

**Student Information**

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

**Address:**  
 \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

**Main Contact Phone:**  
 \_\_\_\_\_

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

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

**Age as of 7/31 of:** \_\_\_\_\_ **Ethnicity:** *NON HISPANIC* **Race:** *Cauc African Amer Hisp Asian Native Amer*

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

**Parent/Family Information**

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

**Father's Employer/Occupation:** \_\_\_\_\_ **Father's Work Phone:** \_\_\_\_\_

**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::** \_\_\_\_\_

**Siblings and Ages:** \_\_\_\_\_

**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/Fish Free School.**