

LAST NAME (From birth certificate)		FIRST NAME		Optional (May student information affix label here.)
GENDER <input type="checkbox"/> F <input type="checkbox"/> M		BIRTHDATE / /		
NICKNAME				
BIRTH PLACE (City, County, State, Nation)		VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW WAS THIS INFORMATION VERIFIED? <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Baptism Certificate <input type="checkbox"/> Other (specify)				

GRADE	SCHOOL	STREET ADDRESS	CITY, STATE, ZIP	DATE ENTERED	DATE TERM
TK					
K					
1					
2					
3					
4					
5					
6					
7					
8					