

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* *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.