

Dr. William Burrus Elementary 2021 - 2022

Student Name _____ Teacher _____ Grade _____

Birthdate _____ Last _____ First _____ Middle _____ Nickname _____
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 _____

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 _____ 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