Family Situation

To enable us to best serve your child(ren) and family, please complete this form in full.

All information will be treated with the utmost confidentiality.

Name(s) of child(ren):_____ Grade_____

_____ Grade_____

_____ Grade_____

_____ Grade_____

Mother's name: _____

Address: _____

_____

Father's name:_____

Address: _____

_____

Parents are: ❑ Married ❑ Separated _____ ❑ Divorced ❑ Deceased

If not married, does one parent have custody? ❑ Yes (please specify below) ❑ No

❑ Mother ❑ Father Child's name _____

❑ Mother ❑ Father Child's name _____

❑ Mother ❑ Father Child's name _____

Who is/are the legal guardian(s)? _____

Names of people ***not*** permitted to pick up child(ren) at school (if any):_____

_____

Names of people, other than parent, that child(ren) live(s) with (if any): _____

_____

Other details that may be helpful to the school regarding your child(ren) and family situation:

_____

_____