student does NOT live with

If there are custody issues that prevent any of the previously indicated heads of household from having access to the students listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian, court documentation must be provided.

SECTION 4: Additional Household Members (Please list any other adults living in the Primary Household)

SECTION 5: Emergency Contacts: DO NOT INCLUDE THE PARENT(S).

The following people have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the PARENT/GUARDIAN cannot be reached: ***(If registering more than one student and emergency contacts differ, please see staff member.)*** If an emergency contact has more than one phone number (e.g., home phone and cell phone), please use two different contact boxes.

	FULL LEGAL NAME	BEST PHONE #	RELATIONSHIP TO STUDENT
CONTACT ONE:			
CONTACT TWO:			
CONTACT THREE:			
CONTACT FOUR:			
CONTACT FIVE:			

Printed Name of Person Completing Form (Enrolling Parent ONLY): _____ Relationship to student: _____

Enrolling Parent's Signature _____ Date: _____