Rucker -Stewart Middle School

Student Name_____Date_____ Grade_____
Last First Middle Nickname

Birthday_____ Age____ Sex _____ City of Birth_____County of Birth_____State of Birth_____Country of Birth_____

Race: White ___American Indian____Asian____Black/African American____Pacific Islander/Native Hawaiian____ **Check all that apply**

Ethnicity: Hispanic____ Not Hispanic____

List sibling(s) currently attending the SCS: 1)_____2)_____3)_____4)_____

School Last Attended_____Address_____Phone_____Dates_____

Custody: Mother Father Both Other_____ Custody Papers On File In Office? Y or N Non Custodial Parent May Pick Child Up From School? Y or N

Visitation Restrictions: _____ Non Custodial Parent May Attend School Functions and Join Child For Lunch? Y or N

Please List Any Person(s) Your Child Should **NEVER** Be Allowed Contact With. You Must Provide A Valid No-Contact Order For Us To Deny Contact With A Non-Custodial Parent.

Name_____ Relationship_____

Name_____ Relationship_____

Father/Guardian_____

Address_____

Primary Phone_____Secondary_____

Employer_____Work Phone_____

Email_____

[ ] Primary Residential Parent [ ] Child Lives At This Address

Mother/Guardian_____

Address_____

Primary Phone_____Secondary_____

Employer_____Work Phone_____

Email_____

[ ] Primary Residential Parent [ ] Child Lives At This Address

List Persons (over 18) Who Have Permission To Sign Out & Transport Your Child If You Cannot Be Reached. Parents Are Required To Notify The School Office In Writing If Any Pick Up Information Changes.

Name _____Relationship_____Home Phone_____Cell Phone_____

Name _____Relationship_____Home Phone_____Cell Phone_____

Name _____Relationship_____Home Phone_____Cell Phone_____

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand that the student's assignment to a school is based on the legal residence of the primary custodian.

Parent or Guardian Signature_____ Date_____

[ ] Car Rider AM / PM / BOTH [ ] Bus Rider AM / PM Bus # / BOTH

[ ] _____Daycare AM / PM / BOTH

Does your child have an IEP? ____Yes____No

Does your child have a 504 Plan? ____Yes____No