

# FAYETTE CO PUBLIC SCHOOLS HOUSEHOLD FORM

Buff  
12-13

Revised 04/18/12

STUDENT INFORMATION (PLEASE PRINT)

Student Last Name	Student First Name	Student Middle Name	Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
School			Grade Level	
Home Phone Number ( ) _____				
Address	Apt	City	State	Zip Code
				Geo Code (School Only)

## PARENT/GUARDIAN #1

Guardian Last Name	Guardian First Name	Guardian Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____		Guardian lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone	Work Phone	Other Phone	Guardian Email Address
Mailing Address (If student not living with guardian)	Apt	City	State
		Zip Code	

## PARENT/GUARDIAN #2

Guardian Last Name	Guardian First Name	Guardian Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____		Guardian lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Should this Guardian receive mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have rights to online student info? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone	Work Phone	Other Phone	Guardian Email Address
Mailing Address (If student not living with guardian)	Apt	City	State
		Zip Code	

## EMERGENCY CONTACTS - OTHER THAN GUARDIAN

Primary Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Student
Home Phone	Cell Phone	Work Phone	Address	
Secondary Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Student
Home Phone	Cell Phone	Work Phone	Address	
Third Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Student
Home Phone	Cell Phone	Work Phone	Address	

**\*IF YOU HAVE ADDITIONAL STUDENTS ATTENDING FAYETTE CO. SCHOOLS WITH SAME GUARDIANS, ADDRESS AND EMERGENCY CONTACTS PLEASE COMPLETE OTHER SIDE.**

I certify the above information is correct and understand that I must contact the school with any changes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Only complete if you have additional children attending Fayette County Schools with the SAME GUARDIANS, ADDRESS AND EMERGENCY CONTACTS.**

**Additional Student Information (please print)**

<b>STUDENT LEGAL NAME</b> (Last Name, First Name Middle Name)	<b>DATE OF BIRTH</b>	<b>SEX</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>SCHOOL</b>		<b>GRADE</b>

**Additional Student Information (please print)**

<b>STUDENT LEGAL NAME</b> (Last Name, First Name Middle Name)	<b>DATE OF BIRTH</b>	<b>SEX</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>SCHOOL</b>		<b>GRADE</b>

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<b>SCHOOL</b>		<b>GRADE</b>

**Guardian information on the other side MUST be completed.**

I certify the above information is correct and understand that I must contact the school with any changes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

BUFF

*"It's About Kids"*

Revised 04/18/12