

# Dr. William Burrus Elementary 2024 - 2025

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Last First Middle Nickname

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ State of Birth \_\_\_\_\_ School Last Attended \_\_\_\_\_

List sibling(s) currently attending the SCS: \_\_\_\_\_ Previous School Phone or email: \_\_\_\_\_

1) \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ 3) \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

2) \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ 4) \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Only fill out if there are custody restrictions or papers:

Custody: Mother Father Both Other \_\_\_\_\_ Custody Papers On File In Office? Y or N Non-Custodial Parent May Pick Child Up from School? Y or N

Visitation Restrictions: \_\_\_\_\_ Non-Custodial Parent May Attend School Functions and Join Child For Lunch? Y or N

Please List Any Person(s) Your Child Should **NEVER** Be Allowed Contact With. You Must Provide A Valid No-Contact Order For Us To Deny Contact With A Non-Custodial Parent.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Primary Residential Parent  Child Lives At This Address  Can Make Change To Data Card  Primary Residential Parent  Child Lives At This Address  Can Make Change To Data Card

List Persons (over 18) Who Have Permission To Sign Out & Transport Your Child If You Cannot Be Reached. Parents Are Required To Notify The School Office In Writing If Any Pick Up Information Changes.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand that the student's assignment to a school is based on the legal residence of the primary custodian.

Parent or Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Car Rider AM / PM / BOTH  Bus Rider AM / PM / BOTH

Bus # \_\_\_\_\_

Before & After Care AM / PM / BOTH  \_\_\_\_\_ Day Care Van AM / PM / BOTH

Does your child have an IEP \_\_\_Yes\_\_\_No

Does your child have a 504 Plan \_\_\_Yes\_\_\_No