**Confidential Family / Student Information**

1. Student’s (Legal) Name:

Home Address:

Home Telephone Number:       Cell:

Student’s Birth Date:

Child’s Parents:
 Father’s Full Name

 Mother’s Full Name

Guardians:

Legal Custodians:

II. PLEASE FILL OUT ONLY IF PARENTS ARE: (Check All That Apply)

 Divorced [ ]  Separated [ ]  Remarried [ ]  Widowed [ ]  Unmarried [ ]

Individual with whom the child primarily lives:

Check Relationship: Father [ ]  Mother [ ]  Other (State Relationship) [ ]

Does the parent with whom the child does not live have any Court Restrictions placed on his/her Parental Rights?

Check: Yes [ ]  No [ ]

If Yes, what are the restrictions? \*

If the child lives with the Remarried Parent, is the Parent’s Spouse the Adoptive Parent?

Check: Yes [ ]  No [ ]

\*PLEASE SUBSTANTIATE THESE ITEMS BY ATTACHING A COPY OF THE COURT
ORDER/DIVORCE DECREE TO THIS FORM.

Parent/Legal Guardian:

Date: