

**CHESAPEAKE CENTER FOR STUDENT SUCCESS
STUDENT INFORMATION FORM**

Picture of Student

ENROLLMENT DATE _____

Please Print

Student's Full Name _____
(Last) (First) (Middle)

Home Address _____ Home Phone # _____
(Street # and Name, Apt #) (Zip Code)

Grade _____ Home School _____ CCSS Bus # _____ Male _____ Female _____

Check One: American Indian/Alaska Native _____ Asian _____ Hispanic _____ Unspecified _____
Native Hawaiian/Other Pacific Islander _____ Black/African American _____ White _____
(not of Hispanic origin) (not of Hispanic origin)

Date of Birth _____ Place of Birth _____ Social Security # _____
(Month/Day/Year) (State)

Probation Officer _____ Phone # _____

Social Worker _____ Phone # _____

Does student receive any special education service? Yes _____ No _____ If yes, category _____

List any special health problems or medications _____
(If medication is taken at school, the student must have a doctor's order form from Chesapeake Public Schools. The parent must bring the medication to school.)

Does student receive any lunch assistance? Reduced _____ Free _____ None _____

Marital Status of Parents: Married _____ Single _____ Married (separated) _____ Divorced _____
Currently living with: Mother _____ Father _____ Stepmother _____ Stepfather _____
Foster Parent _____ Court Appointed Guardian _____

Mother's/Guardian's Name _____

Place of employment _____ Work (_____) _____ Cell (_____) _____

Father's/Guardian's Name _____

Place of employment _____ Work (_____) _____ Cell (_____) _____

Emergency Contact Person _____ Relationship to Student _____

Phone # Home (_____) _____ Work (_____) _____ Cell (_____) _____

Signature of Person _____ Date _____
Completing this Form _____ Relationship to Student _____
(Must be Parent/Legal Guardian)