Site:			Early Dr	op-off	Late Pi	ck-up	Both			
_ast Name	First	Name	MI Date	of Birth A	ge Studer	nt ID#				
Please check one fo	or each of the f	following.								
Gender: Male		J		Eth	nicity:			Primar	ry Language:	
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_ives with: ☐Both P	Parents □Fath	er (single paren	ıt) □ Foster Care	L e □Grandnar	ent(s) \Box Ch	eck this hox if y	ou would	l like to	request a fee	wa
□Guardian □Joi			•		` '					
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Special Needs (aller										
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Household Inform	ation Page –	Fill out only	once per famil	y						
Parant/Guardian La	ot Nama	First Name		Homo Dha	no	Work Phono		Polat	ionshin	
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Revised 2/2020 MPS

PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18: Signature:

Site #.

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