



To be completed by student/parent 2018-2019

Name of Home School District: _____ Name of ROE26 Program: _____

STUDENT INFORMATION

Last First M.I. Phone Number email address

Street Address City State ZIP

Birth Date _____ Age _____ Gender _____ Ethnicity _____ Current Grade _____

To best meet student needs, please describe the current housing for the student. Student presently lives:

_____ in a home with his/her parent or parents _____ In a shelter _____ with more than one family in a home for financial reasons
 _____ in a motel, car or campsite _____ alone with no adults _____ with a relative, friend or other adults
 _____ other: _____

LIVES WITH: _____
 Name(s) Relationship

PARENT/GUARDIAN INFORMATION

Last First Relationship Day Time Phone Email Address

Street Address, if different than above City State ZIP

Additional parent/guardian information: _____

When we need to contact a parent/guardian who should we call?

1st contact name and best number/other details _____

2nd contact name and best number/other details _____

ALLERGIES _____

LUNCH Free _____ Reduced _____ Pay _____

TRANSPORTATION Bus (arrival/pick-up) _____ Parent _____ Student _____

Date Last Attended School _____ Where were you enrolled? _____ How long? _____

Reason for joining this program: _____

Other information Safe School/Academy staff should be aware of: _____