

GUARDIAN INFORMATION

Father or Legal Guardian 1

Name _____
Title _____ Last _____ First _____ Middle _____ Relationship to student: _____
Apt. # _____ Apt. Complex _____ House # _____
Street _____ City _____ Zip Code _____
Phone Numbers
Home _____ Work _____ Cell _____
Beeper _____ Email _____

Mother or Legal Guardian 2

Name _____
Title _____ Last _____ First _____ Middle _____ Relationship to student: _____
Apt. # _____ Apt. Complex _____ House # _____
Street _____ City _____ Zip Code _____
Phone Numbers
Home _____ Work _____ Cell _____
Beeper _____ Email _____

MEDICAL INFORMATION

1. Emergency Contact _____
Last Name _____ First Name _____ Relationship to student: _____
(225) _____
Phone # _____ Address _____

2. Emergency Contact: _____
Last Name _____ First Name _____ Relationship to student: _____
(225) _____
Phone # _____ Address _____

_____ (225) _____
Preferred Hospital _____ Physician _____ Telephone _____

_____ Allergies _____ Physical Handicaps _____

ADDITIONAL INFORMATION

Please check any special education services your child has ever received.
 Speech Special Education 504 Gifted Talented Other, please list _____

Has this student ever attended school in Zachary Community School System or Louisiana? _____
If yes, where: _____ When: _____

Elementary aged students: Check all programs attended:
 Play School Nursery School Pre-Kindergarten Kindergarten Headstart

Please list the schools with the grades the student has attended.

_____ School _____ Grade _____	_____ School _____ Grade _____
_____ School _____ Grade _____	_____ School _____ Grade _____
_____ School _____ Grade _____	_____ School _____ Grade _____

Are there other Zachary Community School Board students living at the student's primary residence? No Yes (Please list names below)
Names: _____

_____ My Signature attests to the accuracy of the information given on this form under penalty of law.