

Lincoln School Student Information Sheet

This form should be completed (please print) by a parent or guardian and returned, in the envelope provided, to Teryl Sweeney no later than **June 23, 2008**. You may also complete this form on-line at www.lincolnschool.org. In the event that all information remains unchanged, please check the box at the bottom of Page 2, sign the form and return it by the June 23 deadline. Please notify Ms. Sweeney of any future student, parent or guardianship changes.

Instructions

Please review the information below and make corrections and/or additions as needed. Unless changes are made, we will assume that the information we currently have is correct. In the case of divorced or separated parents, *you only need to update the information that pertains to you as this form will be sent to both households.*

Student's Personal Information

First Middle Last Suffix

Rising Grade Sex Birthdate Ethnicity (Optional)

Street City State Zip

Home Phone Student's Email

Parent/Guardian Information (See side two for additional household.)

Relationship Custodial Non Custodial

Prefix First Last

College: _____

Business Name: _____

Title: _____

Business Address: _____

Business Phone: _____

Email: _____

Cell: _____

Relationship Custodial Non Custodial

Prefix First Last

College: _____

Business Name: _____

Title: _____

Business Address: _____

Business Phone: _____

Email: _____

Cell: _____

Home Address

Street: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Special Circumstances

Parent(s) are: Married Divorced Separated Widowed Single 2nd Marriage Remarried Deceased

Parent/Guardian Information

Custodial Non Custodial

Relationship _____

Prefix _____ First _____ Last _____

College: _____

Business Name: _____

Title: _____

Business Address: _____

Business Phone: _____

Email: _____

Cell: _____

Custodial Non Custodial

Relationship _____

Prefix _____ First _____ Last _____

College: _____

Business Name: _____

Title: _____

Business Address: _____

Business Phone: _____

Email: _____

Cell: _____

Home Address

Street: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Siblings

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Emergency Information (In the event that we are unable to reach a parent, please provide other emergency contacts.)

Name	Relationship	Phone #1	Phone #2
_____	_____	_____	_____
_____	_____	_____	_____

Physician's Name _____ Physician's Phone _____

Public Relations Information

If you would like grandparents to receive all publications and invitations to school events, please provide the following information. Please notify the Development Office of any changes.

Grandparent(s) Name: Maternal Paternal _____

Home Phone _____ Email Address _____

Address _____

Grandparent(s) Name: Maternal Paternal _____

Home Phone _____ Email Address _____

Address _____

Student's hometown newspaper(s) _____

Alumna Relative _____ Class _____ Relationship _____

Alumna Relative _____ Class _____ Relationship _____

There are no changes to report at this time.

This form was completed by: _____ Date: _____