



# Family Application

## PARENT/GUARDIAN INFORMATION

**P1**

<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	<b>PARENT/GUARDIAN NAME: Last</b>	<i>First and Middle Names</i>	<b>Birth Date:</b> <i>month/day/year</i> / /
This parent's address:		City and Zip Code	
<b>Phone:</b>	<b>Email Address:</b>		

**P2**

<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	<b>PARENT/GUARDIAN NAME: Last</b>	<i>First and Middle Names</i>	<b>Birth Date:</b> <i>month/day/year</i> / /
This parent's address:		City and Zip Code	
<b>Phone:</b>	<b>Email Address:</b>		

## SIBLING INFORMATION

**S1**

<b>CHILD NAME: Last</b>		<i>Appendage</i> __Jr__II__III	<i>First</i>	<i>Middle</i>
Gender: <input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>M</b>	***Race: Please mark one or more races to indicate what this person considers himself/herself to be. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White		***Ethnicity: Please mark one. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Birth Date: <i>month/day/year</i> / /	Place of Birth: <i>City, State, and Country</i>		Primary Language Spoken at Home:	
Name of parent/guardian student lives with:				

**S2**

<b>CHILD NAME: Last</b>		<i>Appendage</i> __Jr__II__III	<i>First</i>	<i>Middle</i>
Gender: <input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>M</b>	***Race: Please mark one or more races to indicate what this person considers himself/herself to be. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White		***Ethnicity: Please mark one. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Birth Date: <i>month/day/year</i> / /	Place of Birth: <i>City, State, and Country</i>		Primary Language Spoken at Home:	
Name of parent/guardian student lives with:				

**S3**

<b>CHILD NAME: Last</b>		<i>Appendage</i> __Jr__II__III	<i>First</i>	<i>Middle</i>
Gender: <input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>M</b>	***Race: Please mark one or more races to indicate what this person considers himself/herself to be. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White		***Ethnicity: Please mark one. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Birth Date: <i>month/day/year</i> / /	Place of Birth: <i>City, State, and Country</i>		Primary Language Spoken at Home:	
Name of parent/guardian student lives with:				

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_