

STUDENT'S HOUSEHOLD DEMOGRAPHIC INFORMATION

PRIMARY HOUSEHOLD

Does child reside in this home more than 50% of the time? (Please circle) **Yes No**

Student lives with: (Check all that apply)	Holds legal Custody?	Legal Guardian?	Primary Parent/Guardian Information			
<input type="checkbox"/> Natural Father	<input type="checkbox"/>	<input type="checkbox"/>	Name:		Name:	
<input type="checkbox"/> Natural Mother	<input type="checkbox"/>	<input type="checkbox"/>	Physical Address: (Address, City, State, Zip)			
<input type="checkbox"/> Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	Mailing Address: (Address, City, State, Zip)			
<input type="checkbox"/> Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone:		Cell Phone:	
<input type="checkbox"/> Foster Parents	<input type="checkbox"/>	<input type="checkbox"/>	Email:		Email:	
<input type="checkbox"/> Other: (Please list below)	<input type="checkbox"/>	<input type="checkbox"/>	Employer:		Employer:	
_____			Work Phone:		Work Phone:	
_____			Will your child attend school in Grand Rapids? YES NO If no, where will they attend?			

OTHER CHILDREN IN PRIMARY HOUSEHOLD

Last Name	First Name	Middle Name	M/F	Birthdate	Grade	School

SECOND HOUSEHOLD

Does child reside in this home less than 50% of the time? (Please circle) **Yes No**
Does child reside in this home the same amount of time as the primary home? (Please circle) **Yes No**

Student lives with: (Check all that apply)	Holds legal Custody?	Legal Guardian?	Secondary Parent/Guardian Information			
<input type="checkbox"/> Natural Father	<input type="checkbox"/>	<input type="checkbox"/>	Name:		Name:	
<input type="checkbox"/> Natural Mother	<input type="checkbox"/>	<input type="checkbox"/>	Physical Address: (Address, City, State, Zip)			
<input type="checkbox"/> Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	Mailing Address: (Address, City, State, Zip)			
<input type="checkbox"/> Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone:		Cell Phone:	
<input type="checkbox"/> Foster Parents	<input type="checkbox"/>	<input type="checkbox"/>	Email:		Email:	
<input type="checkbox"/> Other: (Please list below)	<input type="checkbox"/>	<input type="checkbox"/>	Employer:		Employer:	
_____			Work Phone:		Work Phone:	