

Independence Charter School Student Data Sheet for 2009-2010

Complete **ONE SHEET PER CHILD**

**If you've already submitted this form to Tr. LaVeta, please do NOT complete it again. Thanks.*

Independence Charter School (ICS) is now using a new student data base system. We want to be sure that your child's information is accurate. Please carefully **PRINT ALL INFORMATION** on this form.

Student's **LEGAL LAST NAME** _____

Student's **LEGAL FIRST NAME** _____

Student's Nick Name (if any) _____

STUDENT's address _____ Zip _____

FULL NAMEs of any brothers or sisters who CURRENTLY attend ICS:

You can name up to 5 contacts; all information must be completed for each contact person

Contact #1:

First Name _____ Last Name _____

Circle one: Ms. Mr. Miss Mrs. Dr.

Address _____
City, State Zip

Name of Contact's Place of Employment (if applicable) _____

Contact's relationship to student (Mother, Father, Grandparent, Guardian, Foster Parent, etc) _____

Does student live with this contact? ___Yes ___No

Is this contact allowed to pick up the student? ___Yes ___No

Should official ICS mail (i.e., report cards, etc) be sent to this contact? ___Yes ___No

Phone #1 _____ home cell work (circle 1)

Phone #2 _____ home cell work (circle 1)

Phone #3 _____ home cell work (circle 1)

E-mail _____

Contact #2:

First Name _____ Last Name _____

Circle one: Ms. Mr. Miss Mrs. Dr.

Address _____
City, State Zip

Name of Contact's Place of Employment (if applicable) _____

Contact's relationship to student (Mother, Father, Grandparent, Guardian, Foster Parent, etc) _____

Does student live with this contact? ___Yes ___No

Is this contact allowed to pick up the student? ___Yes ___No

Should official ICS mail (i.e., report cards, etc) be sent to this contact? ___Yes ___No

Phone #1 _____ home cell work (circle 1)

Phone #2 _____ home cell work (circle 1)

Phone #3 _____ home cell work (circle 1)

E-mail _____

(if you want to name additional contacts, please do so on the reverse side of this sheet)

STUDENT'S FULL NAME _____

Contact #3:

First Name _____ Last Name _____

Circle one: Ms. Mr. Miss Mrs. Dr.

Address _____

City, State

Zip

Name of Contact's Place of Employment (if applicable) _____

Contact's relationship to student (Mother, Father, Grandparent, Guardian, Foster Parent, etc) _____

Does student live with this contact? Yes No

Is this contact allowed to pick up the student? Yes No

Should official ICS mail (i.e., report cards, etc) be sent to this contact? Yes No

Phone #1 _____ home cell work (circle 1)

Phone #2 _____ home cell work (circle 1)

Phone #3 _____ home cell work (circle 1)

E-mail _____

Contact #4:

First Name _____ Last Name _____

Circle one: Ms. Mr. Miss Mrs. Dr.

Address _____

City, State

Zip

Name of Contact's Place of Employment (if applicable) _____

Contact's relationship to student (Mother, Father, Grandparent, Guardian, Foster Parent, etc) _____

Does student live with this contact? Yes No

Is this contact allowed to pick up the student? Yes No

Should official ICS mail (i.e., report cards, etc) be sent to this contact? Yes No

Phone #1 _____ home cell work (circle 1)

Phone #2 _____ home cell work (circle 1)

Phone #3 _____ home cell work (circle 1)

E-mail _____

Contact #5:

First Name _____ Last Name _____

Circle one: Ms. Mr. Miss Mrs. Dr.

Address _____

City, State

Zip

Name of Contact's Place of Employment (if applicable) _____

Contact's relationship to student (Mother, Father, Grandparent, Guardian, Foster Parent, etc) _____

Does student live with this contact? Yes No

Is this contact allowed to pick up the student? Yes No

Should official ICS mail (i.e., report cards, etc) be sent to this contact? Yes No

Phone #1 _____ home cell work (circle 1)

Phone #2 _____ home cell work (circle 1)

Phone #3 _____ home cell work (circle 1)

E-mail _____