

**FAMILY INFORMATION FORM**  
**2015-2016 SCHOOL YEAR**  
**SHAWE MEMORIAL JR/SR HIGH SCHOOL**

**Student #1 Name** \_\_\_\_\_  
(as it appears on birth certificate)                      *Last*                                      *First*                                      *Middle*

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering \_\_\_\_\_

Is the student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_ Student's Race \_\_\_\_\_  
(see options below)

**Student #2 Name** \_\_\_\_\_  
(as it appears on birth certificate)                      *Last*                                      *First*                                      *Middle*

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering \_\_\_\_\_

Is the student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_ Student's Race \_\_\_\_\_  
(see options below)

**Student #3 Name** \_\_\_\_\_  
(as it appears on birth certificate)                      *Last*                                      *First*                                      *Middle*

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering \_\_\_\_\_

Is the student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_ Student's Race \_\_\_\_\_  
(see options below)

**Student's Home Phone** \_\_\_\_\_ **School District of Residence** \_\_\_\_\_  
(NOT cell phone)

**Home Address** \_\_\_\_\_  
*Street/PO Box*                                      *City*                                      *State*                                      *Zip Code*

**School District Transferred From** \_\_\_\_\_  
(if newly transferring in to POP Schools)

**Mother's Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**\*Email Address** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
(if different from student's)                      *Street/PO Box*                                      *City*                                      *State*                                      *Zip Code*

**Father's Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**\*Email Address** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
(if different from student's)                      *Street/PO Box*                                      *City*                                      *State*                                      *Zip Code*

**Guardian's Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
(if not living with parents)

**\*Email Address** \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
(if not living with parents)

**\*Email Address** \_\_\_\_\_

***Racial Options for each student above are:***

American Indian, Black/African American, Asian, Hispanic, White, Multiracial, or Native Hawaiian/Pacific Islander