Student Name: _____ I.D. No. # _____

Address: _____

Home Phone: (_____)_____

Date of Birth: ____/_____/_____ Medical Info. : _____

	Name:	Work Address	Work Number
Mother:			( )
Father:			( )
Guardian			( )

Emergency Persons

Name:	Address:	Phone:	Relation:
1.		( )	
2.		( )	

Test Scores:

Subject:	Total Reading	Reading Compr.	Total Math	Language
Grade Level :				
National % :				

Communication with parents:

Date:	Reason:	Results/Comments: