



St. Clair Public School District 75 New Student Information

STUDENT INFORMATION

Please complete one sheet per child

Name: _____ Gender: M F DOB: _____ Age: _____

Address: _____ City/ Zip: _____

Mailing Address: _____ Will your student be riding the bus? YES NO

Home Phone: _____ Social Security # _____ - _____ - _____

Previous School District: _____ Desired Start Date: _____ GRADE: _____

Military-Connected Youth ____Yes ____No Does your child receive Special Education Services? ____Yes ____No

Does your child currently have a 504 plan? ____Yes ____No

PARENT/ GUARDIAN INFORMATION

_____	_____	_____
(Parent 1) First / Last Name	(Parent 1) Cell #	(Parent 1) Email Address
_____	_____	_____
(Parent 2) First / Last Name	(Parent 2) Cell #	(Parent 2) Email Address

Student lives with: Both Parents _____ Parent 1 Only _____ Parent 2 Only _____

Parent 1 Employment _____	_____	_____
Name of Company	Phone / Ext	Hours
Parent 2 Employment _____	_____	_____
Name of Company	Phone / Ext	Hours

CENSUS INFORMATION

List names and birth dates of siblings, preschool and school age children living in the household.

Name: _____ Gender: _____ DOB: _____

Name: _____ Gender: _____ DOB: _____

Name: _____ Gender: _____ DOB: _____

Name: _____ Gender: _____ DOB: _____

Name: _____ Gender: _____ DOB: _____