

**Student Information**

Student Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Home Phone: \_\_\_\_\_

Parent e-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender Birthdate

Age as of 7/31 of: \_\_\_\_\_ Grade Next Fall: \_\_\_\_\_ Race

Baptism Date: \_\_\_\_\_ Church Where Baptized: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Adopted Yes No

**Parent Information**

Father's Name/Address: \_\_\_\_\_

Father's Employer/Occupation: \_\_\_\_\_ Father's WorkPhone: \_\_\_\_\_

Name of Church where member: \_\_\_\_\_ Father's Cell Phone & Carrier: \_\_\_\_\_

Mother's Name/Address: \_\_\_\_\_

Mother's Employer/Occupation: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Name of Church where member: \_\_\_\_\_ Mother's Cell Phone & Carrier: \_\_\_\_\_

Parents Separated or Divorced: No Yes If so, Child is in the custody of which parent: \_\_\_\_\_

If applicable, name(s) of step parent(s): \_\_\_\_\_  
Additional legal parties: \_\_\_\_\_

**Health/Emergency Information**

Emergency Contact: \_\_\_\_\_ Phone(s): ( ) ( ) ( )

Emergency Contact: \_\_\_\_\_ Phone(s):: ( ) ( ) ( )

Medical Insurance: \_\_\_\_\_

Physician: ( ) Office Phone: ( )

Dentist: \_\_\_\_\_ Office Phone: ( )

Significant Medical History (Surgery, Seizures, Diabetes, Other) \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**✓ PLEASE NOTE: ZLS is a Peanut/Nut Free School.**

Signature \_\_\_\_\_

Date \_\_\_\_\_