

SECTION 3: Migrant Information

Do you or a member of your family have migrant status? Yes No

Has your family moved in order to work in another city, county, or state in the last three years? Yes No

If so, what is the date your family arrived in the city/town in which you reside? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time, or temporarily during the last three years?

(Check all that apply)

- Agriculture; planting/picking vegetables or fruits (tomatoes, squash, grapes, onions, berries, etc.) Planting, growing, or cutting trees (pulpwood)/raking pine straw
Processing/packing agricultural products Dairy/Poultry/Livestock Meatpacking/Meat processing/seafood
Fishing or Fish Farms Other (Please specify occupation) _____

SECTION 4: Student Information

Please provide the names of **all students** residing in the primary household, along with date of birth and the relationship to each Parent/Guardian (i.e., son, daughter, step-son, step-daughter, granddaughter, grandson, sister, brother, etc.)

First Name	Middle Name	Last Name	DOB	Relationship to Primary Household Guardian 1	Relationship to Primary Household Guardian 2	Relationship to Secondary Household Guardian 1	Relationship to Secondary Household Guardian 2

In accordance with the Family Educational Rights and Privacy Act (FERPA), natural parents, legal guardians, and eligible students have a right to request copies of all educational records. This includes the right of non-custodial parents to request an Infinite Campus Portal account for the purpose of reviewing student grades and attendance. If there are custody issues that prevent a natural parent or legal guardian from having access to the educational records of the students listed above, court documentation must be provided.

SECTION 5: Emergency Contacts / Pick-Up List

The following people have permission to pick up my child(ren) from school without further contact from me:

(If registering more than one student and emergency contacts differ, please see Registrar.)

CONTACT ONE		CONTACT TWO		CONTACT THREE	
Name:					
Phone #s:					
Relationship:					
CONTACT FOUR		CONTACT FIVE		CONTACT SIX	
Name:					
Phone #s:					
Relationship:					

Signature of Person Completing Form: _____ Printed Name: _____ Date: _____