

**Dr. William Burrus Elementary 2020 - 2021**

**Student Name** \_\_\_\_\_ **Teacher** \_\_\_\_\_ **Grade** \_\_\_\_\_  
 Last First Middle Nickname  
**Birthday** \_\_\_\_\_ **Age** \_\_\_\_ **Sex** \_\_\_\_ **City of Birth** \_\_\_\_\_ **County of Birth** \_\_\_\_\_ **State of Birth** \_\_\_\_\_ **Country of Birth** \_\_\_\_\_  
**Race:** (Mark all that apply) **White** \_\_\_\_ **American Indian** \_\_\_\_ **Asian** \_\_\_\_ **Black/African American** \_\_\_\_ **Pacific Islander/Native Hawaiian** \_\_\_\_ **Ethnicity:** **Hispanic** \_\_\_\_ **Not Hispanic** \_\_\_\_  
**List sibling(s) currently attending the SCS:** 1) \_\_\_\_\_ **School** \_\_\_\_\_ **Gr** \_\_\_\_ 3) \_\_\_\_\_ **School** \_\_\_\_\_ **Gr** \_\_\_\_  
 2) \_\_\_\_\_ **School** \_\_\_\_\_ **Gr** \_\_\_\_ 4) \_\_\_\_\_ **School** \_\_\_\_\_ **Gr** \_\_\_\_  
**School Last Attended** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Dates** \_\_\_\_\_

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

**Father/Guardian** \_\_\_\_\_  
 Address \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_  
 Address \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 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** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell 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 #  
 YMCA 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