

Craig City School District

2020-2021 School Year

ID Number _____

Grade _____ Date _____

Student Information:

Student Name: _____ **Social Security Number:** _____

First Middle Last

Date of Birth: _____ **City of Birth:** _____ **Sex:** M F

Mailing Address: _____ **Street Address:** _____

City: _____ **Home Phone:** _____ **Cell Phone:** _____

Parent email address: _____ **and/or** _____

Father's Employer: _____ **Work Phone:** _____

Mother's Employer: _____ **Work Phone:** _____

Guardian Name, if different from parent: _____ **Phone:** _____

Relationship to student: _____

Emergency Contact Name (other than parent): _____ **Phone:** _____

We MUST have an emergency contact. **Other Contact:** _____

Special Medical Problems/Allergies: _____

Caucasian _____ Native Alaskan _____ PAC Islander _____ Hispanic _____ Black _____ Native American _____