

| | | | | | | |
|----------------------------|-----------------|------------|--------|--|-------------------------------|--------|
| | | | | | Release Directory Information | |
| Last name (Used in School) | Legal Last Name | First | Middle | Nickname | Verified Yes No | Gender |
| | | | | | | |
| Street Address | | | | Birthdate | | |
| | | | | BIRTHPLACE (City, County, State, Nation) | | |
| City | State | Zip | | | | |
| Parent/Guardian | | | | | | |
| | | | | | | |
| City | State | Zip | | | | |
| Home Phone | | | | | | |
| | | | | | | |
| Mother Employment | Father | Employment | | | | |

| School Immunization Audit | | | | | | |
|---------------------------|-----------------|---|--|---|---|---|
| Vaccine | Number of doses | | | | | |
| | None | 1 | 2 | 3 | 4 | 5 |
| Polio | | | | | | |
| DPT/Td | | | | | | |
| Measles | | | Exempt Medical?.. <input type="checkbox"/> | | | |
| Rubella | | | Religious?.. <input type="checkbox"/> | | | |
| Mumps | | | | | | |
| Audited | | | | | | |

| Basic Skills Assessment | |
|-------------------------|-------|
| Reading | |
| Date | Score |
| | |
| Math | |
| Date | Score |
| | |
| Composition | |
| Date | Score |
| | |

| Grade | School | Street Address | City, State, Zip | Date Entered | Date Term. |
|-------|--------|----------------|------------------|--------------|------------|
| K | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |