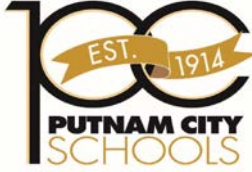


## PUTNAM CITY SCHOOL DISTRICT

## \*CHANGE OF ADDRESS\*



School:	ID#	
Entry Code:	Grad Yr:	Special Ed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Entry Date:		
Residency:	Transfer:	Bus#
Transportation Code:	Internet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Teacher:	E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Weapons: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## STUDENT INFORMATION

(Legal Last Name)	(Legal First Name)	(Middle Name)	(Grade)
Home Address:		City:	Zip:
Home Phone:	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Apartment /Housing Addition:	
Mailing Address if different:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ____/____/____	U.S. Entry Date:	
Daycare:		Phone#:	
Ethnic Code: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native			
Is this student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth City:	Birth State:	
First date in U.S. Schools:	Birth Country if not US:		
Services Received: Special Education/IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	504 <input type="checkbox"/> Yes <input type="checkbox"/> No	Gifted Education <input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever been evaluated for special education <input type="checkbox"/> Yes <input type="checkbox"/> No			

## PARENT/GUARDIAN INFORMATION

Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self			
Parent/Guardian 1:	Relationship:	Cell#:	
Home Address:	City:	Zip:	
Employer:	Work#:	e-mail:	
Parent/Guardian 2:	Relationship:	Cell#:	
Home Address:	City:	Zip:	
Employer:	Work#:	e-mail:	
Legal/Custody Alert ( <i>Official Documentation Required</i> ) <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Explain:			

## EMERGENCY CONTACTS (Other than parents)

Name:	Daytime#:	Cell#:	Relationship:
Name:	Daytime#:	Cell#:	Relationship:
Is this child currently under suspension from a previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last School Attended:	City:	State:	
Parent Signature:			Date: