

ID # \_\_\_\_\_

**NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION** DATE: \_\_\_\_\_

**STUDENT INFORMATION RECORD**

NAME      
LAST FIRST MIDDLE NICKNAME

MOTHER'S /GUARDIAN NAME: MS. MRS.

HOME ADDRESS:   HOME PH:   
NUMBER STREET

CELL PH:   
CITY STATE ZIP CODE

PREFERRED EMAIL ADDRESS:

MOTHER'S WORK INFORMATION:

BUSINESS PHONE NUMBER OCCUPATION COMPANY NAME  
E-MAIL ADDRESS

FATHER'S /GUARDIAN NAME: MR.

HOME ADDRESS:   HOME PH:   
NUMBER STREET

CELL PH:   
CITY STATE ZIP CODE

PREFERRED EMAIL ADDRESS:

FATHER'S WORK INFORMATION:

BUSINESS PHONE NUMBER OCCUPATION COMPANY NAME  
E-MAIL ADDRESS

PARTICIPANT PRIMARILY RESIDES WITH (CHECK ONE): MOTHER FATHER BOTH OTHER

Are you the participant's legal guardian?  (NO)  (YES) If YES, please include a copy of the guardianship papers for our school files.

RACE  SEX  D.O.B.  PLACE OF BIRTH

MATRIX NO.

SISTER'S NAMES AND AGES

BROTHER'S NAMES AND AGES