

# Household Information Form

## One Address per Form

Please Print All Information

Household Address: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address

Street Address

City

State

Zip

County

Household Phone Number: ( ) \_\_\_\_\_

Is the above household number a cell number? \_\_\_\_ Yes \_\_\_\_ No    Is the above household number unlisted?: \_\_\_\_ Yes \_\_\_\_ No

**Mother/ Guardian Name:** \_\_\_\_\_

Must have same address as listed above.

First Name

Middle Name

Last Name

Work Phone#: ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Father/ Guardian Name:** \_\_\_\_\_

Must have same address as listed above.

First Name

Middle Name

Last Name

Work Phone#: ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Is there non-custodial parent? If yes, list name, address and phone number: \_\_\_\_\_.

Other Household Members living at same address as listed above:

Last Name	First Name	MI	Gender (M/F)	Birth Date (Birth to 21)	Grade	Current School	Ethnicity # (see below)*

\* (1) American Indian/Alaskan Native

(2) Black/African-American

(3) White

(4) Hispanic

(5) Asian

I verify that all the above information is complete and accurate:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date