

PORTLAND GATEVIEW ELEMENTARY

Student Name _____ Date _____ Grade _____ Teacher _____

Last _____ First _____ Middle _____

Nickname _____

State of Birth _____ Country of Birth _____

Birthdate _____ Age _____ Sex _____ City of Birth _____ County of Birth _____

Race: White _____ American Indian _____ Asian _____ Black/African American _____ Pacific Islander/Native Hawaiian _____ Other _____

Ethnicity: Hispanic _____ Not Hispanic _____

List sibling(s) currently attending the SCS: 1) _____ 2) _____ 3) _____ 4) _____

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 _____
Name _____ Relationship _____

Father/Guardian _____ Mother/Guardian _____

Address _____ Address _____

Primary Phone _____ Secondary _____ Primary Phone _____ Secondary _____

Employer _____ Work Phone _____ Employer _____ Work Phone _____

Email _____ Email _____

Primary Residential Parent Child Lives At This Address Primary Residential Parent Child Lives At This Address

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 _____ Date _____

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

Bus # _____

/ BOTH

Does your child have an IEP _____ Yes _____ No

Does your child have a 504 Plan _____ Yes _____ No

YMCA AM / PM / BOTH