



Colfax-Mingo Elementary School

Student Information



	Student Full Name Last Name, First Name, Middle Name	Date of Birth	Sex: Male or Female	Grade
1				
2				
3				
4				

Student's Race/Ethnicity ~ Is your child Hispanic/Latin YES ___ NO ___ (CHECK ALL THAT APPLY) American Indian/Alaskan Native ___ Asian ___ Black or African American ___ Hawaiian/Pacific Island ___ White ___

Home Mailing Address: _____

City/State/Zip: _____ County: _____

Ride the bus? ___ Yes ___ No Bus#: _____

PARENT/GUARDIAN INFORMATION

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Living together ___ Widowed

Mother's Name: _____ Address: _____

	Contact Numbers	Contact Order	Email Address(es):
Home		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
Cell		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
Work		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Employer: _____

Father's Name: _____ Address: _____

	Contact Numbers	Contact Order	Email Address(es):
Home		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
Cell		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
Work		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Employer: _____

Parent/Guardian with Legal Custody: (if applicable) _____

(It is helpful to furnish a copy of the divorce decree or custody agreement which will be kept in your child's file.)

	Name	Employer	Cell Number	Work Number
Stepfather				
Stepmother				

Emergency Contacts: Individual other than parent/guardian that can be reached, if you are unavailable within 30 miles.

Primary Contact: _____ Relationship: _____

Home#: _____ Work#: _____ Cell#: _____

Hospital Preference: _____ Doctor: _____ Phone#: _____

JMC Parent Access: email _____ password: _____

Signature: _____