

Information Management System

Student/Adult Information	
Student/Adult Name:	
Student/Adult Nickname:	
Birthdate:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> MtF <input type="checkbox"/> FtM	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Racial Group (Select All That Apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
What language is spoken in the student's home/residence: <input type="checkbox"/> English <input type="checkbox"/> Other	
What language does the student speak: <input type="checkbox"/> English <input type="checkbox"/> Other	
School District Student/Adult resides:	
County Student/Adult resides:	
Attends Holy Childhood: <input type="checkbox"/> School Program <input type="checkbox"/> Adult Program	

Student/Adult Special Alerts	
Height:	
Weight:	
Hair Color:	
Eye Color:	
Medical Alerts:	

Parent/Guardian Information	
Parent/Guardian Name:	Parent/Guardian Name:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other
Lives with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: City: County:	Physical Address: City: County:
Mailing Address: City:	Mailing Address: City:
Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No Receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No Receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number: Landline #: Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell #: Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Work #: Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number: Landline #: Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell #: Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Work #: Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Email:
Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Custody Paperwork on File: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Custody Paperwork on File: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Information Management System

Parent/Guardian Information	
Fill out this section only if you have additional parent/guardian information	
Parent/Guardian Name:	Parent/Guardian Name:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other
Lives with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: City: County:	Physical Address: City: County:
Mailing Address: City:	Mailing Address: City:
Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No Receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No Receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number: Landline #:                      Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell #:                              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Work #:                              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number: Landline #:                      Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell #:                              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Work #:                              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Email:
Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Custody Paperwork on File: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Custody Paperwork on File: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Emergency Contact Information	
Emergency Contact Name #1:	Emergency Contact Name # 2:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other
Physical Address: City:	Physical Address: City:
Phone Number: Landline #:                      Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell #:                              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Work #:                              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number: Landline #:                      Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell #:                              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No Work #:                              Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Email:
Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No

Information Management System

Care Coordination	
Fill out this section <b><i>only</i></b> if child has a care coordinator	
Care Coordinator #1:	
Care Coordination Agency:	
Physical Address:	
City:	Zip:
Phone Number:	
Landline #:	Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #:	Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Work #:	Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Group Home	
Fill out this section <b><i>only</i></b> if child lives in a group home	
Name #1:	Name # 2:
Relationship: <input type="checkbox"/> Manager <input type="checkbox"/> Direct Care Professional <input type="checkbox"/> Other	Relationship: <input type="checkbox"/> Manager <input type="checkbox"/> Director Care Professional <input type="checkbox"/> Other
Physical Address:	Physical Address:
City:	City:
Mailing Address:	Mailing Address:
City:	City:
Phone Number:	Phone Number:
Landline #:	Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #:	Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Work #:	Primary #: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Email:
Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No

Person Completing Form:
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