

Parent(s)–NOT living at the Family Address (non-custodial parents who may have rights relating to this student)

Full Name: _____ **Gender:** _____ **Relationship:** _____
Last First Middle

_____ **Home Phone:** _____
Address City State Zip Code Apt/Unit

DOB ____/____/____ **Cell Phone:** _____ **Pager #:** _____ **Email:** _____

Work Phone: _____ **Employer and Address:** _____

Full Name: _____ **Gender:** _____ **Relationship:** _____
Last First Middle

_____ **Home Phone:** _____
Address City State Zip Code Apt/Unit

DOB ____/____/____ **Cell Phone:** _____ **Pager #:** _____ **Email:** _____

Work Phone: _____ **Employer and Address:** _____

Emergency Contacts - (other than parent/guardians)

Other people who we can call if there is an emergency and if you can't be reached that are allowed to pick up these students.

(1) **Full Name:** _____ **Gender:** _____ **Relationship to Student(s)** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

(2) **Full Name:** _____ **Gender:** _____ **Relationship to Student(s)** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

(3) **Full Name:** _____ **Gender:** _____ **Relationship to Student(s)** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

1. Do you live on a military installation or military base in the state of Colorado? YES NO

2. Are one or both parents on active or reserve duty? YES NO

Mother/Legal Guardian: _____ Father/Legal Guardian: _____

Branch of Service: _____ Branch of Service: _____

Rank: _____ Rank: _____

3. Do either, or both parents work as civilian employees for the federal government on government owned property? YES NO

Please list place of employment: _____

I authorize officials of the Aurora Public Schools to contact the persons I have designated as emergency contacts and in the event that my designated emergency contacts cannot be reached, school officials are authorized to take whatever action is deemed necessary in their judgment for the health and safety of the aforesaid children. Expenses, including any incurred as a result of emergency ambulance use or treatment by a physician will not be borne by the District.

I affirm that all information given above is true and correct. I understand and agree that if it is later determined that one or more students enrolled with the Family Address and Information Form are not legal residents of Adams-Arapahoe 28J School District (Aurora Public Schools) such students will be withdrawn immediately from Aurora Public Schools. I further understand and agree that pursuant to School Board Policy all students new to the District shall be enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by the Aurora Public School District. In the event such records indicate a reason to deny admission, the student's conditional enrollment shall be revoked. Finally, I agree that if a student named above does not in fact reside at the address indicated, but is a District resident, the student will be transferred to the appropriate school.

Please print parent/guardian name: _____

Signature of Parent/Guardian: _____ **Date:** _____