

Student's last name	First name	INFORMATION FOR PARENT/GUARDIAN 1				
WHO HAS LEGAL CUSTODY? Both parents Father Mother Grandparent(s) Guardian(s) Ward of Court Parenting Plan Independent Copy of Court or other legal documents may be required.	STUDENT LIVES WITH . . . Both parents Father Mother Grandparent(s) Guardian(s) Agency/Social Services Foster Parent(s) Alone Student's Spouse/Partner Other Relative(s)	Relationship to student	Employer			
		Last name of parent/guardian	Area code	Work phone	Extension	
		First name of parent/guardian	Area code	Home phone (if different from student's)		
		CHECK ALL BOXES THAT APPLY		Area code	Cell phone (if applicable)	
		Living with student	Emergency contact	Parent/Guardian address (if different from student's address on page 1)		
		Address same as student's address				
INFORMATION FOR PARENT/GUARDIAN 2						
		Relationship to student	Employer			
		Last name of parent/guardian	Area code	Work phone	Extension	
		First name of parent/guardian	Area code	Home phone (if different from student's)		
		CHECK ALL BOXES THAT APPLY		Area code	Cell phone (if applicable)	
		Living with student	Emergency contact	Parent/Guardian address (if different from student's address on page 1)		
		Address same as student's address				
INFORMATION FOR PARENT/GUARDIAN 3						
		Relationship to student	Employer			
		Last name of parent/guardian	Area code	Work phone	Extension	
		First name of parent/guardian	Area code	Home phone (if different from student's)		
		CHECK ALL BOXES THAT APPLY		Area code	Cell phone (if applicable)	
		Living with student	Emergency contact	Parent/Guardian address (if different from student's address on page 1)		
		Address same as student's address				
		<i>I authorize the request of this student's records from the previous school, if applicable. I certify that all of the information I have provided on both pages of this form is true and accurate. I understand that falsification of any information will be cause for revoking the student's school assignment, that it is my responsibility to keep SPS informed of any changes, that failure to provide supporting documentation may delay the processing of this application, and that my child may be excluded from school if immunizations are not current.</i>				
		Signature of parent/guardian		Date		
		Please print name				
TO BE COMPLETED IF NOT BORN IN U.S.						
Country of birth		Date of entry				