

Name of Siblings (At School)

_____ Gr. ____ School: _____ _____ Gr. ____ School: _____
_____ Gr. ____ School: _____ _____ Gr. ____ School: _____

Names of Siblings (At Home)

_____ Age. ____ Year of Birth _____ _____ Age. ____ Year of Birth _____
_____ Age. ____ Year of Birth _____ _____ Age. ____ Year of Birth _____

OTHER INFORMATION YOU THINK MIGHT BE HELPFUL TO THE TEACHER: _____

Declaration by Parent, Guardian or Independent Student:

I hereby certify the above information to be true, correct and complete.

Date: | |
 Day Month Year

_____ *Signature of Parent /Guardian /Independent Student*

For school use only: Grade: _____ Homeroom: _____ Guidance Initial: _____ SIRS ID#: _____ LPSD Quadrant: _____
