**ArchofMilwGrey-Logo-10052010-jml.TIFConfidential 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: