

HOUSEHOLD VERIFICATION FORM – PAGE 1

Student Information Sheet

Owen County Schools

First Student Information (please print)

STUDENT LEGAL NAME _____ / / <input type="checkbox"/> Female <input type="checkbox"/> Male				
Last Name _____	First Name _____	MI _____	Date of Birth _____	Gender _____
Student Ethnicity/Race (check ONLY one): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Islander <input type="checkbox"/> Black (not Hisp) <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other				
School _____			Grade _____	
			For Office Use Only	
			Student # _____	

Second Student Information (please print)

STUDENT LEGAL NAME _____ / / <input type="checkbox"/> Female <input type="checkbox"/> Male				
Last Name _____	First Name _____	MI _____	Date of Birth _____	Gender _____
Student Ethnicity/Race (check ONLY one): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Islander <input type="checkbox"/> Black (not Hisp) <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other				
School _____			Grade _____	
			For Office Use Only	
			Student # _____	

Third Student Information (please print)

STUDENT LEGAL NAME _____ / / <input type="checkbox"/> Female <input type="checkbox"/> Male				
Last Name _____	First Name _____	MI _____	Date of Birth _____	Gender _____
Student Ethnicity/Race (check ONLY one): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Islander <input type="checkbox"/> Black (not Hisp) <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other				
School _____			Grade _____	
			For Office Use Only	
			Student # _____	

If space is needed for additional students please attach a second Household Verification Form with the Student Information only.

Adult Emergency Contacts - Other than Parent or Guardian (please print)

<input type="checkbox"/> Male <input type="checkbox"/> Female						
Last Name _____	First Name _____	MI _____	Gender _____	Relationship to Student _____		
Address _____	City _____	State _____	Zip _____	Home Phone _____	Cell Phone _____	Work Phone _____
<input type="checkbox"/> Male <input type="checkbox"/> Female						
Last Name _____	First Name _____	MI _____	Gender _____	Relationship to Student _____		
Address _____	City _____	State _____	Zip _____	Home Phone _____	Cell Phone _____	Work Phone _____

Please complete the Guardian information on reverse side.

HOUSEHOLD VERIFICATION FORM – PAGE 2

Guardian Information Sheet

Owen County Schools

Guardian One - Primary Address and Household Information (please print)

ADULT LEGAL NAME

Male Female

Last Name	First Name	MI	Gender
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ADDRESS

Street Address	City	State	Zip	Home Phone () ()	Other Phone (not work) () ()
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ADDITIONAL INFORMATION

Employer/Work Name	Work Phone () ()
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address	Do you want to receive initial parent portal access via your email?

RELATIONSHIPS

TO FIRST STUDENT: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Will this adult receive mailings? Yes No Does this adult have rights to the parent portal? Yes No

TO SECOND STUDENT: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Will this adult receive mailings? Yes No Does this adult have rights to the parent portal? Yes No

TO THIRD STUDENT: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Will this adult receive mailings? Yes No Does this adult have rights to the parent portal? Yes No

Guardian Two – Primary Address and Household Information (please print)

ADULT LEGAL NAME

Male Female

Last Name	First Name	MI	Gender
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ADDRESS

Street Address	City	State	Zip	Home Phone () ()	Other Phone (not work) () ()
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ADDITIONAL INFORMATION

Employer/Work Name	Work Phone () ()
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address	Do you want to receive initial parent portal access via your email?

RELATIONSHIPS

TO FIRST STUDENT: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Will this adult receive mailings? Yes No Does this adult have rights to the parent portal? Yes No

TO SECOND STUDENT: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Will this adult receive mailings? Yes No Does this adult have rights to the parent portal? Yes No

TO THIRD STUDENT: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Will this adult receive mailings? Yes No Does this adult have rights to the parent portal? Yes No

Please sign and date to verify the above information is correct.

Signature

Date